



RESEARCH PAPER

Healing Together: Effectiveness of Group Therapy with Patients of Spinal Cord Injury

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ABSTRACT

Current study was conducted to evaluate the effectiveness of group therapy interventions on the SCI patients' psychological well-being (symptoms of anxiety and depression) and health impacts. Patients with Spinal Cord Injuries mostly (SCI) mostly experience profound psychological challenges, like depression, anxiety and emotional distress. Such mental health problems are the result of maladjustment due to transition from independence to lifelong physical dependence. These psychological challenges creates hurdles in the rehabilitation process and affect the overall quality of life. For the intervention based Pre and post study design, a purposive sample of 15 male participants (SCI) was taken with informed consent. The baseline for depression, anxiety and physical health was measured. The patients participated in weekly sessions (almost 90 minutes) of group therapy; including techniques of relaxation exercise (included listening to Surah Al Rahman), empty chair technique, assertiveness training, and feedback at the end of sessions. The age, education and SES status of members varied as the sample was purposive as per availability of patients at Paraplegic center. To assess the pre- to post intervention difference, Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and Nottingham Health Profile (NHP) (Hunt, 1981) were used. Data was analyzed by SPSS, paired sample t-test was done to measure effect of group therapy and the results revealed significant reduction in levels of anxiety -pre-treatment (M = 14.00, SD = 1.72) to post-treatment (M = 4.53, SD = 1.45)- and depression-pre-treatment (M = 15.84, SD = 2.16) to post-treatment (M = 4.07, SD = 2.05), and in health status-pre-treatment (NHP-1) (M = 28.73, SD = 3.84) to post-treatment (NHP-2) (M = 12.53, SD = 3.89)-of the patients. The obtained results shows significant reduction in symptoms from pre to post intervention level in Anxiety, depression and health profile all. The effectiveness of culturally adapted group based therapeutic interventions in improving anxiety and depressive symptoms, the social skills, coping mechanisms and and overall emotional well being has high significance. The study is valuable with reference to generating ideas of incorporating psycho-social support and care into rehabilitation centers, where mental health is often neglected or ignored mostly by dominant physical recovery needs. Such group based interventions can be economical in-terms of monetary as well as temporal value that serve community in more efficient manner. Most importantly, impact of group itself and its members upon psychological states of patients is auxiliary to therapeutic value.

Keywords: Group Therapy, Assertiveness Training, Relaxation Exercises

Introduction

Spinal cord injury (SCI) is a devastating condition that not only limits physical functioning but also profoundly disrupts psychological wellbeing. Individuals who once lived independently are suddenly came to a state of lifelong disability and dependence, which often leads to denial, aggression, hopelessness, and depression gradually as time passes on. Their emotional struggles can negatively effect rehabilitation, reduce quality of

life, and leave patients vulnerable to persistent state of anxiety and psychological distress. Hence identifying and assessing the mental health needs of SCI patients is therefore as critical as managing their physical recovery (Murray, 2017; Usta, 2023).

Majority of SCI is caused by physical trauma to the spine from injuries inflicted during sports, road accidents, falls from roof or elevated places, and gunshots etc. Conditions of traumatic SCI has a two-phase pathology characterized by primary and secondary injuries. The condition of primary injury can result from physical compression of the spinal cord, stretching of the nervous tissues, or disruption of blood supply to vessels, due to this trauma the spine become deform and the spinal canal narrows down, which causes changes in volume of spinal cord. The blood vessels can have mechanical damage too, which abruptly induce intra-spinal hemorrhage or sometimes reduce the blood supply rather a complete blockage. Primary injury happens in short time and effect limited area due to direct damage of neurons, while secondary injuries are the result of compilation of complex events after the initial trauma that develops within minutes to weeks. Behind the pathogenesis of secondary injury there are several mechanisms involved, which includes neuro-degeneration, gliosis, and inflammation etc (Oyinbo, 2011).

Patients with spinal cord injury (SCI) frequently experience behavioral, emotional and cognitive symptoms at milder or severe form, depression and anxiety are more common and prevalent across, that sometimes contribute to further clinical complications in the process of recovery or treatment of these patients. A longitudinal evidence indicated that depressive symptoms among this population tend to decrease over time; specifically, score for depression were lower at three years later after injury as compared to one year later after injury (Carlozzi et al., 2021). However, other studies suggests that advancing age in patients may increase the risk of depression compared to youngsters, the reason for which can be autonomic dysregulation and cognitive and somatic symptomatology that are not at equilibrium (Singh & Mitra, 2022).

