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Economic Development through Psychosocial Interventions: Community Based Socio-therapy Program in Muhanga District, Rwanda

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Abstract:

In the literature it is argued that standard economic strategies may be inappropriate in a country emerging from violent conflict in which social capital is seriously damaged (UNDP, 2009) since the level of social capital plays a significant part in shaping the outcomes of economic action at both macro and micro levels (Rodrik, 1998). This study aimed at assessing the contribution of the psychosocial intervention through community based sociotherapy program, to economic development in the post-conflict setting of Rwanda. To achieve that goal, the study assessed the contribution of psychological wellbeing, social connection and family dynamics to economic development. To ensure that the problem is explored in an effective way, this study employed mixed methods design, using both qualitative and quantitative research methods. The study used a sample of 111 respondents, which includes sociotherapy participants and some key informants. The data collection process used questionnaires, focus group discussions, interviews and observations. The qualitative data were transcribed, categorized into themes and analyzed. The quantitative data were processed through SPSS software and analyzed using descriptive statistics and Pearson correlations model. The findings show that sociotherapy contributes a lot to the psychological wellbeing of people. New feelings and thoughts work as a source of energy and power to improve one's economic development. Sociotherapy increases also trust among people, who subsequently start grasping the benefits from social networks (social capital), like expanding skills, accessing information, and joining efforts for their development either at the family level (bonding) or at the wider community level (bonding and bridging). The findings also show that there is a significant positive correlation between psychosocial intervention and economic development.

Keywords: Sociotherapy, social connection, psychological wellbeing and family dynamics

1. Introduction

With the end of the Cold War, poverty and conflict have become the biggest challenges to the world and the estimations show that one third of the world's population is exposed to armed conflict. Most of conflicts take place in poor countries, and more than half the countries in Africa are affected by armed conflicts. The World Bank estimates that conflict in Africa is causing a loss of 2% annual economic growth across the continent (DFID, 2001). Different authors take the conflict as cause poverty others consider it as a consequence. Looking at Rwanda in particular, the country was immersed in a brutal wave of organized violence (genocide against tutsi) that lasted 100 days from April 1994, and left an estimated one million people dead in a period of only three months. In that period, looting, destroying properties and genocidal acts, including murder and sexual violence, were common (Straus, 2012). All this affected the Rwandan economy in general, specifically at the grassroots level since people's properties were destroyed by genocide perpetrators and people were psychologically affected which could hinder their daily work.

In the aftermath of 1994, the entire family systems as well as the social fabric in general that formerly provided support were devastated due to loss of family members, mental health disorders due to participation or exposure to genocide and refugee status (Straub, 2006) and growing mistrust and fear among the population following the genocide. A great majority of the survivors were female. Woman-headed households proved to be especially vulnerable, suffering from the effects of economic deprivation, which included a lack of food, housing and money for the education of their children (Kumar, 2001). Therefore, that can hinder their normal functioning towards economic development. After the genocide, many interventions contributed to the social and economic reconstruction of the country in general and communities at the grassroots level specifically. Most of projects employed tangible support to help Rwandans to overcome the economic challenge generated by the country's tragic history. The government and its partners initiated different projects through the Rwanda's Economic Development and Poverty Reduction Strategy Program (EDPRS) like One Cow per family, Vision Umurenge Project, Survivors' funds, Reintegration Programs, Ubudehe, access to drinking water for better health.

1.1. Problem Statement

UNDP (2009) urges that the standard economic strategies may be inappropriate in a country emerging from conflict. The social capital plays a significant part in shaping the outcomes of economic action at both macro and micro levels (Rodrik, 1998). However, to increase the economy that was ruined by genocide, but most of them touched physical support. In 2006, IFAD reported that 12 years after the genocide Rwanda's population remained poor and essentially rural because of several significant demographic and social shifts in the course of its history which have contributed to slowing its economic development. According to the Ubudehe survey conducted by MINECOFIN (2007), concluded that lack of land, poor soils, unpredictable weather and lack of livestock were the key causes of poverty and nothing related to the country's history was mentioned. The lack of a common understanding of the factors hindering economic development can underpin or slow the development. Psychosocial factors in post genocide are not much considered as factors that can hamper economic development for today and for the future. In this study, the researcher will explore the contribution of psychosocial intervention to economic development, which can lead to the re- strategizing for better socioeconomic development. There is really a need to evidence how psychosocial interventions, like sociotherapy, contribute to the socio-economic development of the community at the grassroots level (micro level). The effects of conflict at the micro level can last longer and may contribute the emergence of poverty traps (Omoruyi A., 2014). As the community was psychologically and socially affected, it is very important to understand how psychological wellbeing, social connection and family dynamics influence economic development.

1.2. Analysis Models

Theories of economic development highlight the significance of money and machinery capital, a healthy and skilled workforce and technology. The classical economists identified land(natural capital), physical capital (money, machinery) and labour as the three basic factors shaping economic growth. The labor was primarily looked as human capital but the social capital concept came later. Social capital is much different from human capital since it deals with skills and knowledge while social capital deals with social networks. People can have knowledge and skills but fail to create networks with others. Social capital is defined as the glue that holds societies together and without which there can be no economic growth or human wellbeing (Grootaert and Bastelaer, 2001). Lin (2009) defines social capital as the resources that you gain through your relationships with others which cannot be accessed or mobilized on one's own. These resources can be either instrumental or expressive (Lin, 1999). Instrumental returns mean wealth, power and reputation whereas expressive returns mean physical and mental health, and life satisfaction. In every society, including Rwanda, you could identify these three types of resources. The first one, of course, is wealth which may be taken as element of the economic resources. The second element is power or control, which represent the political resources or political capital. And the third aspect is social covering reputations, recognitions, and status. Burt (1997, 1998) has shown that advances and economic rewards are also enhanced in organizations for individuals at strategic locations in the informal networks. Though those social interactions have economic effects, it is usually not their primary purpose (Collier 1999 & Grootaert and Bastelaer 2002).

