

# Sociotherapy and Healing Trauma-Related Mental Disorders. A Case of Nyamagabe District

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DOI: <https://doi.org/10.5281/zenodo.14028204>

Published Date: 02-November-2024

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**Abstract:** This study examined sociotherapy's impact on trauma-related mental health recovery in Nyamagabe District, Rwanda, focusing on trust-building, active listening, and conflict resolution. The mixed-methods study included 176 participants, 156 of whom engaged in sociotherapy, with 20 serving as community dialogue facilitators (CDFs). Quantitative data were collected through questionnaires and analyzed to assess correlations between intervention components and recovery outcomes. Qualitative data from CDFs underwent thematic analysis to reveal deeper insights. Findings showed significant mental health improvements, with 57.1% of participants reporting strong positive effects and 30.8% experiencing extreme benefits. Statistical analysis highlighted trust-building as the most impactful component (F-value = 14.234,  $p < 0.001$ ), followed by active listening and conflict resolution. CDF insights underscored empathy's role in creating a safe space for trauma disclosure and how collaborative conflict resolution fostered community cohesion. Overall, sociotherapy was confirmed as effective in supporting trauma recovery and community healing, particularly by fostering reconciliation between survivors and perpetrators. Recommendations for future interventions include strengthening trust-building activities and refining conflict resolution methods. Future research should explore sociotherapy's long-term effects and cultural relevance, advocating for community-based mental health strategies.

**Keywords:** Sociotherapy, Trauma, Mental disorder, Active listening, conflict resolution skills, trust building skills.

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## 1. INTRODUCTION

### 1.1. Background of the study

Globally, there is increasing recognition of sociotherapy's essential role in addressing trauma-related mental disorders. This shift has brought socio-therapeutic approaches to the forefront of mental health management. In the United States, modalities such as cognitive-behavioral therapy (CBT) and group therapy have gained widespread acceptance (Johnson, 2023). European nations have similarly integrated sociotherapy into their mental health systems, focusing on holistic healing (Foa et al., 2018).

In Africa, sociotherapy emphasizes collective healing and restoring social bonds fractured by conflict. It is particularly crucial in areas where socio-political challenges exacerbate mental health issues. For example, South Africa's Ubuntu psychotherapy model incorporates traditional concepts of interconnectedness into therapeutic practices (Campbell, 2022). Despite these advancements, there remains limited exploration of how cultural beliefs shape sociotherapy's effectiveness in various African contexts.

Challenges such as scalability, sustainability, and cultural adaptation persist. Almedom (2023) notes the need for sociotherapy interventions to align with diverse cultural norms in Africa, moving away from Western therapy impositions. An in-depth examination of barriers like resource availability, facilitator training, and community acceptance could further enhance understanding of these challenges.

In East Africa, sociotherapy often follows periods of conflict and humanitarian crises. Countries like Burundi and the Democratic Republic of Congo (DRC) have utilized sociotherapy to address the psychosocial effects of displacement. Research indicates its effectiveness in alleviating symptoms of depression and anxiety among refugees in Burundi (Scholte et al., 2018) and in post-genocide Rwanda (Rutayisire et al., 2019).

Within Rwanda, the high prevalence of mental health issues underscores the urgency of effective interventions. Despite the significant mental health challenges revealed in surveys—where only 5% of affected individuals seek care—Nyamagabe District serves as a vital case study for examining sociotherapy's implementation and effectiveness in healing trauma-related disorders. Here, ongoing intergenerational trauma from the 1994 genocide remains a critical concern, particularly regarding how factors like gender and socioeconomic status influence intervention outcomes.

## 1.2. Problem Statement

Nyamagabe District in Rwanda faces a significant prevalence of trauma-related mental disorders, yet research on the effectiveness of sociotherapy in this specific context is markedly limited. While sociotherapy is globally recognized as an effective intervention for healing trauma-related issues (Nkubito & Uwambajimana, 2024), there is a critical gap in local studies examining its application and efficacy, particularly within sub-Saharan Africa.

The enduring impact of the 1994 genocide against the Tutsi continues to affect mental health outcomes in Nyamagabe (Kabanda et al., 2023). Current empirical research exploring the implementation and effectiveness of sociotherapy interventions in this region is scarce. Although international studies provide insights into the general efficacy of sociotherapy (Mukashema & Uwambajimana, 2023), they often fail to account for the unique sociohistorical and cultural context of Rwanda. This oversight underscores the necessity for localized research that assesses how sociotherapy can be tailored to meet the specific needs of communities affected by the genocide.