A state of dependence from previous independence leads the person with SCI towards more emotional and behavioural disturbances. In a cross-sectional research it was found that individuals with SCI more commonly experience symptoms of depression and anxiety, associated with functional dependence in areas of mobility, personal hygiene, bowel management, and interpersonal interaction. Other cognitive functioning, related to language abilities assessed in the study has shown to be negatively correlated with depressive symptoms. Hence in the study it was found that anxiety emerged as the strongest predictor of depression in SCI patients (Hara, 2022).

Overall, the evidence consistently indicates that depression and anxiety are the most prevalent psychiatric conditions among individuals with SCI. These symptoms are influenced more by psychosocial and functional factors. Psycho-social variables self-efficacy, stronger sense of meaning in life, cognitive appraisal, coping strategies, life satisfaction and resilience has been identified as a protective factor against depression (Min, 2014).

Anxiety, distress and depression varies across SCI population even. Some of the clients immediately after SCI experiences severe form of suicidal ideation (Migliorini et al., 2013; Murray, 2017; Usta, 2023), hence the population receives minimal or no psychological assistance. Here comes the need for developing programmes to enhance coping strategies and inculcating protective factors to minimize the risk of emotional turmoil.

Compare to individual therapy applied in different context with SCI, group therapy (Pratt, 1905) offers a structured environment where patients can share their personal experiences, learn coping skills from one another, and realize they are not unique having problems and not even alone in their struggles. Group therapy provides a supportive mechanism for reducing psychological distress among members and enhancing resilience

with the help of fostering interpersonal connection during the process of therapy and emotional expression of members, . For SCI patients, who often experienced isolation and loss of hope and goals in life, group therapy can be particularly valuable in restoring a sense of belonging, hope and optimism.

Group therapy refers to a form of psychotherapy that involves one or more therapists working with several people at one time, this intervention utilized as a mechanism of change by first developing, then exploring and also examining interpersonal relationships within the group process (Cherry, 2017). In one time dealing with multiple clients and to remain part of the group require more efforts than individual therapy.

The therapeutic techniques of assertiveness training introduced by Lazarus, (1973) refers to way of communication of appropriate expression of ideas, feelings, desires and emotions to others in a way that the rights of others will not be effected or infringed upon, and to pursue others that will increase chances of being accepted by others. For the purpose of maintaining positive affect in the receiver, and considering potential consequences of the expression communication can be maintained. It includes both positive and negative expressions and seeks to achieve personal goals. (Pfafman, 2017). Assertiveness is middle way between being aggressive and passive or submissive (Alberti & Emmons; 2017).

The present study was conducted at the Paraplegic Center in Peshawar, which is a specialized rehabilitation facility to provide serves to patients with spinal cord injuries. The research aimed to evaluate the effectiveness of group therapy techniques which includes relaxation exercises, assertiveness training (Corey, 2017), and the empty chair method and also culturally adapted practices such as Qur'anic recitation. By focusing on both psychological and health outcomes, this study seeks to demonstrate how integrative group therapy can improve the mental health and overall well-being of SCI patients.

Literature Review

Effectiveness of group based interventions has consistently been shown to improve psychological outcomes across diverse populations in limited time. in a study Nemeth, et al. (2015) reported that a support group for neuro-cognitively impaired individuals seems to fostered hope, motivation, and peer encouragement in a plan of eight weeks sessions, that also enhanced rehabilitation commitment. In a similar work by Yu et al. (2025) group psychotherapy in combination with pharmacological treatment procedure was found to significant in deducing depression and anxiety among adolescents, this shows the synergistic benefits of integrated interventions. In application of group therapy various individuals can be helped in one time, and the cognition that "they are not only the one with problems but problems are universal" incorporates sense of oneness. Regarding the positive impact of group therapy upon mental health a study was conducted by Marmarosh et al. (2023), that reflects that incorporating positive psychology into group therapy leads to significant outcomes beyond symptom relief, by promoting growth and psychological well being.

Looking at the emergence of group therapy by Pratt (1905), it is evident that group therapy remain effective in reducing physiological symptoms as well as psychological outcomes of diseases as well. In a Meta-analysis by Burlingame et al. (2003) it was suggested that group therapy recipients were better off than 72% of untreated control group, in analysis of 111 studies and the outcomes were also influenced by group composition, setting, therapist's involvement and the nature of problem and their diagnosis.