Researchers and scholars have tried to look at the effect of genocide and its aftermath on the social capital in Rwanda. Violent conflict and the political and economic disintegration destroyed whatever broad-based forms of social capital had existed. The conflict negatively affected most manifestations of horizontal social capital, such as exchange, mutual assistance, trust, and protection of the vulnerable. Annemiek et al (2010) said that "Rwanda has suffered through large-scale political violence in its recent past. One of the devastating effects of this violence is the severe erosion of social capital." She added that what many people in Rwanda are suffering from is the destruction of social relationships. In societies where trust or cooperation between are low, the costs of economic cooperation will be higher, thereby inhibiting economic activity. It may be that sustainable long-run economic growth is in fact dependent upon the prior existence of what Hall and Jones (1999) call 'social infrastructure'. Social cohesion can stand for the elements of social progress which include solidarity. That can be seen an instrument for social groups to sustainably improve living standards. Even if other forms of capital are replenished, economic and social development will be hampered unless social capital stocks are restored (Colletta and Cullen, 2000).

Social capital refers to features of social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated action (Burt, 2000) since it contributes to the production process through social trust and knowledge sharing (Callier, 1999). Fournier (2002) highlights three main social capital dimensions: Bonding social capital (strong family ties), bridging social capital (weak ties connecting friends and acquaintances (bridging social capital) and more formal ties linking members of voluntary organizations (linking social capital).

1.2.1. Bonding Social Capital

Bonding refers to relations between close friends or neighbours and mainly family members. The family system theory emphasizes the interdependence or interconnection among people within the family, and this lays the foundation for bonding and family interaction. The family dynamics are influenced by the family experiences of the past. Bonding social capital is strongly associated with human development and social well-being (Sabatini, 2007). The bonding social capital is characterized by strong relations of mutual aid in the local context and high levels of participation, which results in dense multi-functional strong ties but localized trust. This type of social capital is characterized to occur among people in some way "likely" - it generates empowerment within horizontal networks (Onyx & Bullen, 2000). Hawkins and Maure (2009) in their research about the aftermath of Hurricane Katrina, they found that close ties (bonding) were important for immediate support since there is an exchange of physical, emotional and financial support across bonding network links that facilitate how families manage their sorrow. However, this mutual support can be limited to people who are inserted into the network and cannot be extended to other networks or groups. Bonding social capital may be bad if it does not open doors for bridging.

1.2.2. Bridging Social Capital

Bridging is essentially a horizontal metaphor, however, implying connections between people who share broadly similar demographic characteristics, irrespective of how well they know one another. The bridging social capital is developed between different groups of actors from different networks and serves to expand the skills and networks resources that are not accessible in other ways (Onyx & Bullen, 2000). If it is true that meagre stocks of bridging make it more difficult for ideas, information, and resources to circulate between groups, then it follows that broader economic, social, and political forces that divide societies will be harmful for development (Sabatini, 2007).

Ideally, the restoration of social capital through sociotherapy may be expected to support bonds within communities, build bridges between communities, and link state and community levels, hence strengthening the society's cohesiveness. This cohesiveness can be influenced by the past of the community. In the Rwandan context where ties between people or groups were much affected, the bridging may be possible after repairing social fabric. This may not be possible if genuine peaceful relationships between people who have been involved in intractable conflict are not restored. People need to go through reconciliation process "make friendly again" to lay the bridging foundation and that process involves both victims and offenders (Karen, 2003). Though forgiveness is often spoken of as a condition for reconciliation, it requires an emotional transformation in the individual victim but no change in the perpetrator and may result in forgetting, whereas reconciliation builds on a mutual undertaking and commitment from both sides to acknowledge the past and build more constructive relationships for the future (Karen, 2003). The reconciliation can be examined from three societal levels: top-level, middle-range and grassroots; each with its own actors and methods. This study will focus on the reconciliation at the grassroots level which influences emotions, attitudes, and behavior in both top-level decision makers and the grassroots community. Reconciliation is needed for social cohesion. Berkman and Kawachi (2000) note that social cohesion refers to two broader intertwined features of society: (1) the absence of latent conflict and (2) the presence of strong social bonds measured by levels of trust and norms of reciprocity; the abundance of associations that bridge social divisions (civic society) and the presence of institutions of conflict management. The post genocide community was characterized by distrust and fear between citizens, and a lack of shared national unity. People suffer from feelings like shame, guilt, distrust and alienation. Such feelings complicate social functioning and interpersonal contacts in communities where social structures and cohesion have already been damaged by human violence (Ager, 2002; Hobfoll et al., 2007).