Additionally, existing literature from East Africa offers limited perspectives on the challenges and opportunities of implementing sociotherapy in post-conflict settings (Umubyeyi & Uwamahoro, 2022). In Nyamagabe, barriers such as stigma, resource availability, and community engagement remain inadequately addressed. The Rwandan literature also lacks comprehensive empirical studies on the local use of sociotherapy to tackle trauma-related mental disorders (Niyonsaba & Umubyeyi, 2021). Given the high prevalence of these issues, there is an urgent need for targeted research to evaluate sociotherapy's effectiveness in this context, ultimately informing mental health practices and policies in Rwanda and beyond.

## 1.3. Objectives of the study.

### 1.3.1 General Objectives

The general objective of the study was to investigate sociotherapy's effectiveness in healing trauma-related mental disorders in Nyamagabe district.

### 1.3.2 Specific Objectives

- i. To investigate the impact of active listening skills on trauma-related mental disorders.
- ii. To examine the impact of conflict-resolution skills on trauma-related mental disorders.
- iii. To describe the effect of trust-building skills on trauma-related mental disorders.

## 1.4 Research Hypotheses

The study was directed by the research hypothesis outlined below.

**Ho1:** Enhanced active listening skills have no significant impact on trauma-related mental disorders.

**Ho2:** Effective conflict-resolution skills have no significant impact on trauma-related mental disorders.

**Ho3:** Trust-building skills have no significant effect on trauma-related mental disorders.

## 2. METHODOLOGY

### 2.1. Research Design

The research design for this study utilized a mixed-methods approach, integrating both quantitative and qualitative methodologies to provide a comprehensive understanding of sociotherapy's impact on healing trauma-related mental disorders. According to Leedy and Ormrod (2020), a well-structured research design serves as a framework for testing hypotheses, guiding data collection, analysis, and interpretation.

In this study, questionnaires were distributed to sociotherapy participants, while community dialogue facilitators (CDFs) were interviewed to gather qualitative data. This dual approach allows for capturing both the breadth of experiences through quantitative measures and the depth of insights through qualitative narratives.

The research was conducted in Nyamagabe District, Rwanda, specifically targeting five sectors: Kibumbwe, Kamegeri, Kaduha, and Musange. This design was chosen for its relevance in understanding local dynamics shaped by historical conflicts, ensuring the findings are both valid and reliable. Furthermore, the flexibility inherent in the mixed-methods approach facilitated adaptive data collection, which is particularly crucial in a post-conflict setting where participant engagement can vary significantly. This comprehensive framework ultimately enhances the study's robustness and contextual relevance.

### 2.2. Target Population

The target population for this study comprises 330 individuals in Nyamagabe District, Rwanda, focusing on 156 sociotherapy participants and 20 community dialogue facilitators (CDFs). Participants include youth aged 18-30 and adults aged 30-65, ensuring a diverse sample in terms of age and sex, enhancing the study's relevance and applicability.

### 2.3. Sample Size

A sample size is the number of participants selected for a study which should be sufficient to enable the researcher to draw meaningful conclusions and potentially generalize the findings to similar individuals, or settings. (Creswell and Creswell, 2018). A sample of 176 people was obtained using the formula of sample size determination in survey research, particularly when estimating proportions with a specified margin of error and confidence level.

$$n = \frac{N \cdot Z^2 \cdot p(1-p)}{E^2 \cdot (N-1) + Z^2 \cdot p(1-p)} = 176$$

Where N= Population Size= 330, E=Margin of error

Z=Z-score corresponding to the desired confidence level=1.96 (for 95% confidence level)

P= Estimated proportion of the population=0.5 (Maximum variability assumption which gives the largest sample size).

**Table 1: Sample Size**

Types of Respondents	Population size	Sampling technique
<b>1. Sociotherapy Participants</b>		
• Kibumbwe sector	32	Simple random Sampling
• Kamegeri sector	31	Simple random Sampling
• Cyanika sector	31	Simple random Sampling
• Kaduha sector	31	Simple random Sampling
• Musange sector	31	Simple random Sampling
<b>2. Community Dialogue Facilitators (CDFs)</b>	20	Purposive Sampling
<b>Total</b>	<b>176</b>	

Source: Researcher (2024)

### 2.4. Data Analysis

Data for this study were collected using structured questionnaires administered to 176 respondents. The questionnaires included carefully constructed questions to ensure clarity and relevance to the research aims. Quantitative data were analyzed using SPSS (Statistical Package for the Social Sciences), with descriptive statistics such as frequencies and percentages computed, and ANOVA (Analysis of Variance) was employed to assess relationships between variables and evaluate the effectiveness of the sociotherapy intervention.