Psychological disorders do have one common deficit in the form of problems in interpersonal relations that might be the result of non-assertive behaviour. A treatment plan for psychotherapy focuses upon this major domain via different approaches. Among these specific techniques one is assertiveness training (Alberti & Emmons, 2017), this exercise

when applied has proven effective in enhancing communication skills, inter personal relation and self-efficacy. Gluekauf and Quittner (1992) studied population of wheelchair users in by applying assertiveness exercise in a plan of 11-weeks program that demonstrated significant improvement in self-reported assertiveness, vis role-play, and increased acceptance of disability by them. Ru-lin, et al. (2008) found similar results among psychiatric patients, where assertiveness training increased self-esteem and reduced symptoms of social anxiety. Findings from these studies high lights the value of assertiveness exercises in restoring confidence and interpersonal skills among individuals facing disability in certain domain or psychological distress.

In individual as well as group therapy relaxation exercises play a vital role. Study conducted by Dayapoglu and Tan (2012) demonstrated that progressive muscle relaxation (PMR) Jacobson (1938), reduced fatigue and improved the quality of sleep in patients with multiple sclerosis. In another study conducted by Eymir, Unver, and Karatosun in 2018, it was found that relaxation exercises improved pain management and rehabilitation outcomes in patients recovering from total knee arthroplasty. Similarly a large systematic review by Hamdani et al. (2022) also verify the findings that relaxation techniques are highly effective in reducing anxiety symptoms and they are moderately effective in alleviating distress. The findings highlighted that relaxation proved to be a core therapeutic strategy for managing both psychological and physical symptoms and other sleep related issues as well. Relaxation exercise in the form of group proved to be more effective and economical in post disaster or trauma situation, where immediate and short duration therapeutic services seems more effective and needed.

The empty chair technique, rooted in Gestalt therapy, has been widely studied for its effectiveness in resolving emotional conflicts and relieving pent-up emotions. Greenberg and Malcolm (2002) found that clients expressing unmet interpersonal needs through the empty chair method experienced marked improvements in emotional resolution when-they express their internal blocked emotions onto the chair assuming the person onto it with whom they have conflicts. Greenberg et al. (2008) further demonstrated that the technique facilitated forgiveness and symptom reduction more effectively than psychoeducation hence it incorporates positive outcomes. Field and Horowitz (1998) applied the method to unresolved grief and found that participants showed significant reductions in grief and improved adjustment even a year after spousal loss. These studies confirm the empty chair technique as a powerful tool for addressing unresolved emotions and fostering psychological adjustment.

In addition, culturally adapted interventions have gained prominence currently Qur'anic recitation, particularly Surah Al-Rahman, (Nasir & Irshad, 2025) has been shown to alleviate depression, stress, and anxiety. Rafique, et al. (2017) found that hospitalized women with major depressive disorder experienced greater reductions in depression when listening to Surah Al-Rahman compared to music therapy. Waheed, Khan, and Ahmad (2020) also reported similar decreases in stress and anxiety symptoms. Another review by Moulai et al. (2023) confirmed that Qur'anic recitation consistently decrease psychological distress across diverse populations, that further enhances its potential as a culturally adapted therapeutic strategy. Major study regarding comprehensive use of therapeutic strategies that are based upon Islamic principles by Nasir and Irshad (2025) demonstrated the effectiveness of Eclectic Islamic Therapy in treating generalized anxiety disorder. The study shows significant improvements in clinical outcomes of clients with GAD. Their findings highlight how Islamic therapeutic frameworks can be successfully integrated into modern clinical practice, further supporting the relevance of Islamic based interventions for Muslim populations.

Based upon these previous findings, as these studies demonstrate the effectiveness of group therapy and its techniques—assertiveness training/ exercise, relaxation exercises, the empty chair technique, and addition of Qur'anic recitation in induction process in

Relaxation exercise—in improving psychological outcomes. However, there are very few investigations that have integrated these approaches into a holistic integrated structured program, and research specifically targeting patients with spinal cord injury remains limited. Given the heightened vulnerability of SCI patients to depression, anxiety, and emotional distress, this gap demands the importance of culturally sensitive, integrative group therapy approaches, such as the present study conducted at the Paraplegic Center in Peshawar.