1.2.3. Linking Social Capital

Linking social capital refers to relations between individuals and groups in different social strata in a hierarchy where power, social status and wealth are accessed by different groups (Cote and Healy, 2001) but beyond that, linking increases the capacity to leverage resources, ideas and information from formal institutions beyond the community (Woolcock, 2001) which is a key function of linking social capital (World Bank, 2000). This might constitute the relation between government officials, politicians, NGO representatives and local communities. Linking connects the people of dissimilar situations in order to create a wider range of resources for their own community (Adler and Kown 2002). Linking social capital enables people to gain sustained access to formal institutions such as banks, insurance agencies, and the courts. Linking social capital is formed by the vertical connections that connect individuals and groups with institutions. Through linking social capital, groups are capable of interacting with different types of institutions to modify their policies or download resources and, therefore, may play a significant role for social well-being. The linking social capital considers relations of unequal power. It is different from bonding and bridging social capital in that it is concerned with relations between people who are not on an equal footing.

2. Methods

During this research, a mixed methods design was applied since an exclusively quantitative approach would not be enough to collect data on how changes from sociotherapy intervention contributed to people productivity, income and quality of life. The researcher gathered both qualitative and quantitative data, integrates the two and then draws the interpretations based on the combined strengths of both sets of data to understand the research problems.

2.1. Participants

The study has used the systematic sampling to select 92 respondents for quantitative data and a purposive sampling was found appropriate to select 19 respondents for qualitative data to make the total of 111 subjects from the entire population of 1013 people. The respondents included sociotherapy participants, the sociotherapists who facilitated the healing process and other key informants (CBSP staff and local leaders) since they may have enough information on sociotherapy and its influence on economic development of graduates.

2.2. Procedures

Quantitative data were collected using 92 survey questionnaires where most of questions were designed in a retrospective style. Some questionnaires were administered by the researcher himself but others by the sociotherapists. Quantitative data used two focus group discussions (FDGs), 7 individual interviews and observations. For quantitative data, when questionnaires were collected, the researcher scrutinized the completed research instruments to identify and minimize, as far as possible, errors, incompleteness and gaps in the information obtained from the respondents. Where gaps are found, the data collector (s) recalled the information from a certain respondent. Having 'cleaned' the data, the SPSS software was used to analyze data where independent and dependent were grouped to determine if there is a relationship between them (correlation). Apart from the Pearson correlation model, descriptive statistics were

also used during the data analysis process. For the qualitative analysis, after transcribing recorded data, the transcripts were translated by the researcher, and deductively and interpretatively analyzed. Later findings from both qualitative and quantitative were merged together.

The validity is assured through effective construction of the research tool. The researcher ensured validity through logic, which implies justification of each question in relation to the study objectives. Several questions were asked in order to cover different aspects of the concept. The questionnaire was tested before its actual use to ascertain the likely problems with it. The pre-test helped evaluate critically research questionnaire in terms clarity, understanding, wording and meaning as understood by potential respondents with a view to removing possible problems with the question. In addition to that, during the questionnaire administration, the researcher made sure that the mood and setting for both data collector and respondent were natural and conducive. Ethical issues such as informed consent, confidentiality and consequences for the interviewee were taken into account during and after data collection process. Research subjects were informed about the purpose of the investigation and the main features of the design beforehand. The information from the research was kept confidentially and once anything was to be quoted, the respondent name remained anonymous.

2.3. Findings

The researcher initially distributed 92 questionnaires of which all were returned which helped to maximize the response rate (100%). Though all questionnaires were filled, some questions were found unfilled due to different reasons. Some of these reasons include questions that a specific respondent was not much concerned with. Apart from the quantitative data, qualitative data were also processed and presented in this section. They were immediately merged with the related quantitative data to ensure the clear understanding of the research variables. Some quotes were also used to keep some key pieces of primary source material in the research. The qualitative findings were collected from 19 respondents that included project participants, sociotherapists and some key informants. Both data were collected from all sectors of Muhanga district and the research was aiming at assessing the contribution of psychosocial intervention on the economic development of people who experienced conflict. Muhanga District is located fifty kilometers (50 km) from Kigali, Rwanda's capital. It is subdivided into twelve (12) sectors and this study was conducted in all sectors. The total population of Muhanga district is 319,965, 49% are males and 51% are females, which means that males are less than females. According to the Muhanga District Development Plan, its strategic location increases the opportunity for development of trade and other businesses but despite these opportunities, the level of poverty remains high with 53.6% of population below the poverty line and 24.1% in extreme poverty. The status of malnutrition of children under 5 years is still high. Historically, Muhanga, one district from former Gitarama Prefecture, has been known as the epicenter of different violence in Rwanda which affected people's life especially people of Muhanga.

2.3.1. Demographics of Respondents

Though it was not part of the study purpose, this section intends to describe demographic constructs of the sample since they can help interpret the research findings. The demographic data consisted of sex, age, marital status of respondents. The table presents only demographics for respondents who participated in quantitative data collection process. During the data collection process, for both qualitative and quantitative data, 43(38.7%) respondents were males and 68(61.3%) were females. Therefore, the number of females is greater than that of males. The quantitative data shows that 6(6.5%) respondents were between 30-35 years of age, 8(8.7%) between 36-40 years, 11(12%) between 41-45 years, 16(17.4%) between 46-50 years, 17(18.5%) between 51-55 years and finally 34(37%) between 56 years and above. Though most of interviewees were also between 36-50 years, it is clear that the majority of respondents were between 56 years of age and above. This implies that the young generation was under represented in the sample and the highest percentage (84.2%) of interviewees is legally married.