In parallel, qualitative data were gathered from community dialogue facilitators to provide in-depth insights. These data were transcribed and analyzed thematically, uncovering patterns and themes. This mixed-methods approach allowed for a comprehensive exploration of the research topic, integrating quantitative findings with qualitative insights for a holistic understanding of sociotherapy's impact on trauma-related mental disorders.

### 3. RESEARCH FINDINGS AND DISCUSSION

#### 3.1. Introduction

This section presents the findings, analysis, and interpretation of data collected from 156 sociotherapy participants and 20 community dialogue facilitators (CDFs) in Nyamagabe District regarding the effectiveness of sociotherapy in healing trauma-related mental disorders. The findings are organized according to the study objectives, which investigate the impact of active listening, conflict resolution, and trust-building skills on trauma-related mental health. The analysis incorporates both quantitative and qualitative approaches for a comprehensive understanding of sociotherapy's effectiveness.

#### 3.2. Demographic Characteristics of Respondents

Table 1

	Frequency (n)	Percentage (%)
<b>Gender of Respondents</b>		
Male	68	43.6
Female	88	56.4
<b>Total</b>	156	100
<b>Age of Respondents</b>		
18-30 years	64	41.0
31-45 years	52	33.3
46-56 years	24	15.4
57&above years	16	10.3
<b>Total</b>	156	100
<b>Education Level of Respondents</b>		
No education	18	11.5
Primary	98	62.8
Secondary	38	24.4
Tertiary	2	1.3
<b>Total</b>	156	100
<b>Occupation of Respondents</b>		
Agriculture	135	86.5
Business	2	1.3
Technician	4	2.6
Tailoring	5	3.2
Hairdressing	3	1.9
Unemployed	7	4.5
<b>Total</b>	156	100

Source: Primary data, (2024)

The table 3.2.1 provides a demographic overview of the 156 sociotherapy participants. Of these, 56.4% are female and 43.6% male, indicating a higher female representation. The age distribution shows that 41.0% are between 18-30 years, with fewer participants in older age groups. Educationally, 62.8% have only primary education, and the majority (86.5%) are engaged in agriculture, reflecting the local economic context and social dynamics of the region.

### 3.3. Presentation of Findings

#### 3.3.1 Impact of Active Listening Skills on Trauma-Related Mental Disorders

The first objective investigated the impact of active listening skills on trauma-related mental disorders, how active listening skills affect trauma-related mental disorders. The findings are detailed and analysed in the tables below:

**Table 2: Active Listening Experience**

Response	Frequency (n)	Percentage (%)
Always	32	20.5
Often	73	46.8
Sometimes	45	28.8
Rarely	6	3.9
<b>Total</b>	156	100.0

Source: Primary data, (2024)

**Table 3: Perceived Impact of Active Listening Skills**

Impact Level	Frequency (n)	Percentage (%)
<b>Very significant impact</b>	78	50.0
<b>Significant impact</b>	68	43.6
<b>Some impact</b>	10	6.4
<b>Total</b>	156	100

Source: Primary data, (2024)

The tables reveal that 67.3% of respondents frequently engage in active listening (always or often), indicating a strong presence of this skill. Additionally, 93.6% perceive active listening as having a significant or very significant impact on trauma-related mental disorders, highlighting its critical role in the healing process.

#### 3.3.2 To examine the impact of conflict resolution skills on Trauma related mental disorders

The second objective examined the impact of conflict resolution skills on trauma-related mental disorders, and its findings are detailed in tables below:

**Table 4: Effectiveness of Conflict Resolution Skills**

Effectiveness Level	Frequency (n)	Percentage (%)
Extremely effective	42	26.9
Very effective	104	66.7
Moderately effective	10	6.4
<b>Total</b>	156	100.0

Source: Primary data, (2024)

The data showed that conflict resolution skills were highly effective, with 66.7% of participants reporting them as very effective and 26.9% as extremely effective in managing trauma-related symptoms

**Table 5: Confidence in Conflict Resolution Abilities**

Confidence Level	Frequency (n)	Percentage (%)
Extremely confident	14	9.0
Very confident	68	43.6
Moderately confident	65	41.7
Slightly confident	9	5.7
<b>Total</b>	156	100.0

Source: Primary data, (2024)

Most participants developed confidence in their conflict resolution abilities, with 43.6% feeling very confident and 41.7% moderately confident in their ability to resolve conflicts related to their trauma experiences.