The current study is designed to measure the effectiveness of group therapy with Paraplegic Patients (patients with spinal cord injury). In group therapy eclectic approach (including techniques of relaxation exercise (induction of Surae Rehman), empty chair technique (from Gestalt Psychotherapy), assertiveness exercise from behavior therapy) was used. The aim was to provide assistance to the mental health professional to adapt effective strategies with the patients in group so they can overcome problems of psychological nature. These are the patients with life-long disabilities and dependency and they remain vulnerable to emotional distress and psychological disorders. Group therapy was considered to be more effective form of therapy where they can realize they are not only sufferers and can learn coping skills.

Hypotheses

Based upon previous finding and observations following hypotheses are formulated:

- H1 Level of depression will be significantly changed before and after application of group therapeutic sessions
- H2 Level of Anxiety will be significantly changed before and after application of group therapeutic sessions
- H3- There will be significant change in health profile of patients with spinal cord injuries after group therapy

Material and Methods

Research Design

Pre and post study research design was used in carrying out the current study. Purposive sampling technique was used for collection of data and for the application of group therapy, due to limitation of patients and their physical health. Only those patients with spinal cord injuries who were not bed ridden and could sit for 50 to 90 minutes for therapy were included in group. The data was collected from Paraplegic centre Hayat abad, Peshawar. No restriction was kept for taking patients in group due to limited and availability of data. Detail interview method along with other measures for research data collection was used for obtaining baseline and impact analysis. Questionnaires were used in their original form.

Sample

For the study purposive (convenient) sampling technique was used. Sample of the study was 15, not initially decided due to high turnover from sessions as per their unpredictable recovery they were discharged from hospital. Base line for more than 30-25 patients was assessed but 15 patients who attended 2, 3, 4, or either 5 sessions were assessed for same variables at the end of group therapy session and before discharge from hospital.

The group was heterogeneous in term of age and type of injury and duration of injury etc. group consist of all male clients due to cultural limitations (pakhtoon clients do not like to be in mixed groups). Group was inclusive in-term of new patients admitted and old one discharged. Weekly session for 1 hour 30 minutes was arranged including initial greeting and open discussion about general issues, followed by instructions for relaxation and induction exercise, further empty chair exercise and at the end assertiveness exercise. Patients report after each session and their feedback for exercises was a productive tool for next sessions planning. Majority of the patients were pathan, instructions for every exercise were given in Pashto and sessions were progressed smoothly in order to make them express themselves clearly.

Measures

The hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) (HADS)

Psychological problems in SCI that are more common are ANxiet and Depression, hence The hospital anxiety and depression scale was selected. HADS- is a self-assessment, designed for identifying clinically significant symptoms of anxiety and depression in patients. The scale consists of 14 items, in which there are seven items for anxiety (HADS-A) and remaining seven for depression (HADS-D). HADS score ranges from 0 to 21 for each subscale (HADS_A,HADS-D). Each item in the scale is score on a continuum of 0-3 range where 0= not at all, 1=sometimes, 2=very often and 3= most of the times. The reliability of the scale ranges from.77 to .80.

The Nottingham Health Profile (Hunt, 1981)

In the study the health related issues were investigated with the help of The Nottingham Health Profile (NHP) that comprises of total number of thirty-eight (38) items. The range of score is from 0-38. The Nottingham Health Profile (NHP) was developed to identify a brief overview of perceived physical, social, and emotional health problems of people. The 38 items in NHP are grouped into six further sections as: physical abilities (PA), pain (P), sleep (S), social isolation (SI), emotional reactions (ER), and energy level (EL) that are all relevant to SCI patients. For this purpose the scale was selected specially

Procedure

The purpose of the study was to find out effectiveness of group therapy with patients having spinal cord injury. Different techniques for the purpose of providing psychological help were applied. The details of techniques are discussed one by one as follows:

Initial Phase

Purposive sampling procedure was applied for the selection of participants for the present study among the available patients. They were asked about their consent, their physiotherapist opinion was taken into account for grouping them for the purposive of providing group therapy. The participants were asked to introduce themselves for the purpose of making them cohesive and to understand each-others opinion in better way. The way of introduction varied with every new session, introducing themselves, asking them to talk about the one about whom they have detail knowledge, giving 5 minutes to discuss in the form of a pair and them discuss the detail of the partner etc.