2.3.2. The Contribution of Psychological Wellbeing on Economic Development

This section explores different changes that happened in terms of psychological wellbeing of people who attended sociotherapy. It focused on different indicators of psychological wellbeing, how the change affects people's self-confidence, level of satisfaction in terms of engagement in daily activities, and the economic development in general. The psychological indicators were verified before and after sociotherapy intervention. Though there are many indicators (table 1) that can help measuring the psychological wellbeing of people affected by mass violence. The findings indicate that the participants experienced a positive change in feelings and thoughts. All the indicators registered positive change and the overall mean for the 15 items increased from 1.9 (before) to 3.6 (after). This reflects a high level of change in terms of psychological wellbeing of people who benefited from the Community Based Sociotherapy Program.

Variables	Before		After	
	Mean	Std. Deviation	Mean	Std. Deviation
Feeling isolated/disconnected	1.46	.783	3.48	1.103
Experiencing difficulties/trouble falling or staying asleep	1.61	.792	3.17	1.180
Experiencing nightmares	1.74	.793	3.65	.668
Having disorganized thoughts	1.92	1.020	3.62	.710
Experiencing irritability	1.76	.887	3.69	.559
Feeling angry	2.07	1.039	3.62	.759
Suffering of persistent headaches and/or stomachaches	2.07	1.095	3.44	.841
Suffering from spells of terror or panic	1.89	1.042	3.73	.665
Having suicidal thoughts	1.90	.965	3.79	.539
Easily frightened in your normal daily life	1.92	1.055	3.68	.604
Avoiding some places related to the painful experiences	1.95	.956	3.46	.924
Facing difficulties of talking about the painful experiences	1.61	.932	3.18	1.110
Suffering much from remembering stressful experiences	2.02	1.053	4.43	5.950
Being aggressive towards	2.05	1.211	3.56	.782
Feeling perceived by others as a foolish person	2.05	1.211	3.56	.782
Overall	1.9	0.99	3.6	1.14

Table 1: Change in terms of psychological wellbeing indicators
Source: Field Data, 2016

The qualitative data have shown that there are some symptoms of potential mental health disorder among the community like headache, sleeping problems, isolation, despair, and suicidal thoughts. As one female sociotherapy participant stated, "I was always blaming myself. I was despaired. I never thought I could regain happiness. I had hated myself. I was always thinking of the day of my death". Due to sociotherapy, people have an opportunity to (re)connect and develop ideas, feelings and thoughts in a structured way. It was also indicated that sometimes people do not think that they are psychologically affected, while due to sociotherapy they acknowledge that they are; "people get opportunity to grasp the reasons of their feeling in sociotherapy which helps them realize that what they experienced affected them, and they start having control over their being".

➤ Satisfaction in terms of engagement in daily activities before sociotherapy

The respondents ranked the level of satisfaction in terms of engagement in their daily activities. The data in the table show that 37 (41.6%) people who responded to that question are highly satisfied by the way they engage in their everyday activities, 51 (55.4%) are moderately satisfied, one (1.1%) is not satisfied and 3 (3.3%) have not responded to the question. This implies that the majority of respondents are moderately satisfied by the level of engagement in their daily activities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Highly satisfied	37	40.2	41.6	41.6
	Moderately satisfied	51	55.4	57.3	98.9
	Not satisfied	1	1.1	1.1	100.0
	Total	89	96.7	100.0	
Missing	System	3	3.3		
	Total	92	100.0		

Table 2
Source: Field Data, 2016

In the quantitative findings, it was found that the legacy of violence holds people back, which affect their full engagement, especially when they have not got opportunity to process their past experiences as one staff member stated: "Poor people continue to be in the survival mode, they do not have time to process what happened to them. They can blame the past but in the present they have to survive. That becomes number one priority. When you are somehow at a certain level of development, you have food every day; you do not have to worry much, you start to worry about other things. Then the traumatic experiences become stronger and you have to deal with them." That means that when one has reached a level of development, s/he starts feeling what s/he could not feel before. It does not mean that the strength increased; but taking it as the priority makes it different from before. Furthermore, respondents were asked to indicate some factors contributing to the dissatisfaction. Out of 92 people who responded to the question, 45.3% of respondents used to lack the taste of life, 16.3% were feeling cursed, 10.5% were feeling that they cannot achieve anything, 20.9% had no hope for future and 7% had not support from others. Therefore, the lack of a taste of life is the key factor that can affect the satisfaction level of people in terms of the way they engage in their daily activities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I was feeling with no taste of life	39	42.4	45.3	45.3
	I was feeling "cursed"	14	15.2	16.3	61.6
	I was feeling that I can't achieve anything	9	9.8	10.5	72.1
	I had no hope for the future	18	19.6	20.9	93.0
	I had no support from others	6	6.5	7.0	100.0
	Total	86	93.5	100.0	
Missing	System	6	6.5		
	Total	92	100.0		