### 3.4. To describe the effect of trust-building skills on trauma-related mental disorders.

The third objective described the effect of trust-building skills on trauma-related mental disorders. The result of this objective are presented below:

**Table 6: Impact of Trust-Building Skills**

Level of Help	Frequency (n)	Percentage (%)
Completely helped	45	28.8
Very much helped	95	60.9
Moderately helped	16	10.3
<b>Total</b>	156	100.0

Source: Primary data, (2024)

Trust-building skills showed significant positive effects, with 60.9% of participants reporting they were very much helped by these skills, and 28.8% indicating they were completely helped in managing their trauma-related symptoms.

**Table 7: Current Trust Levels Since Starting Sociotherapy**

Trust Level	Frequency (n)	Percentage (%)
Very high	25	16.0
High	94	60.3
Moderate	37	23.7
<b>Total</b>	156	100.0

Source: Primary data, (2024)

The majority of participants (60.3%) reported high levels of trust, while 16.0% indicated very high trust levels since participating in sociotherapy, suggesting the effectiveness of trust-building interventions.

### 3.5. Overall satisfaction with sociotherapy

The analysis of overall satisfaction with sociotherapy revealed remarkably positive outcomes among participants in Nyamagabe District. All participants reported being either satisfied (47.4%) or very satisfied (52.6%) with the sociotherapy process, indicating the intervention's strong acceptance and perceived value within the community. This high level of satisfaction suggested that the sociotherapy approach effectively met participants' therapeutic needs and expectations. The table 8 illustrates the findings on overall satisfaction with sociotherapy

**Table 8: Overall Satisfaction with Sociotherapy Process**

Satisfaction Level	Frequency (n)	Percentage (%)
Very satisfied	82	52.6
Satisfied	74	47.4
<b>Total</b>	156	100.0

Source: Primary data, (2024)

### 3.6. Perceived Impact on Mental Health and Well-being

Regarding the impact on mental health and well-being, the majority of participants (57.1%) reported that sociotherapy had impacted their mental health "very much," while 30.8% reported "extreme" positive impacts. Only 12.1% reported moderate impacts, and notably, no participants reported minimal or no impact. These findings demonstrated the substantial positive influence of sociotherapy on participants' mental health outcomes, suggesting its effectiveness as a therapeutic intervention in the context of Nyamagabe District.

**Table 9: Level of Positive Impact on Mental Health**

Impact Level	Frequency (n)	Percentage (%)
Extremely	48	30.8
Very much	89	57.1
Moderate	19	12.1
<b>Total</b>	<b>156</b>	<b>100.0</b>

Source: Primary data, (2024)

### 3.7. Observed Life Changes After Socioterapy

The study revealed significant positive changes in participants' lives following their participation in socioterapy. A remarkable 33.3% of participants reported transformational changes, while 54.5% experienced significant changes. This meant that 87.8% of participants experienced substantial positive life changes through their participation in socioterapy. Only 3.2% reported minor changes, and no participants reported an absence of change, indicating the intervention's consistent positive impact across the participant population.

**Table 10: Significant Changes Since Participation in socioterapy.**

Type of Change	Frequency (n)	Percentage (%)
Transformational	52	33.3
Significant changes	85	54.5
Moderate changes	14	9.0
Minor changes	5	3.2
<b>Total</b>	<b>156</b>	<b>100.0</b>

Source: Primary data, (2024)

### 3.8. Types of Trauma-Related Disorders Addressed

Analysis of specific trauma-related disorders showed varied but substantial improvements across different conditions. Interpersonal relationship issues showed the highest rate of improvement (62.8% of participants), followed by anxiety disorders (57.1%), depression (48.7%), and PTSD (37.2%). The high improvement rate in interpersonal relationships aligned with socio therapy's focus on social connections and community healing. The substantial improvements in anxiety and depression suggested that the intervention effectively addressed both social and individual psychological challenges.

**Table 11: Reported Improvement in Trauma-Related Disorders**

Disorder Type	Frequency (n)	Percentage (%)
PTSD	58	37.2
Anxiety disorders	89	57.1
Depression	76	48.7
Interpersonal relationship issues	98	62.8

Source: Primary data, (2024)

Participants demonstrated a strong likelihood of recommending socioterapy to others with trauma-related mental disorders, indicating its perceived effectiveness. While many were satisfied, suggestions for improvement included increasing session frequency and duration. Overall, the findings reinforced the program's success in enhancing interpersonal relationships and reducing anxiety, highlighting the effectiveness of active listening, conflict resolution, and trust-building skills in promoting recovery.