Second Phase/ Relaxation Exercise

All the patients were asked to discuss any problem openly if they want to discuss and share with therapist. After discussion which was limited only two or three patients were able to discuss if they suffer from any emotional or physical problem. Afterwards they were

given instruction that they will be instructed to relax their body, (although they were not having sensation in lower body) and to concentrate on the words of therapist during exercise when they will be instructed. They were initially brief about how to deep breath, with demonstration of inhaling with the help of nose, keeping the breath in for few seconds, feeling pressured in chest and abdomen and releasing it through mouth gradually and smoothly.

Instructions were added for further induction of Surae Rehman (Nasir & Irshad, 2025) they were asked when therapist will stop instruction they still need to be in same state with closed eyes and then they will be hearing Surae-Rahman, for they were also instructed to feel as if a crystal white of moonlight like white light is been showered upon them while listening to Surae-Rahman. That light is going through all the body, starting from head, moving through face neck chest and lower abdomen and then legs and feet. With the light moving from one to the other area, they need to feel that their body is getting free from pain and strain and they are getting relax. They were asked if they are clear about the instruction and then instructions were given for relaxation exercise as follows:

Instructions

“You are closing your eyes, you are fully concentrating on my word and your body state, now you are feeling slight tension in your head and for-head, you are inhaling with nose and closed mouth, now keeping breath inside (for 5-10 seconds) exhaling it with mouth open, smoothly and gradually... with exhalation your head and for-head is getting relax, you are relaxing with exhalation and you are feeling good”.

Note: Same instructions were followed for other parts of the body focusing more on neck and back muscles with deep breathing. After completing deep-breathing till feet's relaxation, with 10 second pause Surae Rahman recitation was played on audio player and they were listening to the recitation till 10 minutes. After 10 minutes they were asked to deep breath again for 3 times and to slowly open their eyes.

Feedback for Exercise: After exercise (varying time range from 20-25 minute) all participants were asked one by one about their condition and experience of relaxation in detail and they were suggested to use it whenever they feel strain body pain etc.

Empty Chair Technique

This technique is based upon Gestalt psychotherapeutic principles (Perls, 1969), while using these technique arrangements were done for two chairs in the middle of group circle, one empty and one for the person with distress and aggression problem or frustration that was identified and analyzed by therapist initially during introduction phase. One person in one session was asked to come and express his internal frustration upon the empty chair considering that the person to which he wanted to direct his frustration of anger, is sitting silently on it listening to him carefully not responding. This phase was followed by Assertiveness training exercise.

Assertiveness Training Exercise

Assertiveness exercise (Corey, 2017), was combined with empty chair technique; in this exercise all the participants were given chance to express themselves openly. Their free expression was analyzed in terms of aggressive, submissive and non-assertive components. They were further asked to think upon their expressions and to modify it in a way so that and possible outcomes should be assertive enough to maintain good relationships.

Results and Discussion

Table 1
Frequency Distribution of Age

Age (years)	Frequency (N)	Percentage (%)
17	1	6.7
18	1	6.7
19	1	6.7
20	1	6.7
24	2	13.3
25	1	6.7
29	1	6.7
35	1	6.7
38	1	6.7
45	1	6.7
48	1	6.7
56	1	6.7
59	1	6.7
69	1	6.7
Total	15	100.0

Table 1 presents the frequency distribution of participants' ages, ranging 17-69 years.

Table 2
Effect of group therapy upon level of Anxiety (HADS-A) among patients with spinal cord injury after (N=15)

Variable	<i>M</i>	<i>SD</i>	<i>t</i>	Sig.
HADS-A-1	14.00	1.72		
HADS-A-2	4.53	1.45	14.81	.000

***= $p < .001$, $df = 14$, This table shows significant difference in level of anxiety among patients with spinal cord injury before (HADS-A-1) and after (HADS-A-2) group therapy.

The result of paired-samples *t*-test was conducted to find out the effectiveness of group therapy on anxiety levels among SCI patients, measured by the Hospital Anxiety and Depression Scale–Anxiety subscale (HADS-A). The results reveals that anxiety scores significantly decreased from pre-treatment ($M = 14.00$, $SD = 1.72$) to post-treatment ($M = 4.53$, $SD = 1.45$). The results indicates significant reduction in symptoms of anxiety, $t(14.81)$, $p < .001$.

Table 3
Effect of group therapy upon level of Depression (HADS-D) among patients with spinal cord injury after (N= 15).