Table 2: Factors of life dissatisfaction
Source: Field Data, 2016

➤ Change in terms of economic development after sociotherapy

The research has shown that the participants' level of economic development has changed after they had attended sociotherapy intervention. As it is indicated in the table, the economic development of respondents has increased very much according to 19(20.7%) respondents, whereas other 60(65.2%) people said that it increased moderately, 10(10.9%) respondents said that it remained the same and 3(3.3%) people did not respond to the question. This implies that the economic development did not change much, but moderately, after sociotherapy intervention which is still a positive change. The respondents ranked the psychological factors that might have contributed to their economic development. Asked whether not feeling cursed anymore contributed, 54.1% strongly agreed, 36.6% agreed, 3.5% disagreed and 5.9% strongly disagreed. Asked if their economic development improved because they regained taste of life, 46.1% strongly agreed, 42.7% agreed, 7.9% disagreed and 3.4% strongly disagreed. Out of all respondents asked about the contribution of better feelings and thoughts of economic development, 65.2% strongly agreed, 30.3% agreed, and 4.5% disagreed. Out of all respondents, 41.6% strongly agreed that they realized that they have power to improve their economic wellbeing, 42.7% agreed and 15.7% disagreed. In general, a big number of respondents strongly agreed that their economic development improved because they do not feel cursed anymore, the taste of their life returned, they have better feelings and thoughts and they realized that I have power to improve my economic well-being.

	Strongly agree	Agree	Disagree	Strongly disagree	Total
Do not feel cursed anymore	54.1	36.5	3.5	5.9	100
The taste of life returned	46.1	42.7	7.9	3.4	100
Better feelings and thoughts	65.2	30.3	4.5	0	100
I realized that I have power to improve my economic well-being	41.6	42.7	15.7	0	100

Table 3: Psychological contributors to improved economic development
Source: Field Data, 2016

It was also found in the qualitative findings that the traumatic experiences affect negatively the thinking capacity of people. The respondents have shown that it is very difficult for someone with wounds or suicidal thoughts to think of economic development and the following statement shows how one staff member stated it:

"You are not able to think in a coherent way, you are not able to organize things, and you forget things, it is very normal that it happens after traumatic events especially if one is not taking steps in the recovery process. You become less efficient at work. The mind is full of many things. If you are traumatized, it is difficult to engage in the life around you, you are in your own world. When you are depressed, you are not able to sleep, it affects your energy level, and you are not able to engage in social economic activities.", a female respondent said.

Though many years have passed, there are still some symptoms of potential mental health disorder among the community which are observed like headache, sleeping problems, isolation, despair, fear, avoidance and suicidal thoughts. Some people are aware of that but others are not, and do not even think that they are psychologically affected. Sociotherapy helps people to become aware of their suffering and wellbeing, and they start processing their past experiences, which helps them have better feelings and thoughts. Therefore, people get fully engaged in their daily activities after regaining the taste of life, they no longer feel cursed, they realize that they have the power to improve all the aspects of their lives, including economic aspect (wealth). That proves that sociotherapy contributes to all returns from social capital such as wealth and power (instrumental) and mental health and life satisfaction (expressive returns). In this study, most of respondents agreed that their economic development increased moderately after joining sociotherapy.

2.3.3. The Contribution of Social Connection on Economic Development

The social cohesion is a term which very difficult to measure. In this study, the variable "Social Cohesion" is measured, in the context of Rwanda, specifically Muhanga District; a community that was socially affected by 1994 genocide against Tutsi, which left the social fabric torn. Qualitative as well as quantitative were used to answer research question 2. The research focused on the forgiveness and reconciliation level, social connection change, trust level among people, benefits from social connection.

➤ Level of forgiveness

Out of 92 respondents, 88 (95.7%) people have already forgiven, 3 (3.3%) have not and 1 (1.1%) has not responded to the question. In addition to that, 14 (15.2%) respondents reported that they forgave before attending sociotherapy, 52 (56.5%) forgave their offenders during sociotherapy, 21 (22.8) forgave during sociotherapy and still 5 (5.4%) have not responded. This implies that the majority of respondents have already forgiven their offenders, and the majority forgave after sociotherapy.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	88	95.7	96.7	96.7
	Non	3	3.3	3.3	100.0
	Total	91	98.9	100.0	
Missing	System	1	1.1		
Total		92	100.0		
Valid	Before sociotherapy	14	15.2	16.1	16.1
	After sociotherapy	52	56.5	59.8	75.9
	During sociotherapy	21	22.8	24.1	100.0
	Total	87	94.6	100.0	
Missing	System	5	5.4		
Total		92	100.0		

Table 4: Change in forgiveness

Source: Field Data, 2016

➤ Reconciliation level

It was also indicated that 71(77.2%) respondents reconciled, 14 (15.2%) have not and 6 (6.5%) have not responded to the question. Out of the respondents who reconciled, 12(13%) of them reconciled before sociotherapy, 42(45.7%) reconciled after sociotherapy and 22(23.9%) reconciled during sociotherapy. This implies that the majority of respondents reconciled, and that happened after sociotherapy. Data from interviews have revealed that that some people decide to keep the distance between them and others because they think that all people hate them, the level of suspicion gets higher, the hatred increases if they do not get opportunity to discuss it among them.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	71	77.2	82.6	82.6
	Non	14	15.2	16.3	98.8
	4	1	1.1	1.2	100.0
	Total	86	93.5	100.0	
Missing	System	6	6.5		
Total		92	100.0		
Valid	Before sociotherapy	12	13.0	15.4	15.4
	After sociotherapy	42	45.7	53.8	69.2
	During sociotherapy	22	23.9	28.2	97.4
	11	2	2.2	2.6	100.0
	Total	78	84.8	100.0	
Missing	System	14	15.2		
Total		92	100.0		

Table 5: Change in reconciliation

Source: Field Data, 2016

➤ Change in terms of social connection

Eight indicators of social connection like level of your socialization with neighbors, participation in community matters, social ties (relational togetherness), emotional ties, intimacy of the community, social sharing (information, skills, resources), self-disclosure and cooperation for mutual benefits were measured. Looking at the both the overall mean before and after, it shows that it improved from 1.96 (before) to 3.4 (after). That reflects that the social connection of people who attended improved after attending sociotherapy sessions.