### 3.9 Cross-Tabulation Analysis

#### 3.9.1 Gender and Trauma-Related Disorders Improvement

The cross-tabulation analysis revealed several important patterns in the effectiveness of socioterapy across different demographic groups and locations. In terms of gender differences, female participants showed slightly higher improvement rates across all disorder types compared to male participants. The most notable difference was observed in depression improvement, where 51.1% of females reported improvement compared to 45.6% of males. However, both genders showed the highest improvement rates in interpersonal relationships (64.8% for females and 60.3% for males).



**Table 12: Cross-tabulation of Gender and Type of Improvement**

Disorder Type	Male (n=68)		Female (n=88)	
	Frequency	Percentage	Frequency	Percentage
PTSD	24	35.3%	34	38.6%
Anxiety	37	54.4%	52	59.1%
Depression	31	45.6%	45	51.1%
Interpersonal	41	60.3%	57	64.8%

Source: Primary data, (2024)

### 3.9.2. Age Groups and Impact of Socioterapy

Age group analysis demonstrated remarkable consistency in the impact of socioterapy across different age categories. The proportion of participants reporting extreme positive impacts ranged from 28.1% to 33.3% across age groups, suggesting that the intervention was equally effective regardless of age. The majority in all age groups reported "very much" impact, with percentages ranging from 54.2% to 59.4%, indicating strong effectiveness across the age spectrum.

**Table 13: Cross-tabulation of Age Groups and Perceived Impact**

Impact Level	18-30 years	31-45 years	46-56 years	57+ years
Extremely	18 (28.1%)	17 (32.7%)	8 (33.3%)	5 (31.3%)
Very much	38 (59.4%)	29 (55.8%)	13 (54.2%)	9 (56.2%)
Moderate	8 (12.5%)	6 (11.5%)	3 (12.5%)	2 (12.5%)

Source: Primary data, (2024)

### 3.9.3 Education Level and Trust-Building Effectiveness

The examination of education levels and trust-building effectiveness revealed that socioterapy was successful across all educational backgrounds. Participants with no formal education showed slightly higher rates of complete trust-building impact (33.3%) compared to those with primary (28.6%) or secondary education (26.3%). This suggested that the intervention was particularly effective for participants with limited formal education, possibly due to the program's accessibility and community-based approach.

**Table 14: Cross-tabulation of Education Level and Trust-Building Impact**

Trust Impact	No Education	Primary	Secondary	Tertiary
Complete	6 (33.3%)	28 (28.6%)	10 (26.3%)	1 (50.0%)
Very Much	10 (55.6%)	60 (61.2%)	24 (63.2%)	1 (50.0%)
Moderate	2 (11.1%)	10 (10.2%)	4 (10.5%)	0(0.0%)

Source: Primary data, (2024)

### 3.9.4. Sector Distribution and Overall Satisfaction

The geographical analysis across sectors showed remarkably consistent satisfaction levels, with very satisfied participants ranging from 51.6% to 54.8% across all sectors. This consistency suggested that the quality of socioterapy implementation was uniform across the district, indicating strong program standardization and delivery.

**Table 15: Cross-tabulation of Sectors and Satisfaction Levels**

Sector	Very Satisfied	Satisfied	Total
Kibumbwe	17 (53.1%)	15 (46.9%)	32
Kamegeri	16 (51.6%)	15 (48.4%)	31
Cyanika	17 (54.8%)	14 (45.2%)	31
Kaduha	16 (51.6%)	15 (48.4%)	31
Musange	16 (51.6%)	15 (48.4%)	31

Source: Primary data, (2024)



### 3.10 Statistical Analysis Results

#### 3.10.1 Anova Results for Active Listening Skills

The analysis revealed a statistically significant impact of active listening skills on trauma healing [ $F(3, 152) = 12.876, p < 0.001$ ]. The F-value (12.876) exceeded the critical value (2.665), indicating that active listening skills significantly influenced the healing of trauma-related mental disorders. The p-value of 0.000 suggests that this result was not due to chance. This finding led to the rejection of the first null hypothesis.

The practical significance was demonstrated by higher reported effectiveness among participants who experienced consistent active listening, stronger therapeutic relationships when active listening was regularly practiced and improved emotional expression and processing of trauma experiences.

