

**INFLUENCE OF COGNITIVE STRATEGIES ON EXPLOSIVE DISORDER
AMONG FEMALE INMATES TOWARDS MALE PARTNERS IN SELECTED
WOMEN PRISONS IN KENYA**

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REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY
DEGREE IN COUNSELLING PSYCHOLOGY OF
MOUNT KENYA UNIVERSITY.**

MAY, 2025

DECLARATION AND APPROVAL

Declaration by the Student

I declare that this thesis is my original research work and has not been submitted in this form or any other for the award of any other degree in this or any other institution of learning.

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DEDICATION

Dedicated to my children Faith, Grace, Emma who encouraged me to remain on course.

To my late husband Joel Kaluai, the support before his demise. May his soul Rest in

Eternal Peace



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My gratitude goes to the Almighty God for His grace to the successful completion of this work. I appreciate Mount Kenya University for the available learning facilities; the empathic non-academic staff attending to students' needs. My gratitude goes to my supervisor Dr. Florence S. A. K'Okul a senior lecturer in the department of Psychology, Humanities and Languages at Mount Kenya University for her guidance from inception to completion of this study. I also thank my supervisor Dr. Mokua Gilbert Maroko, former Head of department of Psychology Humanities and Languages at Mount Kenya University for his guidance, keenness and tutelage to the completion of this study. My thanks, go to the defense committee and lecturers in the Department who generously provided knowledge and expertise in my work. My sincere thanks go to all the respondents, my colleagues, friends and all those not mentioned here, for their contributions, insightful comments during the study.

ABSTRACT

The purpose of this study was to evaluate the influence of cognitive restructuring strategies on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons in Kenya. The study objectives were: To identify intermittent explosive disorder traits among female inmates towards male partners' violence, to evaluate the influence of reframing on intermittent explosive disorder, to examine the influence of problem-solving on intermittent explosive disorder, to assess the influence of self-monitoring on intermittent explosive disorder and to examine the influence of emotional regulation on intermittent explosive disorder. The study was anchored on Social cognitive theory by Albert Bandura and self-evaluation maintenance theory by Abraham Tesser. The study used an Ex Post Facto research design. The study was carried out at Langata and Thika Women Prisons. Quantitative data was obtained from the sampled inmates using questionnaires; while qualitative data was collected using interview guide from the prison key informants. The target population for the study was 1023 inmates. The study incorporated 8 constables, 4 counsellors, 3 chaplains as key informants. Stratified and proportionate simple random sampling was used to select a sample size of 307 inmates. Quantitative data was analyzed using both descriptive and inferential tests. Hypotheses were tested at $p=.05$ using Pearson's Product Moment Correlation Coefficient. Qualitative data was analyzed thematically according to the study objectives. The findings showed there was a statistically non-significant positive relationship between reframing and intermittent explosive disorder as, $[r(257) = .051, p = .417]$. Increase in intensity of frame shift, target thoughts and evidence of thoughts led to increased traits of intermittent explosive disorder. The study also revealed that there was a statistically non-significant negative relationship between problem solving and intermittent explosive disorder as, $[r(257) = -.029, p = .639]$ with increase intensity of problem-solving indicators, there was decrease in the severity of intermittent explosive disorder. The study also found that there was a statistically non-significant negative relationship between self-monitoring and intermittent explosive disorder as, $[r(257) = -.114, p = .068]$; the more increased indicators of self-monitoring, the more decrease in severity of intermittent explosive disorder. The study also revealed that there was a statistically non-significant negative relationship between emotional regulation and intermittent explosive disorder as, $[r(257) = -.059, p = .347]$; that is, with increase in self-awareness, modulating response and response to emotions, the lower the severity of intermittent explosive disorder. Based on these findings, the study recommends that prison management through the ministry of Interior and Coordination of National Government, enhance provision of counselling programmes based on cognitive restructuring techniques in the prisons. Reframing as a technique would provide solutions on the past painful memories of the inmates; optimistically avoid violence and keep away from crime. The programmes would revamp counselling services on problem-solving techniques, self-monitoring techniques promote self-control and emotional management in and out of prison. Use of cognitive restructuring programmes would also boost inmates' mindfulness. The study findings would add new knowledge in counselling psychology, to prison stakeholders, policymakers and researchers on the use of cognitive restructuring strategies in behaviour change.

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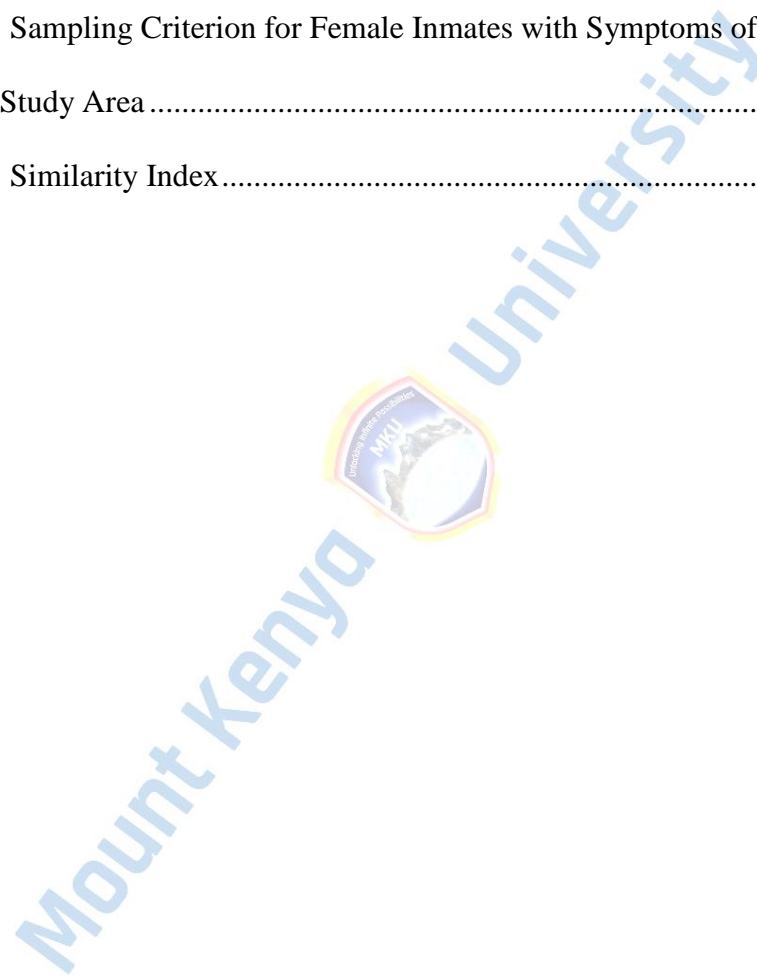
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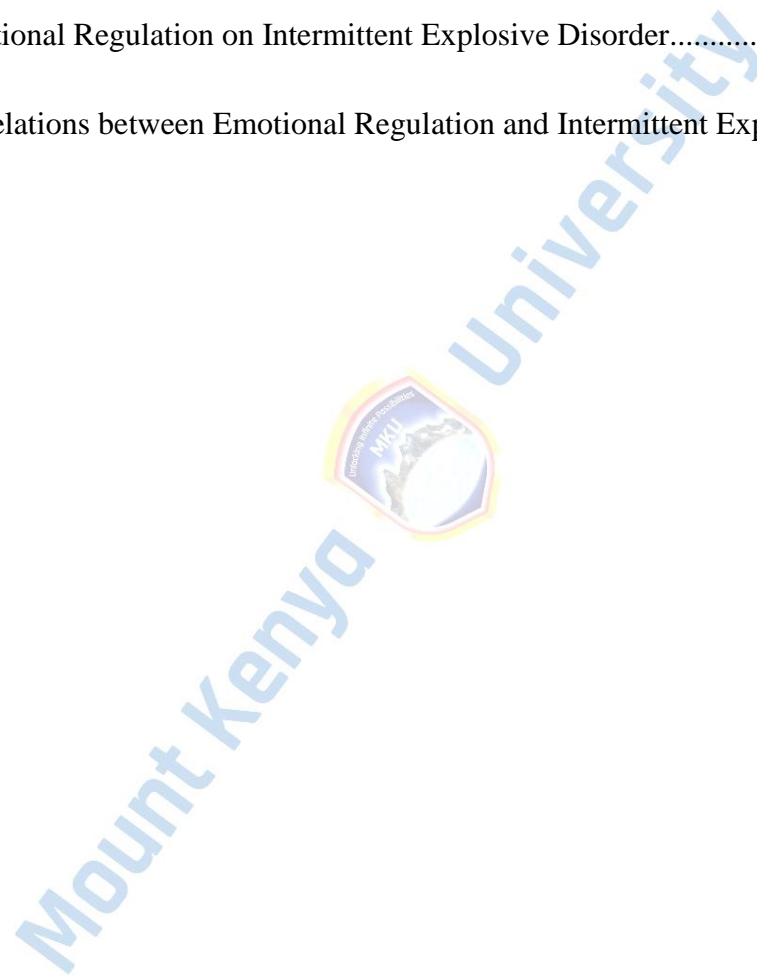
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LIST OF ABBREVIATIONS AND ACRONYMS