Variable	Before		After	
	Mean	Std. Deviation	Mean	Std. Deviation
Level of your socialization with neighbors	1.90	1.026	3.46	.993
Your participation in community matters	2.01	.974	3.64	.799
Social ties (Relational togetherness)	2.08	.991	3.61	.606
Emotional ties	2.00	1.043	3.56	.672
Intimacy of the community	2.18	1.041	3.52	.856
Cooperation for mutual benefits	1.92	.883	3.56	.653
Self-disclosure	1.74	.910	3.74	.443
Social sharing (information, skills, resources)	1.82	1.041	3.66	.594
Overall	1.96	0.99	3.4	0.73

Table 6: Change in social connection
Source: Field Data, 2016

The qualitative data have shown that the whole being of individuals is affected by being in social relationship. It was found that feelings of anger, mistrust, revenge and disconnection were still there before participation in sociotherapy but that sociotherapy was able to facilitate people to take a look into their life and that of others. Socially isolated people are caged by their thoughts which they carry alone. People are psychologically alive when they have a social life. Psychological wellbeing is much connected to social wellbeing. Additionally, respondents were asked to express their experiences and observations in terms trust among community members. 44 (51.2%) respondents observe trust among people in the community but 38 (44.2%) said that community people do not trust one another. This clearly shows that the community members trust one another but the level of trust is still low since there is not big difference between these who agreed and those who disagreed. Though it is so, 66 (71.7%) said that the level of trust has gotten better in the past three years, 17 (18.5%) said that it remained the same and 3 (3.3%) said that it has gotten worse. This implies that the level of trust among the community members in the area where the research was carried out has gotten better in the past three years which is also the range period when sociotherapy started being implemented.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People do trust one another	44	47.8	51.2	51.2
	People do not trust one another	38	41.3	44.2	95.3
	4	4	4.3	4.7	100.0
	Total	86	93.5	100.0	
Missing	System	6	6.5		
	Total	92	100.0		
Valid	Gotten better in the last three years	66	71.7	76.7	76.7
	Stayed the same in the last three years	17	18.5	19.8	96.5
	Gotten worse in the last three year	3	3.3	3.5	100.0
	Total	86	93.5	100.0	
Missing	System	6	6.5		
	Total	92	100.0		

Table 7: Level of trust among people
Source: Field Data, 2016

It was found, in qualitative findings, that people can live together physically but still without having some emotional ties. Sociotherapy helped people to feel fully together as one participant stated: "We were just living together and I was not happy. I now socialize with those I could not care about before I learned a lot from them. They healed my heart which was wounded."

➤ Benefits from joining others

Out of 89 people who responded to the question, 34 (38.2%) reported that they acquired new skills or learned something valuable when they connected, 30 (33.7%) were empowered by others, 14 (15.7) got information from others and 11 (12.4%) were helped by people they connected. This implies that most of respondents acquired new skills or learned something valuable from others while another important number of respondents was empowered by others.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I acquired new skills /learned something valuable	34	37.0	38.2	38.2
	I was empowered by others	30	32.6	33.7	71.9
	I got information from others	14	15.2	15.7	87.6
	They helped me	11	12.0	12.4	100.0
	Total	89	96.7	100.0	
Missing	System	3	3.3		
	Total	92	100.0		

Table 8: Benefits from joining others

Source: Field Data, 2016

Qualitative findings have shown that people's "self-value" has its source in the surrounding. The environment is the source of encouragement; strength and energy which help initiate something in one's life as one staff member stated:

"People around you give you energy and strength to work and make something out of the life that you have been given. When you are disconnected from your social environment, you feel like your life is not very wealthy and you feel you do not need to put more efforts in what you are doing."

In addition to that, the connection with people around you provide more opportunities, but when your life is marked by mistrust and hatred, it imprisons you and the opportunities to engage in economic activities are very scarce because you rely on yourself but the community provides also resources for economic development as one participant (ex-prisoner) stated:

"I take people as my fortune. When we share, we even share ideas and opportunities. They give me information about jobs for me as a house constructor. Some survivors hire me to construct their houses and I get money to feed my family and for my development."

It was found that sociotherapy participants start cooperatives and small associations after graduating from sociotherapy. Qualitative findings have also proven that when people connect, they put efforts together to think of something that can change their lives. Respondents said that it is very difficult to develop today without connecting. Some participants feel free to socialize and interact with others after sociotherapy which creates opportunities to work with them, as one participant stated: "It is very crucial to work with others. We advise each other, we cooperate and borrow money from each other and rent money to each other. I no longer feel isolated. I have understood the value of being with others. We gain much when we are with others."