**Table 16: ANOVA - Impact of Active Listening Skills on Trauma Healing**

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	18.432	3	6.144	12.876	0.000	2.665
Within Groups	72.568	152	0.477			
Total	91.000	155				

Source: Primary data, (2024)

#### 3.10.2 Anova Results For Conflict Resolution Skills

The analysis showed a significant effect of conflict resolution skills on trauma healing [ $F(3, 152) = 10.543, p < 0.001$ ]. The calculated F-value (10.543) was greater than the critical value (2.665), demonstrating that conflict resolution skills had a meaningful impact on healing trauma-related mental disorders. The p-value of 0.000 indicates high statistical significance, leading to the rejection of the second null hypothesis. The practical implications included enhanced ability to manage trauma-related conflicts, improved interpersonal relationships and better coping mechanisms for stress and anxiety.

**Table 17: ANOVA - Impact of Conflict Resolution Skills on Trauma Healing**

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	15.887	3	5.296	10.543	0.000	2.665
Within Groups	76.313	152	0.502			
Total	92.200	155				

Source: Primary data, (2024)

#### 3.10.3 Anova Results for Trust-Building Skills

The analysis demonstrated a significant effect of trust-building skills on trauma healing [ $F(3, 152) = 14.234, p < 0.001$ ]. The F-value (14.234) substantially exceeded the critical value (2.665), indicating that trust-building skills had the strongest impact among the three components. The p-value of 0.000 confirms high statistical significance, leading to the rejection of the third null hypothesis. The practical significance was evidenced by increased psychological safety among participants, stronger community bonds and support networks and enhanced therapeutic outcomes through improved trust.

**Table 18: ANOVA - Impact of Trust-Building Skills on Trauma Healing**

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	20.765	3	6.922	14.234	0.000	2.665
Within Groups	73.935	152	0.486			
Total	94.700	155				

Source: Primary data, (2024)

### 3.11. Comparative Analysis of Effects

Statistical analysis showed significant positive impacts of sociotherapy components, with trust-building skills having the strongest effect. All components contribute effectively to trauma healing, highlighting the importance of a comprehensive approach in therapeutic practices.

**Table 19: Comparison of Effect Sizes**

Component	F-value	Effect Size ( $\eta^2$ )	Significance
<b>Trust-Building</b>	14.234	0.219	Strongest
<b>Active Listening</b>	12.876	0.203	Strong
<b>Conflict Resolution</b>	10.543	0.172	Significant

Source: Primary data, (2024)

### 3.11.1 Anova Results Interpretation

The study utilized one-way ANOVA to assess the effectiveness of three sociotherapy components—active listening, conflict resolution, and trust-building—in healing trauma-related mental disorders in Nyamagabe District. Results indicated all components had significant positive impacts, with trust-building skills demonstrating the strongest effect ( $F(3, 152) = 14.234, p < 0.001$ ), accounting for 21.9% of the variance in healing outcomes. Active listening and conflict resolution also showed significant effects, explaining 20.3% and 17.2% of the variance, respectively. Each component exceeded the threshold for large effect sizes, emphasizing their collective importance. These findings suggest that sociotherapy programs should prioritize trust-building while integrating all three components for optimal therapeutic outcomes, reinforcing the value of community-based interventions in trauma recovery.

### 3.12 Thematic Analysis of Community Dialogue Facilitators' Experiences

The thematic analysis of interviews conducted with 20 Community Dialogue Facilitators (CDFs) revealed several key themes regarding their experiences facilitating sociotherapy sessions in Nyamagabe District. The analysis identified five major themes: the role of empathy and unconditional positive regard, conflict resolution dynamics, trust-building mechanisms, transformative experiences, and observed improvements in mental health outcomes.

#### 3.12.1 Role of Empathy and Unconditional Positive Regard

The CDFs consistently emphasized the fundamental importance of empathy and unconditional positive regard in creating a therapeutic environment. They described how these approaches fostered a sense of safety and acceptance that was essential for trauma disclosure and healing. One facilitator noted that "when participants felt genuinely understood and accepted, it created a secure environment that fostered openness about their trauma." The facilitators observed that this emotional safety was particularly crucial in enabling participants to navigate their healing journey at their own pace.

The analysis revealed that empathetic listening served multiple functions in the therapeutic process. It helped normalize discussions about trauma, reduced feelings of isolation, and created bridges of understanding between participants. Several facilitators noted how non-judgmental acceptance encouraged participants to engage more deeply with their healing process. As one CDF explained, "putting yourself in their shoes and withholding judgment allowed participants to feel comfortable sharing their issues and emotions."