ADHD:	:	Attention Deficit Hyperactivity Disorder
APA:	:	America Psychiatric Association
CBT:	:	Cognitive Behaviour Therapy
CDS	:	Conduct Disorder Scale
CRS:	:	Cognitive Restructuring Strategies
DAS:	:	Driving Anger Scale
DBD	:	Disruptive Behaviour Disorder
DSM:	:	Diagnostic Statistical Manual
ED:	:	Emotional Disturbance
ERT:	:	Emotional Regulation Training
FBO	:	Faith Based Organizations
ICPR:	:	Institute for Crime & Justice Policy Research
IED:	:	Intermittent Explosive Disorder
IPV:	:	Intimate Personal Violence
KPCS	:	Kenya Police Crime Statistics
KPSD:	:	Kenya Prisons Services Department
NACADA:	:	National Authority for the Campaign against Alcohol and Drug Abuse
NACOSTI	:	National Commission for Science Technology and Innovation
NGO:	:	Non-Governmental Organization
ODD:	:	Oppositional Defiant Disorder
PSS	:	Parenting Styles Scale
PTSD:	:	Post Traumatic Stress Disorder
UDHR	:	Universal Declaration of Human Rights

SASH:	:	South African Stress and Health Mental
SES	:	Socio-Economic Scale
SUD	:	Substance Use Disorder
TCM	:	Traditional Chinese Medicine
UNODC:	:	United Nations Office and Drugs and Crime
USA	:	United States of America
WHO	:	World Health Organization



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Women's Intermittent Explosive Disorder (IED), among various communities, families have long been dismissed as a ridicule; non-effective and as hysterical state of expression especially towards men. Women's IED takes place when one is unable to control aggressive impulses resulting into assaultive crime in a relationship. (Mati, 2022, citing Banarjee et. al.; 2014) on women criminality; indicated that the role of the criminal justice societal norms influenced women to be victims not perpetrators despite engagement and execution of crimes in the society. Although both genders experience provocative anger which may result to violence, many societies consider females' anger as culturally unacceptable; while men repressed anger outburst is seen as normal under all circumstances. Women's level of rage, irritability, and the speed of racing thoughts to react violently towards men, alter the way of viewing risks and underestimating chances of bad outcome (Coccaro & Lee, 2020). However, unexpected sudden out-burst of rage, violence to close intimate relationships, causes psychological trauma, fear, and intimidation. In reiteration, in such situations; partners in relationships result into hatred and violence towards each other (Brooks, Martin, Broda & Poudrier, 2020). Although women are described as emotionally happy and mostly kind, Coccaro and Lee (2020), found women to be more aggressive with sudden outbursts; without any thought reframing towards men when their needs are not met; or their status unrecognized in the family.

According to The Diagnostic Statistical Manual of Mental Disorders (5th ed; DSM-5; American Psychiatric Association, 2013), aggressiveness is defined as trait of intermittent Explosive Disorder (IED). Impulsive behaviour characterized by explosive outbursts of violence that is disproportionate to the situation at hand causing sudden damage to property and relationships. Not all injurious and destructive acts are judged as aggressive; Roseman (2018), argues that the level of aggressiveness would be determined by personal responsibility and destructive intentions of the harm-doer in the incidence.

The presences of IED traits among women are not easily identified until after the long episode of physical attack towards other people and property. Restoring emotional security after IED attack; takes a short while for the attacker to display anger, violence and embarrassment. Shortly after, unexpectedly, the attacker displays episodes of remorsefulness and self-regulating behaviour towards the victim or situation. However, a recurrence of the same impulsive behaviour may likely follow. (Zhan et al, 2023).

Shaikh, Reshman, Hariharasudan, Dhivya (2024); agrees with Rosenfield (2008), that violence is associated with life and death instincts that cause aggression and frustrations in life; when the ego is hurt. To overcome this, the ego defense mechanism plays the role of suppressing the unconscious effects of anger, violence by restoring evidence of thoughts to reduce violence. However, when the ego is overcome by prevailing environmental conditions; irritability, rage, violence become the outcome. As result, criminal behaviour takes precedence, causing harm and destruction. This aggression among women is associated with masculinity complex which is rooted in the penis envy; with feelings of revenge, sudden outbursts of irrational thoughts towards men. Women engage in positive emotions to avert men's anger by enfeebling them to develop guilt and shame in behaviour (Cohen,2022).

However, other authors have viewed women IED differently; Banarjee, et al. (2020) attributes women IED to cultural factors that hinder women from expressing bottled-up emotions of anger towards male partners and other family members.

According Brooks et al.(2020), women's IED is a necessary instrument to rebuild feelings of personal equality and solve differences in partner relationships. Philpott &O'Connor (2020), viewed IED among women as a way of enhancing a flourishing partner relationship; gain individual narcissistic feelings; defending egotistic thoughts that provoke annoyance to male partner (Cohen&Hulsey,2022).

As much as extensive research has been carried out on male violence against women; there is minimal knowledge on women violent behaviour towards men (Archer, 2022).

To validate on this, Augsburg and Maercker (2022) asserts that previous researches have depicted women as less aggressive and men as perpetrators of violence towards women. However, this may not be the case with other researchers on women violence towards male partners. Studies by Barlow, Johnson, Walklate and Humphreys; (2020); elicited discussion in criminology on IPV as related to men's experiences of partner violence. The study found that studies on men victimization by women are still lagging; while men in relationships continue to suffer in silence.

According to (Coccaro and Lee 2020;Thai 2022) IED among women has comorbidity characteristics such as: rage, annoyance and impulsivity negatively affecting relationships. Such characteristics are witnessed in feelings of hate, competition, comparisons, undermining and jealousy between partners; targeting to hurt each other.

Campbell-Sills et al.(2023) concurs with Ray et al. (2020), on triggers of aggressive emotions among women, asserting that childhood attachment to adults, play a major role in individual life. Humiliation and challenges during childhood are likely to cause psychological stress, anger, violence in adulthood.

This concurs with Kauffman, Fuente and Boruchovitch (2023) cited Albert Bandura (2019), on cognitive social learning theory; people learn behaviour by interpreting the environment to form a behaviour. For example, children from maladjusted families are likely to model behaviour related to aggressiveness, violence and irritability to the society. Childhood attachment injuries unknowingly remain in the unconscious mind; causing further injuries in life; drawing irritability thoughts, outbursts, and rage in life. Childhood posttraumatic stress causes difficulties in managing relationships and abiding with the societal norms. Such experiences in adulthood, form motivational negative incentives to lower self-regulating in behaviour; poor problem-solving skills and lack of emotion control in relationships (Ray et al.,2020).

According to Caccaro and Grant (2019), the beginning of intermittent explosive disorder is usually 13 years and rarely beginning after age 40. This period of life is followed by multiple negative relationships, impairment on job performance, physical and psychological health.

Campbell- Sills et al. (2023), further asserts that there is a correlation between levels of IED among women within environments faced with high levels of poverty; absence of father as the head of a family and drug abuse. In such families, abusive mothers and grandmothers plays the role of powerful heads of families invoking anger and violence to intimidate the children. Conversely, the violent behaviour is eventually internalized by the children as anger towards other people in adulthood.

A study by Panbehchi et al. (2020), on the anger; aggression as male traits; however, Been, Gibbons and Meisel 2019; Denson et al.,2018) suggested that women during pregnancy and lactating period, have high levels of testosterone, oxytocin and low cortisol hormones that trigger levels of aggression leading to violence against the male partners.

In a similar study, Panbehchi et al. (2020), adds that intermittent explosive disorder is caused by biological and environmental factors leading to substance abuse, low self-esteem and poor interpersonal relationships in life. To conform to the societal norms, cultural stereotypes, obsession and beliefs; women innately become suspicious and irrationally prey on men to intimidate them to be subdued (Storey et al, 2023; Brandes, et al.,2020).

Clare and Montague (2020), investigated intermittent explosive disorder among heterosexual partners in America. The study highlighted that, through generations; women keep anger feelings, with negative attitudes without giving room to problem solving and thought reframing in the relationship. As a result of prolonged silence between partners; hatred, anger inspiring violence towards each other takes place in the relationship. The study revealed that women with hidden anger lacked self-monitoring abilities towards their relationships. Women lacked the abilities of agreeableness, commitment, intentions of maintaining and protecting their relationship without incidents of violence.

In a similar study carried by out by Machado, Santos, Matos (2023) in Portugal, found that among most men seeking medical attention suffered from intimate partner victimization. Members of the community considered men suffering as non-authentic and baseless. These men suffered from levels of depression, anxiety, low esteem, loneliness, and fear caused by violent partner in relationship. The female partners lacked emotional self-awareness to help the men navigate life challenges with clarity of using problem solving techniques instead of intimidation them. Machado et al.(2023), concurs with Storey et al. (2023), that victimized men overlook women violence towards them; fail to consider the impact of victimization on their mental health.

According to the study, men feared to be seen as weak and unmanly, contrary to the society masculinity norms.

O'Donnell (2022), citing Vilar (2009), construe the mindset shift of the 21st century on men manipulation of by women. Men find this shift unsettling with rising rates of challenges causing mental health problems such as depression, loneliness and suicide.