The research has shown that sociotherapy contributes a lot to the forgiveness and reconciliation process since the majority of people who attended sociotherapy forgave their offenders and reconciled with them after attending. Sociotherapy helps them to get closer and discuss their conflicts, which reduces also the level of suspicion and hatred. It increases the relational togetherness, emotional ties, intimacy of the community, self-disclosure, social information, skills and resources sharing among the community members and people start cooperating for the mutual benefits. Sociotherapy facilitates people to look into their lives and lives of others (bridging) instead of remaining caged by their thoughts which they carry alone. That reduces the feelings of anger, mistrust, revenge and disconnection that were there before sociotherapy. That reduction was facilitated by the level of trust that increased after sharing in groups, which helped people to feel fully together, emotionally and physically. Psychological life and social life are interrelated. People are not psychologically alive if social life is not there. Other researchers had also found that relationships (social capital) have a potential positive impact on health. They said that strengthening of community networks is very important for potential public health strategy. Social support reduces possible stress. As different authors on social capital said, bridging social capital serves to expand the skills and networks resources, that are not accessible in other ways, it was also found that sociotherapy groups help people to acquire new skills which empower them for better achievements in future. People discover their "self-value" and create a new "encouraging environment" which provides strength and energy to initiate something in their life. The connection with people provides more opportunities to engage in economic activities. People are no longer on themselves but the community is also resources for economic development which increases the efficiency of the society. As Mauro (2014) said, the crisis of the relationships in the society transforms the social bond in a scarce resource, problematic and sterile, unable to generate collective solidarity. It was found that, after sociotherapy, people feel free to socialize and interact with others which creates opportunities to work with them. Therefore, people start cooperatives and small associations to connect and put efforts together to think of something that can change positively their lives.

2.3.4. The Contribution of Family Dynamics to Economic Development

The study has shown that 62 (67.4%) respondents experienced violence at home, 22 (23.9%) did not and others did not want to say anything about the question. However, the findings have shown that the majority of people who responded had experienced violence in the household. Furthermore, they were asked to categorize the violence they experienced and only 69 (75%) of all respondents did. Out of 69 respondents who categorized the violence they experienced, 36 (39.1%) experienced physical violence, 2 (2.2%) experienced sexual violence, 21 (22.6%) experienced emotional violence and 10 (10.9%) experienced economic violence. In general, most of respondents who experienced violence in the household faced physical violence but the number of people who did not want to say anything about the question is high (25%). This may mean that the violence is a subject which is not easily discussed or they do not understand much about it. "I do not know emotional violence", a respondent said. Moreover, respondents were also asked how the

violence evolved in the past three years. Out of 71 (77.2%) respondents who answered to the question, 61 (66.3%) said that violence reduced in the past three years, 6 (6.5%) said that it remained the same and 4 (4.3%) said that it increased. This implies that the level of violence was lowered in the past three years.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Reduced	61	66.3	85.9	85.9
	Remained the same	6	6.5	8.5	94.4
	Increased	4	4.3	5.6	100.0
	Total	71	77.2	100.0	
Missing	System	21	22.8		
Total		92	100.0		

Table 9: Violence change in the past three years

Source: Field Data, 2016

The qualitative findings have shown that the traumatic experiences of violence affected family relations and each partner can work for his/her own interest instead of working for the family interest. Socioterapy helped them to open up other doors of their lives and situations changed in families as one participant testified: "Socioterapy helped to regain peace of mind, my wife has changed and now we live in harmony. She no longer calls me interahamwe¹, she respects me, we have now legally married, and we have a strong family." a man who attended socioterapy said.

➤ Family factors that contributed to economic development

Findings on the factors at the family level which contributed to economic development used five factors which include the level of decision in the family sharing, mutual respect in the family, working together in the family, mutual care in the family, and interaction in the family were presumed beforehand. The findings from respondents have shown that there was a positive change on each factor because the mean increased on each factor. As it is indicated in the table, the overall mean has increased from 1.88 (before) to 2.8 (after). This implies that the five factors contributed to the economic development of the community.

Variable	Before socioterapy		After socioterapy	
	Mean	Std. Deviation	Mean	Std. Deviation
Level of decision in the family sharing	1.86	.972	2.56	.915
Mutual respect in the family	1.77	.916	2.58	.833
Working together in the family	1.83	.897	2.60	.858
Mutual care in the family	1.76	.853	2.74	.800
Interaction in the family	2.18	.870	3.52	.902
Overall	1.88	0.9016	2.8	0.8616

Table 10

Source: Field Data, 2016

Qualitative findings revealed that mistrust in families creates conflict and family members do not have the foundation to build their economic development on. The socioterapy group, as one staff member highlighted, "opens the environment in which people think they can discuss certain things and communicate at home." Therefore, among those who were not married do, the mistrust reduced, they decided together, and started some initiatives to develop their families in terms of economy not only because people's thoughts become better as one participant stated: "We constructed a house, we bought new house equipment, we bought lands, and we have wealth at home. We upgraded our ubudehe² category, from the first category to the third. I could not have achieved that if I was not with others. I am inspired by good initiatives of others. Before, I used to think of killing myself and I think I could not develop with these kinds of thoughts. Suicidal thoughts have now finished and I think of my development." However, but also because people start taking decisions together, they respect each other, and care for each other. Though it does not mean that people become rich but they move from one level to another, and the level of satisfaction improves also as it is in the following statement:

"We put together and decide together about anything that needs to be done in the family. We plan together, work together, share responsibilities to the extent the productivity increased and we got blessings from God. I cannot say that we are rich but we are really satisfied by whatever we get in peace. I approached the leaders and got mutual health insurance which increased the taste of my life," one female participant said.