#### 3.12.2 Conflict Resolution Dynamics

The analysis highlighted how conflict resolution skills played a crucial role in transforming group dynamics and facilitating healing. CDFs described using problem-solving and negotiation skills to address conflicts that arose from trauma or differences in experiences. They emphasized how these skills helped participants reframe conflicts as opportunities for growth and understanding.

A significant finding was the collective nature of conflict resolution within the sociotherapy groups. Facilitators described how collaborative problem-solving fostered a sense of community and shared responsibility for healing. One CDF explained that "conflicts were resolved collectively by avoiding blame and encouraging group collaboration." This approach not only resolved immediate conflicts but also built participants' capacity to handle future challenges.

#### 3.12.3. Trust-Building Mechanisms

Trust emerged as a cornerstone of effective sociotherapy intervention. The facilitators described how trust-building was achieved through consistent demonstration of fairness, integrity, honesty, and transparency. They observed that these qualities created an environment where participants felt safe enough to engage with their trauma and support others in their healing journey. The analysis revealed that trust-building operated on multiple levels: between facilitators and participants, among participants, and within the broader community. As one CDF noted, "when participants trust each

other, they can rely on one another for emotional backing, which is crucial for healing trauma." This multi-layered trust was described as essential for creating sustainable healing environments.

### 3.12.4 Transformative Experiences

The facilitators shared numerous accounts of transformative experiences within their groups. A particularly powerful example came from a CDF who described how two participants - a genocide survivor and a perpetrator - moved from complete avoidance to reconciliation through the sociotherapy process. After 20 years of silence, they were able to engage in dialogue, leading to apology and restored harmony in their community. These transformative experiences were characterized by breaking down barriers of isolation, fostering reconciliation between divided community members, enabling participants to process difficult emotions collectively, building new supportive relationships and developing coping strategies for managing trauma

### 3.12.5 Observed Improvements in Mental Health Outcomes

The facilitators reported significant improvements in various trauma-related mental disorders. They observed positive changes in participants dealing with PTSD, anxiety, depression, and interpersonal relationship issues. The improvements were attributed to the combined effect of active listening, conflict resolution, and trust-building skills. Specific improvements included reduced social isolation and increased community engagement, better management of trauma triggers, enhanced emotional expression and regulation, improved interpersonal relationships, greater resilience in facing challenges and increased hope for the future

The facilitators overwhelmingly endorsed the effectiveness of sociotherapy, with many reporting that they observed positive changes in 90% or more of their participants. They particularly emphasized its value in promoting peace, reconciliation, and community healing. As one CDF stated, "Sociotherapy promotes peace, reconciliation, forgiveness, and a desire to continue living well, making it an effective approach to healing trauma." The thematic analysis revealed that CDFs viewed sociotherapy as a highly effective intervention for trauma-related mental disorders. The success of the program was attributed to its comprehensive approach that combined emotional safety, conflict resolution, and trust-building within a supportive group environment. The facilitators' accounts provided rich evidence of both individual healing and community reconciliation, suggesting that socio therapy's impact extended beyond individual mental health outcomes to broader social healing in Nyamagabe District.

## APPENDIX I: THEMATIC ANALYSIS FRAMEWORK OF CDFS' INTERVIEWS

Main Themes	Sub-themes	Supporting Quotes	Frequency*
<b>1. Role of Empathy and Unconditional Positive Regard</b>	- Creating safe space	"Empathy and unconditional positive regard created a safe space for sociotherapy participants to share their trauma"	18/20
	- Fostering acceptance	"When participants feel cared for unconditionally, they are more likely to confront painful memories and emotions"	16/20
	- Normalizing trauma discussions	"Empathy helps to normalize the discussion of trauma, allowing participants to feel less isolated in their experiences"	15/20
<b>2. Conflict Resolution Dynamics</b>	- Collaborative problem-solving	"Conflicts are resolved collectively by avoiding blame and encouraging group collaboration"	17/20
	- Skill development	"Problem-solving in sociotherapy encourages accountability. Participants learn to take responsibility for their actions"	14/20
	-Relationship rebuilding	"Through conflict resolution, participants develop trust and can navigate disagreements"	16/20
<b>3.Trust-Building Mechanisms</b>	- Establishing safety	"Trust, honesty, and transparency facilitate transformation"	19/20
	- Promoting openness	"When participants trust the group, it reduces fear and doubt, making them feel hopeful"	17/20
	- Fostering mutual support	"Trusting relationships encourage participants to offer and receive support"	16/20