Variable	<i>M</i>	<i>SD</i>	<i>t</i>	Sig.
HADS-D-1	14.40	2.16		
HADS-D-2	4.07	2.05	15.84	.000

**= $p < .001$, $df = 14$, This table shows significant difference in level of Depression among patients with spinal cord injury before HADS-D-1 and after HADS-D-2 group therapy.

The table 3 suggests results of paired-samples *t*-test that was conducted to evaluate the effect of group therapy on depression levels among patients with spinal cord injury (SCI), as measured by the Hospital Anxiety and Depression Scale–Depression subscale (HADS-D). The results showed depression scores lowered down from pre-treatment ($M = 15.84$, $SD = 2.16$) to post-treatment ($M = 4.07$, $SD = 2.05$), that indicates significant decrease in depression in SCI after group therapy, $t(15.84)$, $p < .001$.

Table 4
Effect of group therapy upon Nottingham Health Profiles(NHP) of patients with spinal cord injury after (N= 15).

Variable	M	SD	t	Sig.
NHP-1	28.73	3.84		
NHP-2	12.53	3.89	12.91	.000

**= $p < .001$, $df = 14$, NHP; Nottingham Health Profile, significant difference in Health profile of patients with spinal cord injury before and after group therapy.

Table -4 indicates a paired-samples *t*-test that was conducted to examine the effect of group therapy on quality of life among patients with spinal cord injury (SCI), as measured by the Nottingham Health Profile (NHP). Results reveals substantial decrease in NHP scores from pre-treatment (NHP-1) ($M = 28.73$, $SD = 3.84$) to post-treatment (NHP-2) ($M = 12.53$, $SD = 3.89$). This change due to group therapy was statistically significant, $t(12.91)$, $p < .001$. The findings suggest significant improvement in participants' quality of life after group therapy of SCI patients.

Discussion

The present study was conducted to evaluate the effectiveness of group therapy for patients with spinal cord injury (SCI), that focused on psychological impacts of SCI such as anxiety and depression, as well as perceived health profiles. The result showed significant improvements across all three domains, confirming that structured group therapy can be a powerful intervention strategy for this vulnerable population who needs support and time for catharsis. The results of current study align with prior evidences in which group therapy proved to fosters emotional regulation, interpersonal support, and motivation among members (Nemeth et al. 2015; Marmarosh et al., 2023; Yu et al., 2025). The significance of the study in dealing with SCI patients with improved outcomes in psychological well being high lights the relevance and suitability of group therapy beyond general psychiatric or rehabilitation contexts, which further expend its domain of utility to other different populations that experience some sort of lifelong disability and dependence in their life due to their limited capacity to work for themselves.

The improvement in symptoms of anxiety and depression observed in this study are consistent with other findings. As in a meta-analytic findings about the impact of group therapy in recipients were significantly better than untreated control groups (Burlingame et al. 2003). Hence this current study, showed that when group therapy applied to SCI patients—incorporating assertiveness training, relaxation exercises (culturally adapted), and culturally adapted practices for daily life skills discussions—it can effectively address both psychological distress and health perceptions of the patients. The outcomes of study indicates the integrative approach towards mental health problems and the holistic interventions that are directed towards not only symptom reduction but also focused upon well-being and coping capacity of sufferers.

The application of **assertiveness exercise** proved particularly significant. Patients reported greater confidence and relief from internal anger in expressing themselves openly in groups, which is consistent with earlier research findings among wheelchair users and the population with psychological problems (Gluekauf & Quittner, 1992; Ru-lin, et al. 2008). For SCI patients, whose independence and social roles are often disrupted (elder brother previously family head later becoming dependent upon younger brother; who became annoyed with additional responsibilities of dependent brother and family), assertiveness training may help restore willpower, hope and improve interpersonal relationships (later

in sessions revealed about discussing his doubts and negative emotions with brother), thereby reducing feelings of helplessness and isolation.