The study has revealed that the level of violence in the household is still observed in families and some people prefer to keep quiet on the subject. Family theory says that family includes interconnected members, and each member influences the others, and the family experiences shape our expectations of how we interact with the larger world. That makes it difficult to discuss what happens in families. Nevertheless, the study found that the level of violence was lowered in the past three years which is the range period socioterapy has been operating. That means that the contribution of the socioterapy intervention cannot be ignored. Findings have

¹ That was the group of killers during genocide

² Way of categorizing people according to their wealth

shown that the traumatic experiences of violence of one or more family members affected family relations and each partner can work for his/her own interest instead of working for the family interest. Sociotherapy helped them to open up other doors of their lives and situations changed in families. Sociotherapy helps to improve the level of decision sharing, mutual respect, working together, mutual care, and interaction the families which laid the foundation to start building families in terms of economic development where some constructed new houses, bought new house equipment, bought new lands and animals, food increased, which helped them to change from lower ubudehe category to higher.

2.3.5. Relationship between the Psychosocial Intervention and Economic Development

To determine the relationship between variables, correlation analysis was done and presented using both a table and the scatter diagram. From the table and diagram, X represents all independent variables (psychosocial factors) and Y stands for all dependent variables (Economic development change). It is indicated that the correlation between variables is significant at the 0.01 level. The research has shown that the correlation between X and Y is 0.357 (35.7%) and it is categorized as a positive correction, which implies that there is positive change in economic development in the regions where psychosocial intervention is implemented by the Community Based Sociotherapy Program. Though there is a positive correlation between X and Y, the percentage (35.7%) shows that it weak.

		X	Y
X	Pearson Correlation	1	.357**
	Sig. (2-tailed)		.001
	N	92	89
Y	Pearson Correlation	.357**	1
	Sig. (2-tailed)	.001	
	N	89	89

Figure 1: Pearson Correlations Coefficient

3. Conclusions

According to the findings, sociotherapy contributes a lot the psychological wellbeing of people who have been affected by mass violence through awareness raising and provision of a conducive environment that helps people to start processing their past experiences which negatively affect their feelings and thoughts. The increased level of feelings and thoughts energizes people who start to get fully engaged in their daily activities after regaining the taste of life, energy and power/self-confidence. That affects positively the economic situation. Psychological life cannot be separated from social life. They are much interrelated and influence each other. People are not psychologically alive if social life is not there. The strengthened psychological life potentially impacts social life. Sociotherapy increases trust among people, and they start grasping the benefits from being part of a social network. The social capital theory recognizes the resources embedded in social networks. Since people who attend sociotherapy start opening windows to others, that bonding and bridging serve to expand the skills and information that are not accessible in other ways, which empower them for better achievements in future. Through the social networks, people discover their "self-value" in the new and wider encouraging environment. That provides strength and energy to initiate something in their life. It also provides more opportunities to engage in economic activities, their economic development and efficiency of the society improves. Apart from the individual potentials, sociotherapy generates collective solidarity and people feel free to socialize, interact and create more opportunities to work with them. After sociotherapy sessions, people start cooperatives and small associations to connect and put efforts together to think of something that can change positively their lives. In terms of family dynamics and its potential contribution to economic development, it was found that traumatic experiences of violence affect family relations, which hampers the family progress. Through sociotherapy, families improve the level of shared decision making, mutual respect, working together, mutual care, and interaction the families which laid the foundation to start building families in terms of economic development.

Generally, sociotherapy helps the community to lay the foundation of a social infrastructure from the individual level (own feelings and thoughts), family level and the community as a whole. As Hall and Jones (1999) said, the sustainable long-run economic growth depends much on the strength of the social infrastructure. It is possible to fetch energy from traumatic life but the sustainability is very critical. People who develop a very good development with poor psychological being, social cohesion and family dynamics, chances are lower to sustain that economic development and they also may not enjoy their economic wellbeing. The study has shown that there is a positive correlation between psychosocial intervention and economic development.

4. Recommendations

Based on the findings and conclusions, the research recommends the project management to extend the intervention to more young people since it focused mainly on the first generation. This will help to prepare better social, psychological and physical environment for today and tomorrow. It was also found that the intervention works much on bonding and bridging social capital, but to reach all dimensions lays of social capital, the project management should more in terms of linking social capital, not only in terms of awareness raising and sensitization as they do, but also in terms of direct vertical linking of graduates with other organizations and institutions at both community and national level.

Rwanda is a country which is developing fast in terms of economic development. For better and sustainable development, I would recommend the policy makers to open wider rooms for social reconnections and psychological wellbeing of Rwandan people. That

will not only speed up the economic development but also sustain it and help people to enjoy their progress. The follow up of the groups that initiated economic development activities should also be done in a systematic way to be able to trace changes that happen time after time. In this study, it was not possible to compare the dynamism in terms of healing and socialization, in both rural and urban areas. In the Rwandan context, people in rural areas remained together after genocide and they confront each other every day. It would be interesting to understand how that affected their healing process and how the living conditions in each of the two areas affect psychological and social life. This study has not also analyzed the implication of gender in the healing and social life. Further researches should also be done on that matter.

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