Research carried out in United Kingdom among 1,368 male patients, seeking treatment and help from the hospitals' Counselling centers had experiences of partner abuse. Huntley, Szilassy, Potter, Malpass, Williamson and Feder (2020); explains that more than one in every four of these men seeking help had been living with a violent female partner or ex-partner. The study also indicated that these abused men were clinically recorded as suffering from physical and psychological trauma as a result of constant intimidation, and irritability in toxic relationship.

Ladip Ladwington and Arangorin (2023), carried out a study on abuse against men among the Tanudan communities in Phillippines. Women manipulated men in the community to work harder for more hours than expected. According to the study, women used violence to compel male partners to work harder for them to receive comfort at home. This means men suffered psychological distress, frustrations, powerlessness and inability to exercise own rights. Lack of awareness where to find help; contributed to deeper victimization of silenced men (Oyediran, Spenser& Smith 2023).

According to Depraetere et al.(2020), men and boys have been victims of women aggression and intimidation without much concern from the policy makers. The study further demonstrates that violence against male has been increasing exponentially in some parts of Europe and Africa where women liberation is more embraced.

The beginning of the 21st century in Africa has seen the phenomenon of women abusing men physically and psychologically unlike the past years.

Studies done in Kenya and South Africa by (SASH) by Sorsdahi et al. (2023) elicited in-depth studies of men abused from informal settlements; suffered from mental disorders. Partner poor relationship was highlighted to be the cause of high proportion of male suicidal mortality. This concurs with (Nyabena, 2024), on effects modern family paradigm shifts affecting men status quo as heads of family; exposing them to challenges and women intimidation.

Tshone, Olutola, Bello and Mofokeng (2020), carried out a study on the domestic violence against men in South Africa. The findings indicated that men were emotionally, verbally, physically abused by women; experienced financial challenges to meet basic needs. The study indicated that men were intimidated to voice their suffering since they were culturally assumed to be the offenders; without a legal chance to defend themselves. According to Brooks et al.(2020), although men may reveal willingness to disclose their status of victimization by women; they conceal their feelings for fear of being unmanly and irresponsible to handle the challenge from a woman. Men placate their anger, reframing their thoughts, optimistically all will be well. The feelings to defend; sustain their own power and control over women in the society gives the women advantage over them. Men pretend to be strong; giving silent treatment to avoid further judgment and harm by women (Phoenix, 2019). Although under the Universal Declaration of Human rights (UDHR), under United Nation Organization (UNO) and Kenya Bill of rights profess protection and equality; this is mostly skewed towards men. Men are viewed as perpetrators and associated with criminal activities in the society.

According to (Archer,2022; Comack,2021), violence against men is largely based on women jealousy on real or imaginary issues of infidelity causing overwhelming outburst and anger towards the male partner.

However, other studies have found that; causes of women violence towards men, is based on failure to meet family domestic responsibilities. Pike (2020) in a discourse on the neglected boy child in Kenya; highlighted views of womens' hash attitude towards men in Nyeri, Central Kenya. A survey conducted by Maendeleo Ya Wanaume (Progress for Men) in Kenya, 2018, indicated that the number of abused men by women had increased from 160, 000 to 460,000 since 2009. This upsurge of women violence and aggression towards men was triggered by stressful living conditions, drug abuse and sudden upward mobility among women.

Tuente,2020 and Ciesinski, Zajac and McCloskey (2023) carried out a study on management of violence among women experiencing IED symptoms on randomized controlled trial in Brazil; using CRS on individual and group therapy; to modifying negative thoughts. The study found CRS to be highly effective in changing aggressive behaviour among women participants. The therapy strategies used involved the use of problem solving, mindfulness, self-monitoring, thought-reframing and self-regulatory behaviour.

Influence of CRS on behaviour change was also studied by Omopo (2021), in Ibadan Nigeria, on the promotion of COVID-19 awareness and health behaviour; to adjust to new normal behaviour. The study found that individuals who practiced self-monitoring on their health; practically analyzed the magnitude of the problem , adopted to new habits of life through hands washing, use of masks, social distancing and emotional control. This effectively controlled COVID -19 infections among families and public places. Accordingly, the participants exercised personal thought reframing, self-monitoring and emotional regulation to maintain responsible behaviour to avert spread of the pandemic in the society.

Mongare et al. (2018) carried out a study on female violence towards men in Kiambaa, a sub county in Kiambu county Kenya. The study found that men were abused due to lack of economic resources and inability to provide to the family. To solve issues related to violence in the family, Kiambu County authorities suggested the use of CRS such as: problem solving, thought reframing, individual self- monitoring and emotional control among family members.

(Gateri et al. 2021; Ondicho & Karimi 2021; Thobejane et al. 2024) studies expound on the extent of men domestic victimization by women in Africa. Women exercise authority and exploitation on men without empathy on the impact of their mental health conditions. Women aggressiveness, outburst and anger against men concurs with IED Studies carried out by (Rad, Abolghasemi 2024; Fahlgren, cheung, et al; 2022) women aggressive behaviour is associated with deficit of self- compassion and altruism, self-control; characteristics related to IED in relationship. The studies also found out that women expectations surpassed what most men could provide to the family; to avoid being angered and violence. Women blame men on misuse of family resources and promiscuity. This research concurred with Banarjee, (2020; Oyedirani et al. (2023) that women's rage, irritability towards men is out of suspicion, stereotypes and negative attitudes lacking mind reframing and appreciate their partners. In Cameroon and Sierra Leone, men lack the voice being seen as perpetrators against women. According to the study, drugs substance among women is rampant affecting families social economically. However, women attack their male partners in pretext they are the cause of family economic challenges. Victimization of men is attributed to psychological violence than physical or sexual (Oyediran, Spenser& Smith 2023).

To expound on women aggression towards men; Cuijpers et al. (2023), argued that violence towards women was supported by lack of self-monitoring and evidence thought reframing towards men. This has resulted to female impulsive thoughts, violence, lack of empathy and inaccurate thought reframing, judgmental thoughts, anger compounded with double standards in criminal justice towards men.

Mutahi (2017), indicated that violence against men in Nyeri County was caused by excessive consumption of illicit brew and economic empowerment of women. This caused men to abdicate family responsibilities and misused resources.

The study indicated that for every 1000 people, about 2 men were victims of partner violence. Lack of self –regulation and over excessive drinking caused poor problem-solving skills and decisions making among men. Mutahi (2017) as cited in Gateri, (2021), the plight of men in the family is challenging. Women lack empathy and thought reframing to modify their behaviour towards partner relationship. Absence of gratitude and encouragement from women causes men psychological defeat to reclaim their place in the family. Positive emotions towards men from the family members would also change the challenges to opportunities, to improve attitude of men towards family responsibilities.

Comparing the use of CRS and supportive psychotherapy in treating IED among men and women; McCloskey, Chen, Olino and Caccaro (2022), found CRS were superior in decreasing relational aggression and anger control in relationships.

The purpose of this study was to find out the influence of CRS on female inmates' IED towards male partner in selected prisons, Kenya. In this study, cognitive restructuring strategies were used as therapeutic tools to intervene on IED disorders such as: irritability, rage racing thoughts, violence, aggressiveness, yelling and intimidation among female inmates towards male partners.

Therefore, the purpose of this study was to examine the influence of cognitive strategies towards female inmates' explosive disorder, towards male partners in selected women prison in Kenya. The study used thought reframing, problem solving, self-monitoring and emotional regulation as cognitive strategies tools in the study.

1.2 Statement of the Problem

Violence is a pre-eminent evil of the postmodern era with loss of lives and property due to lack of individual thought reframing, emotional control, and self-monitoring in partner relationships behaviour. Women outbursts, anger, and violence associated with impulsive aggressive episodes; characteristics traits of IED have caused immense destruction of property and loss of lives in Kenya. In a recent Kenya Demographic and Health Survey KDHS (2022), 36% of men in Kenya have experienced emotional, economic and psychological or sexual violence from their female partners. When men are subjected to women violence, they develop repressed attributes which negatively affect mental health, family wellbeing and destabilization of family set ups in the society. Women in Kenya make up 18% of prison population accounting for 4% of serious female violent crimes. Imprisonment of female inmates deny many children the benefits of motherhood and livelihood (KPCS, 2022). The use of cognitive strategies in various institutions to instill women mental sobriety by controlling women impulsive violence in partner relationship would be necessary. Some news headlines reports have presented a worrying trend of women impulsive violence on property destruction; murder of male partners in Kenya. For example, The Standard Newspaper on 21st October, 2022, by Kabunyi, page 10 carried a headline as: 'Why are Mount. Kenya husbands dying like flies?' This article depicted the extent to which men are losing their lives in partner violent relationships.

Additionally, the article highlighted that women violence has been witnessed in other parts of Kenya; showing the extent of damage caused by women violence to property and loss of lives.

If women violence is not controlled it will immensely affect the development of a future gender -equality and the fabric of the society. Furthermore, the government spends huge budgetary allocation annually to feed the female inmates in prisons. These resources could be allocated to other areas to improve the Kenyan economy. Some of the inmates are people with good education and even professional careers necessary in the development. If the issue of women violence towards men is not addressed, it would impact negatively on the achievement of Kenya millennium development goals vision on gender equality in Kenya.