Similarly, application of relaxation exercises in the group combined with Qur'anic recitation (Surah Al-Rahman) (Nasir & Irshad, 2025), significantly reduced anxiety, negativism and insomnia along with improvement in somatic symptoms and in health profiles (one 19 years newly admitted case reportedly aggressive and sleepless for three days and nights, fell asleep with the exercise. Which was success case, as per discussion and gratitude of other ward fellows who's sleep and routine was disturbed by behaviour, the Relaxion with induction by Surae rehman proved magical for them all). This finding resonates with prior studies showing that relaxation reduces fatigue, pain, and sleep disturbances in clients (Dayapoglu & Tan, 2012; Eymir et al. 2018; Hamdani et al., 2022). By integration of Qur'anic recitation within relaxation procedure, the intervention was not only therapeutic but also culturally meaningful for the population, enhancing patient engagement in the process. The findings correlates with studies that Islamic therapeutic frameworks, such as Eclectic Islamic Therapy, can effectively treat anxiety disorders (Nasir & Irshad, 2025), and supports the broader literature on Qur'anic recitation as a culturally grounded mental health intervention (Rafique et al. 2017; Waheed et al. 2020; Moulaei et al. 2023).

The other form of group therapeutic intervention "empty chair technique" also played a crucial role in helping patients to externalize unresolved emotions and interpersonal conflicts that emerge as a result of disability. Our findings mirror those of Greenberg and Malcolm (2002) and Greenberg, Warwar, and Malcolm (2008), who described that this technique facilitates forgiveness and emotional resolution. For SCI patients, who mostly struggle with anger (feeling helpless), grief (becoming dependent), and frustration (disability), the empty chair technique served to provide a safer outlet for expression of their pent-up emotions and contributed to psychological relief (one client identifying empty chair with his wife and expressing negative emotions that results from her change in attitude when husband is no more earning and is a burden to the family).

Taken together, these results highlight the importance of integrative, culturally adapted group therapy for SCI patients. While previous researches proved the effectiveness of each technique individually, there are few studies that combined techniques together with others into a structured program. This study address the unique needs of paraplegic populations. Conducted at the Paraplegic Center in Peshawar, this study signify the integrated evidence-based methods with cultural adaptations can yield improvements in both mental health and perceived physical wellbeing. The outcomes suggests therefore to the growing body of literature for context-specific psychosocial interventions in rehabilitation settings.

Conclusion

The study provides powerful evidence that structured group therapy, with systematic incorporation of assertiveness exercise after training, relaxation exercise with Induction of Surae Rahman, the empty chair technique with detailed discussion afterwards and feedback from members of the group and therapist can significantly reduce depression and anxiety while improving perceived health among patients with spinal cord injury. By integrating culturally adapted practices within traditional and conventional interventions, the program not only addressed psychological distress (anxiety and depression) but also enhanced patient optimism, hopefulness and comfort.

Result demonstrated a statistically significant reduction in symptoms of anxiety and depression, measured with the help of Hospital Anxiety and Depression Scale (HADS-A and HADS-D), following the group interventions. Additionally, a substantial

improvement in perceived health status was observed on the Nottingham Health Profile (NHP), describing enhanced overall well-being of SCI patients.

Overall these results suggest that group therapy proved to be an effective psychosocial intervention for individuals with spinal cord injury, that has contributed not only to reduction of symptom but also improving significantly quality of life.

Although there remain major significant findings, there are few limitations that need to be acknowledged, including the small sample size used and absence of a control group, which may limit generalizability. Future research employing larger, controlled designs is recommended to validate these results. For the purpose of exploring comparative efficacy of culturally integrated approaches other alongside established modalities should be used.

Recommendation

Group therapy as an integrated, eclectic therapeutic procedure in this study can be implied significantly for clinical practice in rehabilitation centers and institutes working with such disabilities. The patients with spinal cord injury face not only physical challenges but they experience profound psychological distress, depression, anxiety, and feelings of isolation and hopelessness. Integrative group therapy programs like this combined with evidence-based techniques with culturally adapted practices can serve as a vital component of holistic approach in rehabilitation services. By offering structured sessions to group that include assertiveness training and exercise, relaxation exercises (with Islamic principles) and the empty chair technique with group discussions as feedback in rehabilitation centers can provide patients with strategies to effectively regulate emotional well being, build up resilience among patients, and foster social support networks.

Looking towards the limitations such as the inclusion of only male participants, varied comfort levels of participant due to group composition, and purposive sampling limits the generalizability, the results nonetheless signify the importance and effective potential of group therapy in SCI rehabilitation process.

Future research should expand these findings by including diverse populations, with randomized research designs, and by evaluating long-term outcomes extended over more sessions and later in time. Most importantly this study has a major contribution towards the identification of effective rehabilitation services that should be holistic in nature—treating both the body and the mind—and the techniques are culturally adapted and integrated into group therapy. The study can serve as a cornerstone of comprehensive care based services for patients with spinal cord injury.

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