<b>4.Transformative Experiences</b>	- Reconciliation	"Two men—one a genocide survivor, the other a perpetrator—began the process not speaking to each other. Over time, through sharing and understanding, they reconciled"	15/20
	- Community healing	"Sociotherapy has brought together individuals facing various challenges, allowing each member to learn from one another"	18/20
	- Personal growth	"Participants who initially avoided each other began interacting by the end of the sessions"	16/20
<b>5.Mental Health Improvements</b>	- PTSD reduction	"PTSD improved as individuals engaged in conflict resolution"	17/20
	- Anxiety management	"Anxiety disorder and stress-related disorders experienced relief"	16/20
	- Depression alleviation	"Depression and grief-related issues showed significant improvement"	15/20
	- Enhanced relationships	"Poor family relationships and severe loneliness have decreased significantly"	18/20

\*Frequency indicates the number of CDFs who mentioned this theme out of the total 20 CDFs interviewed.

## IV. CONCLUSION AND RECOMMENDATIONS

### 4.1. Conclusion

This study offers compelling evidence regarding the effectiveness of sociotherapy in addressing trauma-related mental disorders. The findings clearly illustrate that enhanced active listening plays a crucial role in facilitating emotional healing. Participants expressed feeling more understood and supported, which contributed to improved emotional processing and a heightened sense of safety during therapy. Additionally, the results highlight the significant influence of effective conflict-resolution skills on trauma recovery. Participants reported a reduction in interpersonal conflicts, positively impacting their mental well-being and underscoring the importance of these skills in therapeutic settings. Moreover, the data indicate that strong trust-building practices are vital for addressing trauma-related mental disorders. A solid therapeutic alliance, characterized by mutual trust, enabled participants to engage more deeply in the healing process, further enhancing the therapy's effectiveness.

Overall, this study confirms the high efficacy of sociotherapy, evidenced by 100% participant satisfaction and 87.8% of individuals reporting transformative life changes. It also demonstrates the program's adaptability across diverse demographic groups. The successful standardization of sociotherapy across various sectors highlights its potential for broad implementation. This research contributes valuable insights by emphasizing the essential role of specific interpersonal skills in trauma therapy, paving the way for improved therapeutic practices in the future.

### 4.2. Recommendations

Based on the findings, it is recommended that sociotherapy programs focus on strengthening trust-building components by allocating more time for trust-related activities and providing additional training for facilitators in effective trust-building techniques. Developing structured exercises will further enhance this aspect. Moreover, enhancing active listening practices is crucial; thus, implementing regular training for facilitators and establishing guidelines to maintain consistent active listening will help ensure effective communication. Additionally, creating monitoring mechanisms will allow for ongoing assessment of these practices. Improving conflict resolution mechanisms is also essential; developing standardized protocols and offering advanced training for facilitators will equip them with the skills needed to manage conflicts effectively.

In terms of program development, increasing session frequency based on participant feedback will better meet their needs, while extending the program duration for complex cases will provide more thorough support. Implementing flexible scheduling options can also enhance accessibility. Support for facilitators should be prioritized by providing regular supervision and establishing peer support networks, as well as offering continuous professional development opportunities to keep facilitators well-informed and skilled. Furthermore, strengthening links with local support systems and developing community awareness programs will create a more integrated approach, while establishing follow-up mechanisms for program graduates will ensure ongoing support.

Lastly, institutional support is vital for the success of these programs; therefore, advocating for increased resource allocation and formal recognition of sociotherapy initiatives will bolster their legitimacy. Developing policy frameworks will aid in systematic implementation, while creating referral pathways with mental health services and establishing coordination mechanisms with healthcare providers will ensure comprehensive care. Additionally, implementing longitudinal studies to track long-term outcomes and conducting regular program evaluations will provide valuable insights into effectiveness, further supporting ongoing research in this field to refine and enhance sociotherapy practices.

#### 4.3 Suggestions for Further Studies

Future research should focus on long-term impact studies to assess the lasting effects of sociotherapy, including follow-ups on participant outcomes, intergenerational benefits, and community-level influences. Comparative studies across different regions can identify variations in implementation and effectiveness, while exploring cultural adaptations will ensure the program remains relevant in diverse contexts. Additionally, specific population studies should investigate the program's effectiveness across age groups and gender-specific outcomes. Analyzing the impact of sociotherapy on various types of trauma will provide valuable insights, enabling more tailored approaches to meet the diverse needs of participants and enhancing the overall effectiveness of the program.

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