Therefore, the purpose of this study was to evaluate the influence of CRS on controlling female inmates' IED traits towards male partner violence. Towards this end, evaluating the influence of CRS among inmates in prison was necessary to reduce violence, aggression and in the society and rule breaking in prison. Imploring CRS among the inmates has not been provided to psycho -educate them on thought reframing and emotional control interventions to avert impulsive thoughts and self-monitor their behaviour. Additionally, CRS interventions will decrease psychological distress and positive impact on inmates while in prison and after incarceration.

1.3 Purpose of the Study

The purpose of this study was to evaluate the influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya.

1.4 Objectives of the Study

This study was guided by the following objectives:

- i. To identify intermittent explosive disorder traits among female inmates towards male partner violence in selected women prisons, Kenya.
- ii. To evaluate the influence of reframing on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.
- iii. To examine the influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.
- iv. To establish the influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.
- v. To examine the influence of self-emotional regulation on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

1.5 Research Hypotheses

The study was guided by the following hypotheses.

Ho1: There was no statistically significant influence of reframing on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho2: There was no statistically significant influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho3: There was no statistically significant influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho4: There was no statistically significant influence of emotional regulation on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya

1.6 Justification of the Study

According to the findings of this study, female inmates' impulsive actions and behaviour caused violence towards male partners and other people in the society. This led to violent crimes with long terms of imprisonment. The Kenya government has huge budgetary allocations for maintaining female inmates in prison; such funds could be used in other sectors of development in Kenya. Additionally, women violence has intimidated men's abilities to start and maintain families in Kenya. This paradigm shift of women violence has affected the very foundation of the society; the family (Leonhard et al., 2022; Henga, Ngetich, Bor, 2022; Gathogo, 2015).

Although there have been studies on male and female violence in Kenya; scanty research has been done on the use of CRS among violent female inmates. This study sought to create a change of thought and deed among the female inmates through the influence of CRS to avoid violence towards male partners. The familiarity and use of CRS in behaviour change among female inmates in this study would enhance controlling IED traits that triggers impulsive behavior, negative thoughts, aggression and violence towards male partners (Roseman, 2018). Creating awareness on the use of CRS among the inmates: on how to engage thought reframing, self-monitoring, problem solving and emotional control, provided the basis for individual self-control and emotional management skills.

This would allow the inmates to develop evidence thought, empathy, modulation of emotions, and non-judgmental attitudes towards male partners (Fahlgren & McCloskey, 2019). This would control crimes such as: murder, theft, and destruction of property. CRS would challenge distorted thoughts that lead to individual low self-esteem, depression, stress and violence among female partners.

1.7 Significance of the Study

This study realized new approaches to be used as a matrix to deal with behaviour change among inmates. This is hoped to promote relationship skills by transforming attitudes, beliefs, and norms that would ensure minimizing of women's IED. This behaviour change would create logical thoughts and feelings to reduce outbursts among women towards male partners. The study findings were also hoped to influence inmate's self-awareness, value, goodness, warmth of male partner relationship.

This study is also hoped to influence government policy and practices on how to deal with women outbursts as perpetrators of violence towards male partners in the society. The findings of this study have generated new knowledge that would benefit service providers within Kenya Prisons Service Department (KPSD). Other special areas to benefit from this study would be counselors, psychologists, Faith Based Organizations, (FBO), Non-Governmental Organization (NGO), the judicial services, families, and the community at large. The study findings may as well benefit future researchers, groups and individuals interested in exploring issues of behaviour change among categories of offenders in Kenyan prisons.

The knowledge generated in this study would provide peaceful coexistence, gender equality and gender problem solving skills in the society. This would entail respect between genders and partners in relationship Health Organization (WHO, 2019).

1.8 Scope and Limitations of the Study

The main focus of this study was to evaluate the influence of cognitive restructuring strategies on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya.

The study was confined to two selected female prisons in Kenya thus; Langata women maximum and Thika women Prisons. Prison officials were the key informants, provided qualitative information through the use of face-to-face interview schedule. The informants were; 8 female constables, 3 male chaplains, and 4 male counsellors with a notable working experience among female inmates. The target population for the study was 1023 inmates with a sample size of 307 respondents. However, 257 satisfactorily completed the study. Pilot study was carried out using 10% of the sample size at Minimum Risk Level Women Prison, Langata.

Ex post factor research design was used to get maximum information from the inmates' perceptions, attitudes and past relationship retrospectively. The relationship between the independent variable and dependent variables with possible causes were established. The inmate participants were given self-report questionnaire which enabled them individually to examine their thoughts, behaviour and feelings retrospectively. The questionnaire limited the inmates' thoughts to the prediction of past memory based on recollection of their behaviour. The results of this study may not be generalized to other prisons in Kenya; there could be other unique dynamics, which influenced the inmates other than the variables under this study.

1.9 Delimitation of the Study

The study examined the influence of cognitive restructuring strategies on intermittent explosive disorder among female inmates' violence towards male partners in two female prisons: Langata and Thika women prisons, Kenya. The study examined the level of CRS

on inmates towards male partners' violence. The data collection tools were not meant to capture phenomenological psychological lived life experiences of the inmates. However, the questionnaire captured the thoughts and feelings of the female inmates during and before incarceration period.

1.10 Assumptions of the Study

This study was based on the following assumption:

- i. There was prevalence of IED among the female inmates in the two selected prisons in Kenya.
- ii. The inmates were to be cooperative and give genuine answers to the researcher's questions
- iii. Cognitive strategies had an influence on intermittent explosive disorders.



1.11 Operational Definition of Terms

Aggression: An act of engaging in intimidating, causing fear and discomfort to the other person. For example: rudeness to provoke anger, portraying irritability, and unfairness to another person; used in this study as explosive responses by female inmates towards their male partners.

Cognitive Strategies used in the study as (CRS); cognitive restructuring strategies. These are interventions, techniques /skills to counterbalance explosive disorders such as aggression , violence, rage and irritability among female inmates.

Emotional Regulation: was used in this study as an intervention to control own emotions to create harmony in relationship by guarding over feelings, thoughts.

Male partner: A male in partner relationship with female inmate before incarceration with whom they had conflicts leading to jail term.

Explosive Disorder :Sudden aggression , violent behaviour lacking self-control causing damage and assault, used in the study as: IED.- intermittent explosive disorder.

Problem Solving: technique used in this study as scale to measure levels of cognitive interventions in identifying a problem, develop a plan to solve a problem, implementation of the plan, seek flourishing relevant thoughts to compare and completion of the targeted task.

Racing Thoughts: This is state of mind obsessed in experiencing anger ideas, anxiety, and lacking focus and attention. Used in this study as an indicator.

Reframing Is that frame through which a person views a situation to determine their point of view. When that frame is shifted, the meaning changes and also the thinking behaviour often changes along with it. As a counselling technique, is used to rearrange negative thoughts, rethinking in another rational angle of thought to shift a thought line.

Self-Monitoring: Is a way a person is described to be carrying out activities by cross checking, record taking on the impact of changes benefiting the individual. Used in this study as technique to identify changes towards targeted behaviour through self- measurement, monitoring, checklist, record current behaviour to make adjustment or improvement on the behaviour in response to situations or tasks assigned.

Violence: In this study, violence is an act of female showing annoyance response towards a male partner in relationship.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter addressed empirical literature review on literature related to cognitive restructuring strategies and intermittent explosive disorder. This was carried out according to the objectives of the study. The variables included: Cognitive restructuring strategies: - reframing, problem solving, self-monitoring and emotional regulation. Social cognitive learning theory by Albert Bandura, (1986), and Self-Evaluation Maintenance theory by Abraham Tesse (1988), guided the study. Theoretical framework, conceptual framework, research gap and summary of literature review of the study are also discussed.

2.2 Empirical Literature Review

Empirical literature was discussed using independent research variable- CRS as follows: Reframing, problem solving, self-monitoring and emotional regulation. The dependent variable-IED – Explosive Intermittent Disorder traits indicators:

Rage, irritability, racing thoughts, violence, aggression, yelling and intimidation.

2.2.1 Cognitive Restructuring Strategies

Cognitive restructuring strategies are psychotherapeutic tools based on cognitive behaviour therapy (CBT), helpful in adjusting, challenging false beliefs and thoughts to enact positive thoughts in behaviour change. According to Hollon, DeRubeis, Andrews and Thomson (2021), CBT therapist use different strategies and efforts to change thinking pattern of the client by recognizing one's distortion in thinking, automatic negative thoughts causing emotional stress, challenges and anxiety in life.

CBT strategies were first introduced into psychotherapy by Albert Ellis in 1950 and Aaron Beck in 1960 as behaviour model in therapy.

CBT model is used to help shape negative inaccurate thoughts such as; I am a failure in life, nobody loves me; emotions like I look ugly, therefore nobody loves me. These are negative feelings of self-talk impacting on individual motivation and achievement. Such irrational thoughts lead to mental health disorders and maladjusted behaviour of self-hate. Cognitive behaviour strategies have been used in prisons to help inmates restructure challenging thoughts and behaviour affecting wellbeing. The therapists examine the behaviour pattern that causes antisocial criminal behaviour and initiate a therapeutic alliance. Common CBT treatment in prison include; moral resonance therapy:- addresses criminogenic needs associated with criminal thinking, substance abuse, improve moral reasoning and cultivating empathy, hope and forgiveness towards other people. The therapy is designed for both group and individual therapy sessions, effective to adults and adolescents with resistant depression (Gregory, 2020).

According to Man, Yan, Ouyang, Shu et al.(2024); use of CBT practice in China was founded on Stoicism philosophy and Traditional Chinese Medicine (TCM), to treat psychological and physical disorders. CBT is used to explore the link between the body, mind and the spirit to regulate the human cognition, emotions and behaviour. CBT combined with regular medical treatment, meditation provide improvement on comorbidity of health problems such as; anxiety, drug use abuse, OCD and ADHD.

Wong et al.(2020) studied the evaluated levels of cognitive behavior therapy among Chinese adolescents suffering from anxiety disorders and poor relationship with the parents. The adolescents had maladaptive regulation strategies such as: self-blame, blaming others, rumination and catastrophizing. Such behaviours are caused by low achievements and poor social relationships both in the family and in the society. The study used cognitive behaviour strategies such as:

positive refocusing, positive reappraisal, and reframing negative perspectives in life. After 6 months of evaluation, the adolescents were found to have improvement in achievements on personal problem solving, appreciating other people, reframing thoughts and self-monitoring.

Ciensinski et al.(2024), undertook a study on the effectiveness of CBT techniques using 15 weekly sessions based on : problem solving, self-monitoring, thought reframing, self-regulating behaviour, relaxation techniques among women diagnosed with IED. The study used demography, psychiatric comorbidity while symptoms severity and motivation support acted as predictors. CBT treatment outcome indicated that individual with low level anger highly improved from outburst, violence and irritability in behaviour.

(Dobson &Dozois, 2021; Gakingya, Wasanga& Kipnusu, 2022), as cited in Purdon (2021), cognitive restructuring is a tool with components of techniques to learn skills in behaviour change. Positive patterns of thinking are effective ways of challenging own thoughts, self- evaluation on cognitive biases, hopelessness and pessimism. According to Friedberg, Goodman, Zucker, Neelley et al.(2024), therapist helps the client to find out negative triggers affecting their thoughts and feelings into distorting thinking. The client is guided to imagine on questions based on some worst-case scenario and explore ways to solve the problems The miracle question based on solution focus therapy; enhances the client to establish goals in life dealing with the current problems; situations without focusing on past events.

CBT therapy also deals with variety of mental health disorders such as; depression PTSD, anxiety, social phobia, relationship issues and personality disorders. However, according to Purdon (2021), cognitive restructuring therapy has limitations. The therapy has time limit of 20 sessions which may not be sufficient for clients with chronic disorder or personality disorders for the therapist to explore challenges.

For example, cases related to family and interpersonal relationships may not be explored in-depth within a short time. Use of other therapies may be combined to help the client explore underlying problems (Cuijers,etal.2018).

Yakely (2022), carried out a study, to establish the use CBT interventions on IPV inmates. The results indicated CBT techniques were effective in treating IPV related issues related to mental disorders, bipolar distress, PTSD, ADHD and Substance Use Disorders (SUD) among the inmates. A Similar study was carried out by Kayaoglu and Kose (2020), using CBT treatment on violence, aggression and anger among prison inmates. The treatment was based on psychoeducation, motivation change, anger management, social skills, lack of empathy and relapse control. After 6 months, the inmates acquired emotion self-control, empathy and thought reframing towards behaviour change.

According to Ahmadi (2019), on counselling therapies in Kenyan prisons, found that therapies to prompt the inmate's thought, feelings and appraisal on behaviour change were lacking. The study established that use of CBT was more effective to deal with mental health disorders than expressive therapies used in prisons. Ahmadi (2019) highlighted the need to use CRS among inmates to search for underlying problems. According to Rogers, (1951) counselling therapy is based on empathy, congruence and unconditional positive regard, to build a trusting relationship with the client. This empowers the client to change negative behaviour; unlike the use of expressive therapy used in prisons.

Other researchers, Perry, et al. (2019), in earlier studies in United Kingdom, had shown that CRS in psychotherapy was important in reducing anger, violence and negative thoughts among the inmates. The inmates identified the personal attitudes, triggers, define the problems, find solutions for the future well-being. CRS techniques reduce depression, anxiety, personality disorders, psychotic disorders and poor management of emotions.

According to Adeusi (2013) and Onyechi et al., (2020), use of CRS, requires individuals avoiding irrational thoughts, beliefs, and feelings; to enhances use of optimism for positive behavior change. Use of CRS is reinforced by practicing mindfulness, seeking help from a therapist, to deal with anxiety, fear, stress and depression.

In a study, Dryden et al. (2023), assisting students to overcome academic debt setbacks, used cognitive reframing to redefine students' thoughts and perspective on how to complete their studies despite challenges. The students learnt that positive reframing, shifts of thoughts and positive cognitions were ways to deal with negative thoughts and emotions that depict failure in completing their studies. Use of cognitive restructuring strategies also replaced distorted perceptions with balanced positive cognitive abilities that motivated the students to see a bright future in their studies.

Cognitive restructuring strategies in behaviour modification provides thought searching, redefining and reframing. (Nelson, 2022). For example, if your friends can not hang out with you today and your initial thought is that they no longer want to be friends with you, it is important to identify the negative thought, determine if it is rational, and replace with a more balanced reframed thought., like: - My friends always tell me they like having me around and they are just busy today.

However, Cognitive restructuring strategies in therapeutic process are affected by individual judgmental biases, causing negative thoughts and beliefs. For example, the therapist reminds the clients to avoid blaming and judging others as a cause to their negative judgmental thoughts and suffering. Using this idiom-“Do not judge a man until you have walked a mile in his shoes”. This means, before you judge another person, look at the situation from a different point of view, and validate feelings and thoughts. This provides a mind reframing through evidence thought into a positive behaviour before gauging a behavior.

Zielinski et al. (2023), examined the use of cognitive behaviour strategies in dealing with posttraumatic experiences in prison. The study found that most of the inmates managed trauma by promoting positive thinking; however, inmates violent, psychopathy with high levels of anger and rigid thinking were resistant and reluctant to the therapy. The study also noted that inmates with mental health disorders, chronic depression presented complex challenges towards the use of cognitive therapy strategies in prison. The characteristics of the therapist in prison should include; patience, empathetic nonjudgement, trust and work at the pace of the inmates to allow a positive behaviour change.

Cognitive restructuring strategies are used by different professionals to implement treatments with the aim to reduce symptoms of stress, and improve on the undesirable behaviour. Cognitive restructuring provides mental calmness, wellbeing, and mental reappraisal in life (Hollon et al., 2021). Therefore, using CRS involves the client to pay attention to thoughts; recognize irrational ideas, challenge them, and learn how to replace productive thoughts for wellbeing (Onyechi et al., 2020; Adeusi, 2013).

Further studies on the use of CBT therapies on chronic insomnia in United States of America, China and United Kingdom, carried out by Ho, Ho C, and Tam, (2020) found that chronic insomnia is associated with medical conditions such as; drug abuse, obesity, diabetes mellitus, depression, anxiety, hypertension, and cardiovascular diseases which were treatable using CBT. The study also found that reflective cognitive restructuring techniques reduce symptoms of anxiety, and depression.

In another study, Vural and Yayci (2023), investigated on how to control emotions using cognitive restructuring strategies and other therapies in a partner relationship; among clients who experienced annoyance, stress and irrational thoughts towards each other.

After the CRS therapy, the clients experienced cognitive calmness and averted feelings of violence and aggressiveness towards their partners.

Marasigan (2019), undertook quasi-experimental design research to compare cognitive restructuring strategies and use of cognitive defusing techniques on negative thoughts among thirty respondents in Philippines. Results indicated that cognitive defusing depressed the integrity of negative thoughts by increasing ability to deal with targeted thoughts; providing more objective perspective and flexibility on the prevailing thoughts. Compared to control group using CRS; cognitive defusing technique was more effective. These results agreed with Yakeley and Meloy (2021), that controlling emotions, beliefs, and thoughts, flexibility and fostering mindful observation overcome negative thoughts that lead to erratic violent behaviour in relationships. The studies further established that personalities with low self-esteem developed feelings of inadequacy, rejection and aggression. For example, such personalities hear inner voice telling them that they are worthless or nobody loves them. This leads to self-hate and maladaptive behaviour. According to cognitive restructuring techniques, negative thoughts ought to be reframed, reappraised cognitively to achieve positive thoughts and self-acceptance; tell themselves that they are significant person and have people who love them.

When cognitive restructuring techniques are used, low self-esteem is overcome by the learning interventions such as: appreciating the self, developing inner compassion and building confidence in life (Fauziah, Fahriza & Setyowati, 2019).

Moses (2024) citing Oparaduru, (2017), carried out on experimental study in Nigeria to compare the effectiveness of cognitive restructuring strategies and corporal punishments among students with maladjusted behaviors in school. The results indicated that cognitive restructuring strategies were more practical in addressing maladjusted behaviour among students' discipline in school than the use of corporal punishment.

Moses(2024) , also carried out a study on use of cognitive restructuring strategies on reducing cognitive dimensions of ethnic intolerance among adolescents in Taraba state in Nigeria. Using cognitive restructuring strategies, the adolescents were able to use rational and logical discernment on the importance of peaceful co-existence in the society .

Adeusi (2013), conducted a study using CRS among adolescents with conduct disorders in special correctional centers in Nigeria. The study used thought restructuring, and behavioural rehearsal strategies. Results showed that the use of CRS proved effective on thought reframing to avoid aggressiveness and hostility among students in the school. The study used Conduct Disorder Scale (CDS), Socio-Economic Scale (SES) and Parenting Styles Scale (PSS) to gather the data based on behavioral rehearsal techniques. After the intervention, the adolescents developed assertiveness, respect, honesty, stopped stealing from each other; cared for each other compared to the control group. Behavioural rehearsal technique requires a competent therapist compared to cognitive restructuring techniques. The results further indicated that behavioural rehearsal techniques were embraced because of its practical initiatives. Hosie, Dunne, Meyer and Daffen (2022, carried a similar study on aggressive script rehearsals among adult offenders with difficulties in emotion regulation and aggressive behaviour. The study found that the rehearsal script wase effective on emotion attentiveness and attitude towards behaviour change than the use of ordinary CBT therapies without rehearsals.

Ekwelundu, et al. (2020) citing Adeusi (2013) on the effectiveness of CRS, also carried a study on secondary school students' procrastination in completing academic tasks. The results of the study revealed the effectiveness of cognitive behavior therapy on the students' academic procrastination than conventional counselling. After the therapy, the students learnt need to complete their assignments on time.

Similar behavioral studies could be done in Kenya on students' disorders and academic procrastination and behavior disorders. However, the study should be done out of school calendar since it is time consuming and involving. The study methodology used in this study had limitations since the opinions of the parents and socio-economic factors of the community were not considered. The study also noted that symptoms of conduct disorders such as aggressiveness and outburst among adolescent if untreated, would later be defined as IED (Coccaro, 2020). According to this study, cognitive restructuring strategies encourage female inmates to have self-control, self-evaluation, empathy and thought reframing to avert conduct disorders in behaviour.

2.2.2 Intermittent Explosive Disorder

According to DSM-5, IED is a mental disorder marked by unwarranted anger, irritability, lack of impulse control, and outbursts out of proportion to the situation or event at hand. If these symptoms happen twice a week in three months; and three outbursts in one year causing injury and destruction, it may be termed as dangerous (Ciesinski et al. 2023). This may lead to violence, thus, affecting the social, psychological, and physical wellbeing of individuals and the society.

Rad, Abolghasemi, Shakerinia and Mousavi (2024), referring to the American Psychiatric Association (APA) 2022, establish that IED characteristics are diagnosed at age 13; and not beyond age 40. IED is characterized by deficit of cognitive emotion regulation, behavioral inhibitions, alexithymia, high level of rumination and sadness as characteristics of IED.

The revision and the revisiting of IED criteria in DSM- II (1968), DSM- III(1987), DSM -IV(1994) - to DSM-5 by the APA in (2013); advise that IED has the pattern of impulsive aggression associated with significant distress, practical impairment of individuals in the society; causing destruction of property and human life.

This means past knowledge on the impact of impulse aggression was not as harmful as presently recorded in DSM-5. An approach to diagnose IED, combines items related to life history of aggression and the frequency in which it happens in a week or a year; depicts the serious impact in the society (Ciesinski, Drabick, Berman et al.2024).

Prevalence of IED in USA has increased from 5.4% to 7.3% between 2001- 2010. The prevalence also indicates that 2.7 % to 3.9%; about 16 million people have comorbidity cases of mood disorders and substance abuse. This has a negative impact on the psychological wellbeing of the community. Committing of crimes and being disorderly among children and adults due to IED affects families and communities adversely (Caccaro et al., 2020; Shevidi, Timmins &Caccaro,2023).

Sfeir, Geara, Hallit and Obeid (2020), carried out a study in unstable Lebanon country among adolescents finding out the association between alexithymia, depression and aggressive behaviour. The results indicated that participants with highest level of alexithymia had the highest scores in depression, verbal abuse, anger, and hostility; pointing to the characteristics of IED. Similarly, the study indicated that adolescents with inability to show true emotions, suffered from stress, mental health disorders affecting interpersonal relationships.

According to DSM-5, IED is attributed to genetics, environmental, physiological, traumatic experiences, personality disorders, Attention Deficiency Hyperactivity Disorder (ADHD) and history of family mental disorders.

Psychotropic medication has also shown limited success in the treatment of IED; while cognitive restructuring strategies have been recognized to help the patient control the impulses of anger and irritability in relationships (Hollon et al.,2021).

Inhibition of cognitive aggression among adults may be attributed to stress, post-traumatic stress disorder, brain injury and mental disorders related to IED. Aggression

seems to be positively related to the Big Five domain of neuroticism, and negatively related to the domain of agreeableness and conscientiousness, affecting interrelationships and individual wellbeing (Cheong & Tucker, 2022; Coccaro, 2019).

Radwan and Coccaro (2020), undertook a study to find out whether aggressive behaviour was caused by IED or other mental disorders such as: Disruptive Behaviour Disorder (DBD), Attention Deficient Hyperactivity (ADHD), Oppositional Defiant Disorder (ODD), or Conduct Disorder (CD) in the United States. The results indicated that; there was comorbidity among IED and DBDs among adolescents; while Attention Deficient Hyperactivity Disorder (ADHD), Disruptive Behaviour Disorder (DHD), Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) appears before onset of IED among adolescents and adults. The study further indicated that unlike other disorders; IED runs in families. According to DSM-5, IED is codified as a form of extreme aggressive explosive outburst of anger presented towards other people.

The study by Radwan and Coccaro, (2020), concluded both adults and children suffer from IED; with comorbidity of Disruptive Behaviour Disorder (DBD). However, IED can be separated, in terms of impulsive aggressive severity among children and adolescents. Although such studies are expensive, knowledge on IED comorbidity among children and adolescence in learning institutions in Kenya is necessary. This is important to teachers and parents to learn how to differentiate ordinary anger, violence, outburst from intermittent explosive disorder for early attention and treatment.

Researching on the relationship between IED and delinquent behaviour among men in correctional centers in United States and China, (Mandell, Utley, McCloskey and Berman, 2024; Shao et al. 2019) respectively found out that high prevalence of IED among the inmates, was characterized by aggression, anger, hostility, and depression control. With such behaviour, the inmates in this study, had high likelihood of being

arrested for attempted murder, assault, rape, and lawlessness. In another study using DSM- IV(2000), Ciesinski, Drabick, Bermanand and McCloskey(2024) on face-to-face household survey with people over 18 years old; sought the relationship between property destruction, injuries and IED within communities in USA. The results indicated that majority of the participants had been professionally treated of anxiety disorders, mood disorders, substance abuse and impulse control disorder. This indicated that IED caused disharmony in USA communities than it was previously thought. Therefore, there is a need for a study on IED in Kenya among a population with criminal cases of property destruction, murder and assault.

Lack of early treatment on mental health disorders using CRS may increase the prevalence of IED. The current study is taking place when the cause of violence, destruction of property and loss of lives in Kenya is unknown to the authorities and family members. Perhaps the culprits could be suffering from mental health disorders related to IED.

Individuals experiencing symptoms of IED suffer from psychosocial limitations, such as; interpersonal relationships, productivity, low quality of life and feelings of loneliness. This interferes with routines of daily life coupled with comorbidity of illness and violence. Use of CRS interventions may provide positive behaviour intervention to restore self-concept and genuineness in life (Malik et al.,2023). Additionally, McCloskey et.al. (2022) carried out a study among men and women suffering from IED. Using CRS and supportive psychotherapy as a treatment, the results indicated that use CRS therapy was more effective in decreasing aggressive behaviour and anger controlling in relationships than other therapies.

Scott, De Vries Agulla,- Gaxiola Al-Hamzawi, Alonso, Bomet & Jonge (2020), carried out a study among 4,351 adults with correlation of IED and traumatic exposure in South Africa. The results indicated that 3% of the participants fulfilled narrow and broad IED criterion. The study further found out that majority of adults with IED experienced high rates of comorbidity such as anxiety, mood disorders and substance abuse compared to non IED participants.

The study by Scott et al. (2020) in South Africa was significant in creating knowledge on IED in sub-Saharan Africa. Such studies are yet to take place in other parts of Africa. Earlier study by Fincham et al. (2016), prescribed the use of psychological support with mental treatment to reduce trauma as means of controlling IED in South Africa. Considering the high level of trauma in South Africa, CRS would be used to control IED towards violence and aggressive behaviour in the communities at a lower cost; compared to hospitalization of the patients.

According to Scott et al. (2020), the prevalence of intermittent explosive disorder in the world was characterized by high rates of comorbid disorders in behaviour. These behaviours are characterized by discrete episodes of aggressive impulses that results in serious assaultive acts towards other people or property. People with IED are likely to have serious mental impairment of committing crimes, low self- self-esteem, drug abuse and poor interpersonal relationship.

In another study on IED by Shevidi, Timmins and Caccaro (2023), on characteristics of IED among adults; indicated that IED may be classified within two levels that is;- High frequency level indicated by verbal aggression, tempers, tantrums, verbal arguments or fights, physical aggression towards property or animals twice a week for three months. A low frequency level is characterized by three episodes of destruction of property and physical assault, injury against people or animals within in single year.

According to DSM-5, Diagnosis of IED is done by qualified psychotherapist and psychiatrists using structured or unstructured clinical interview schedule on the period of aggression; examine the covert and overt behaviour engaged during the violent episode. According to Annand and Abbas (2023), identification of IED traits such as anger, irritability, rage, aggression and violence are seen among children, while adults' traits remain unspecific. Medical transdiagnostic therapy is used to identify these traits; while a counsellor addresses the issues using psychodynamic therapies. According to studies carried out by Maciantowic and Zajenkowski,(2020) among narcissistic people; it was found that there is a correlation of rage, anger hostility and intermittent explosive disorder. The study also revealed that narcissists had powerful rage, hostility and aggressive behaviour founded on suspiciousness, dejection, rumination and deficit in emotional regulation. Other common characteristics include low self-monitoring skills, lack of thought reframing, projected to other people through violence and intimidation . According to Humbert et al.(2024) IED is characterized by episodes of aggression and impulsivity; negatively affect relationship. A partner with impulsivity usually lacks patience and strategies to deal with issues ; leading to disagreement and violence in a relationship.

A study by Krick, Bermann, McCloskey and Fanning (2022) on causes of interpersonal violence was across genders. The study found that interpersonal violence modelled in the family system; was a lifetime behaviour; associated with IED diagnosis. The study also revealed that there was stronger relationship between interpersonal violence with constant emotional dysregulation characterized with angry outbursts, anxiety, depression and substance abuse among women than men.

2.2.3 Reframing

Locke et al. (2019), highlighted reframing as a psychological technique to change negative thoughts into individual opportunities for behaviour change and wellbeing. Overcoming negative thoughts discourages feeling of anger outbursts that leads to violence and despair. For example, in a situation or event that is difficult to handle, cognitive reframing becomes necessary to challenging the thoughts, assumptions and beliefs by having a self-talk. This means, one would think to the self; what would be worse than this scenario they are facing now? or say to themselves ; the job is challenging, but I appreciate the opportunity to serve, giving meaning to my life (Popescu & Maruntelu,2020).

Cognitive reframing in an abusive partner relationship plays a role in justifying the need to stay on by creating self-awareness, sense of empowerment and control of certain activities and behaviour. Reframing helps a partner to become less dependent, manage stress, and achieve new experience in the relationship. However, according to Goodfriend and Arrianga (2018), partner thought reframing in an attempt to stay on in abusive relationship may provide fear, stress, anxiety and hopelessness. The influence of cultural social norms and environmental factors may prevail despite thought reframing; causing self – blame, self-hate and mental depression.

Hollon et al. (2021) citing Mann 2014, adds that thought reframing is not the cause of behaviour change; other factors such as the individual social relationships, personality traits and personal motivations are paramount. (Young, 2024), concurs that pessimistic personalities have low self-esteem and low self-confidence, devoid of thought reframing due to fear, anxiety, pride and unforgiving feelings. Therefore, it is a personal choice for an individual to reframe thoughts, analyze options and establish evidence of thought to revoke the initial decision (Baker et al; 2020).

Laidlaw and Wilkinson (2020), carried out a study in the United Kingdom on thought reframing interventions on dementia patients' caregivers. The care givers embraced the use of thought reframing as an intervention to motivate the needs to care for dementia patients and appreciated their work. The study found out that the care givers reduced anxiety, stress, improved mental health by finding joy in their work. However, Laidlaw and Wilkinson (2020), citing an earlier similar study by Vernooij-Dassen et al.(2011) concluded that thought reframing technique would be more effective when used with other cognitive restructuring strategies such as, self-monitoring, problem solving to regulate and improve on individual emotions to perform the task effectively. This means, the use of other cognitive restructuring strategies, besides reframing are important in behaviour change.

In a study by Cuadrado et al. (2023), in United Kingdom, among mental health care givers; use of cognitive reframing strategies, cognitive reappraisals and psychoeducation were found to manage psychological morbidity in anxiety, stress and depression among the caregivers. The study was backed up by use of reframing thoughts, frame shift, target thoughts, provision of evidence thought as a basis of disputing irrational thoughts and beliefs among the care givers. The results also revealed that care givers benefited from the cognitive reframing interventions by improving coping strategies and opportunity to care for clients. In Kenya, thought reframing technique may help the inmates to appreciate the importance of inculcating a flow of life despite serving the prison sentences (Walter et al., 2020).

Reframing techniques in counselling identify triggers, events or situations that have persistent intrusive obsessive thoughts; leading to mental health problems.

However, there are individuals who are resistant to thought reframing change, reappraisal of negative thoughts, by acknowledging negative feelings choose to remain unhappy as a goal in life (Rostiana et al., 2018).

Goodfriend and Arriaga (2018), concurs that deficient of cognitive reframing among violent partners in relationship plays a role in justifying the need to stay on.

The partner becomes stuck in a toxic relationship with denial to leave even when aggression escalates. However, thought reframing in intimate partner aggression, advocates on evidence of reconciliation; suppression of negative thoughts, feelings of aggression and violence in a relationship.

Reframing thoughts in counselling provides opportunity to rethink on how to rationally deal with stress, anxiety, fear, and hopelessness in a relationship. For example; reframing technique in counselling therapy was used among 166 women exposed to domestic violence in Kibra, Kenya. 62 % of the participants who avoided violence, experienced less depression and anxiety. Reframing thoughts helped the participants to control anger, outburst and rage compared to those who failed to attend the therapy (Muthami;2017). The study is significant in psycho educating violent partners to rationally relate with a violent partner without causing further destruction; and psychological distress in the relationships.

2.2.4 Problem Solving

Problem solving is a psychosocial intervention considered under cognitive behaviour therapy to enhance ability to cope with daily problems and reduce severity of mental and physical health. This involves the process of examining and identifying an existing problem to determine the root cause, how to solve the problem, and to implement the solutions. Problem Solving has been used as a therapy in cognitive restructuring strategies as a treatment to reduce and prevent psychopathology and positive well-being (Cuijers, De wit., Kleiboer & Ebert, 2018).

Lee and Lee (2020), described problem solving as an individual perception with a purpose of meeting internal and external needs. Some people fail to solve problems due to levels of anxiety, anger, maladjusted behaviour and lack of confidence to meet their needs.

Problem solving is a cognitive behaviour intervention strategy meant to improve and solve problems related to depression, anxiety, stress, PTSD and to navigate conflicts in the present moment.

Viewing problems optimistically is a part of life to seek for solutions. As a Technique used in psychotherapy, system as well as training on problem solving, client is trained to see the problems as challenges to be solved by generating alternatives ideas and solutions.

De Shazer, Korman, Trepper et al.(2021), analyzed the importance of Solution focus brief therapy on client problem solving. The therapy was developed by Steve de Shazer and Insoo Kim Berg in early 1980s. The therapist emphasis interactions between people rather than looking for the causes of the problem. Problems are solved by examining what is working now, how the client would like life to be; void focusing on the past and the origin of the problem. The therapist confirms, encourages the client on what they are presently doing well in life. The client proposes the assignment to be performed before the next session of therapy. However, the therapist goal is posing a miracle question towards client to prompt therapeutic imaginative state of mind that the problem at hand has either been solved or improved. The miracle question explores the clients hidden feeling and thoughts on the existing problem(Dobson, 2024).

According to Nezu A., Nezu C , Damico and Gerber (2023), deficit of problem-solving skills may arise due to individual mental health problems, feeling of hopelessness, depression, childhood trauma, lack of exposure, emotion dysregulation and logic to articulate thoughts and situations appropriately.

The therapist uses therapeutic skills and strategies by taking the client through stages of identifying the problem; evaluation of the action plan, how to achieve the objectives of the plan and potential solutions. The therapist uses probing questions for client to consider potential solutions from their point of view.

To compare pharmacological types of treatment and problem-solving technique on patients suffering from depression, Cuijpers et al. (2018), found that problem solving therapy was a more effective treatment for adult depression than other type of therapies. Therapies in problem solving are delivered effectively to individuals, groups, and guided types of groups such as children, adolescents, elderly and patient with comorbid medical disorders.

According to Brostorom et al., (2021); Nezu et al., (2023); Problem Solving Therapy (PST), creates self- awareness, understanding the ‘self’ problems and how to resolve or manage them individually. Techniques in problem solving also motivate client’s attention to rules, instructions, develop creativity and team building communication to manage daily stressors. The technique is important in handling socio-economic issues such as child rearing practices in families and in rehabilitation institutions to manage maladaptive behaviour. PST is also effective when offered in group settings especially when offered by different professionals in handling environmental, community issues in the society. For example, the use of Friendship bench in Zimbabwe has proven to be a therapeutic strategy to provide counselling therapies to adolescents, individuals and the community on common issues affecting the community(Simms et al. 2024).

Negative problem-solving approaches are associated with poor outcomes of maladjusted behaviour in the society. For example, poor problem-solving skills may arise in a relationship as result of deprived communication.

On a similar study, Ireto-Oscar and Bamidele, (2020) among school adolescents from father-absent families established that cognitive restructuring and problem-solving strategies were effective to enhance psychological well-being; however, Cognitive restructuring was more effective than problem solving.

Interpersonal relationship with a bipolar partner is likely to be faced with problem solving issues related to characteristics of irritability, intense and unpredictable violence during manic episode. Bipolar symptoms such as; chronic somatic feelings, experience negative marital thoughts are likely to cause poor communication and problem solving in a relationship. Seyyid Nasoh, Vaghee and Aemmi (2021) in a study evaluated the use of problem-solving skills in a group psychoeducation training on women experiencing bipolar spouse abuse. The CRS used in the training; were intervention based on self-monitoring, functional thinking, sharing, self-assertiveness, and how to navigate daily stressors of life. The results of the study indicated that problem-solving skills training interventions helped to decrease experience of bipolar spouse abuse in the relationship. Use of problem-solving therapy would be important to medical practitioners in Kenya to reduce costs of treating depression, anxiety, stress; with minimal use of pharmacological treatment when necessary.

2.2.5 Self-Monitoring

Mark Snyder (1970), introduced the concept of self-monitoring, a self-report scale to determine how self-monitoring influences a person's behaviour in various situations. Self-monitoring is a strategy that teaches self-assessment on how to change a target behaviour with a purpose of attaining a better life and behaviour change. Robson and Howard (2020), analyzed the success of individuals according to childhood self-regulation.

This predicts achievements of interpersonal behaviour, mental health and maladaptive behaviour such as aggressiveness, drug abuse and alcoholism predict the individual level of managing self-monitoring.

Self-monitoring involves personal regulations of recording, check listing and tracking the target behaviour towards achieving expected results. Though it does not create new skills or knowledge, self-monitoring does increase or decrease the frequency, intensity, or duration of existing behaviour. Self-monitoring help in gaining attention, complete assignment and remaining on the targeted task (Fuglestad & Levert , 2022). For example, making a personal checklist on weight loss, sleeping habits and emotions for a period of time, evaluate how to improve and control negative behaviour.

Encouraging positive new skills and thoughts provide wellbeing and a flow in life. Self-monitoring increases the self - awareness on ways to make achievement solve individual problems affecting personal health, achievements and wellbeing of other people

According to Avina et al.(2022), Self- monitoring intervention in cognitive therapy helps clients understand how to control, manage anxiety and negative responses towards events and situations. To provide positive behaviour change, the individual observes and records own activities or make a check list of the behaviour; to improve on his own record. It involves learning, memory retention and motivation to remember, check mark, and concentrate on the required changes. Self-motoring interventions are related to seeking wellbeing in health, moods, exercises, eating habits, social activities and academic performance (Leone&Hawkins, 2022).

From another study, Leone and Yoyo (2023), examined the importance of self-monitoring in close relationships dissolutions. Dissolution of high self-monitoring relationship was associated with loss of shared values and interests among the partners.

High self-monitoring partners in relationships improve personal control and avoid impulse emotion reactions. Although extroverts, keep healthy self-monitoring relationships; they maintain social boundaries in their interactions using self-monitoring strategies in relationships. Low self-monitoring relationship is associated with loss of personal compatibility, low monitored shared interests and less behaviour change to fit in a loving relationship.

According to Leone and Hawkins (2022), self-monitoring interventions in relationships require avoidance of push button behaviour to brainstorm issues. High self-monitoring techniques keep focused on relationship; for example, by use of verbal communication, external support, create humor as opposed to low self – monitored relationship.

Rad, Abolghasemi, Shakerinia (2024), elucidates that self-control in IED can be due to discrepancy in emotional cognitive control and behavioral inhibition of impulses in a situation; hindering aggressive behaviors and hostility towards other people. Deficit of self-control further, causes rumination of thoughts which affects memory; increase anger, sadness, depression and lower self-esteem in a relationship.

(Fuglestad, & Levart, 2022; Lee et al., 2021) explored self-monitoring as an assertion that individuals can exercise, control behaviour as they interact with other people. For example, individuals with higher level of self-monitoring are inspired by state of gaining high status, while individuals with low self- monitoring strive to establish equal level of status. High levels of self-monitoring inspire abilities to seek for lasting relationship contrary to the low self-monitoring individuals. Bandura (1986) on self-efficacy, concurs that attaining self- regulation depends on individuals' levels confidence to motivate new positive ways towards well-being and peaceful human relationships in the society.

In a study carried out by Lee et al. (2021), individual self-monitoring defines individual's abilities on cognitive affective motivation towards relationships and wellbeing.

The study also found that personal self-monitoring encourages behaviour change through individual assignment on; keeping records, note taking, completing assignments, time management, reframing thoughts and positive attitude towards work.

According to Lin Wang and Zhang (2020), self-monitoring is a healthy development that uses self-control to achieve the expected goals. Self-control also improves managing of anxiety, thoughts, responses towards events and situations in behaviour change. The individual observes and records own activities, or makes a check list of the behaviour in order to improve on his own expectations.

Self-monitoring involves learning, memory retention and motivation to responses towards stimuli that trigger negative thoughts. Self-monitoring interventions are related to seeking wellbeing in health, moods, exercises, eating habits social activities and academic performance.

According to Leone and Hawkins (2022), self-monitoring strategies are important in maintaining appropriate relationships according to the expected norms and values of the society. Self- monitoring interventions in a relationship requires kindness and love, avoiding push button to allow positive thinking. Harris and Orth (2020), highlights that individual level of self-esteem in social relationship determines self-regulation and harmony in a partner close relationship. Therefore, use of self- monitoring minimizes the use of violence, and conflicts in relationships.

Partner relationship with high self –monitoring techniques keep focused on the relationship by using verbal communication, investing resources in the relationship, seek external support, and humor as opposed to low self-monitored partner. Low self -monitored relationship has indications of being antisocial, unresponsive to demands of others and lacking initiative to adjust their behaviour to fit situations (Grecucci et al., 2020).

Self-monitoring interventions are also important on academic performance especially on students who rely on prompts. Such students have difficulties in learning, with limited awareness to understand on their own, and lack of confidence to accomplish their desires. These interventions keep the students on track on their tasks and increase the rate of performance to achieve the target. Abid Aziz et al.(2019) carried a study among children experiencing language impairment and challenges in problem solving in learning. Use of signs to point out words assisted the students to learn. To achieve this, the student required patience and commitment to allow attentiveness in the learning process. This fosters independence in functioning, time management and accuracy to achieve to complete the expected task. However, according to Zimmerman (2023), self-education requires self-regulation to make personal programs to carry out activities, engage personal attributes to succeed in learning. Deficit of self-regulation leads to challenges, maladaptive behaviour such as, aggression and anger in completing tasks and relationships. To achieve self-monitoring skills to modify behaviour among intellectually challenged persons require constant behaviour reinforcement, creating self-awareness to achieve expected targets. For example, people experiencing Autism Spectrum Disorder (ASD), Conduct Disorder (CD) and Attention Deficit Hyperactivity Disorder (ADHD) with characteristics of language deficit, require patience and communication to allow them develop better knowledge to modify behaviour (Abdul Aziz et al., 2019; Li,Y. Chen, Zhang&Gilson, 2019).

According to Billore, Anisimova and Vrontis (2023), association between self-regulation and positive attitudes in behaviour relationships is significant. Lack of self-regulation leads people to ignore the expected rules and norms. For example, during the COVID epidemic some people ignored the rules imposed on keeping distance, wearing the mask in public places. This led to the spreading of the virus as result of some people

failing to take responsibility to protect themselves and others around them. In this study, inmates experienced deficit of self-regulation among the inmates caused the consequences of committing crimes.

Fernandez et al. (2023) used CRS and self-control strategies to test the effectiveness of anger management among two groups of students. Reversible design was employed, engaging cognitive abilities such as relaxation, flexible talk, and logic reasoning for three weeks. The students recorded their feelings on a card showing levels of annoyance, rage and irritability. Self-monitoring only showed marginal improvement in intensity compared to self-control.

In a similar study, Tahira, Anjum, Anis (2023), examined the significance of self-monitoring technique and psychotherapy on the treatment of anxiety disorder among university students in United States. Anxiety is a mental disorder with symptoms likely to affect academic performance and risk of developing depression especially among students taking examinations. Use of self-monitoring and psychotherapy may enhance control of anxiety by recording the decreasing or increasing of frequency, intensity of anxiety behaviour. This is achieved by cognitively moderating the link between negative thoughts, emotion and body sensation that causes fear when taking examinations. The students self-regulated themselves, develop skills to self-assess and to gain approval from others. Although self-monitoring techniques may take time to treat anxiety; the students learn to be individually responsible to monitor their feeling and thoughts, while psychotherapy takes place at the discretion of the therapist.

2.2.6 Emotional Regulation

According to Lane and Smith (2021) emotional regulation starts at infancy as children and parents interact, allowing the children to explore the environment around them.

Children acquire cognitive abilities to overcome emotional torments and adjust to fit in the cultural and societal norms. Emotional regulation is an internal process allowing individuals to modify, monitor and evaluate the intensity of the moment perceptions. Therefore, emotion regulation operates within social, cognitive, biological and behavioral processes to achieve intrapersonal and personal emotions in relationships (Lennarz et al., 2019; Stifter & Augustine (2019). Emotional awareness is the basis of emotional self-regulation, managing social situations, calmness of the mind, maintain and enjoy relationships. However, Lane and Smith, (2021), indicated that higher emotional awareness is also associated with levels of anxiety disorder; this may interfere with goal directed cognition towards others. Therefore, higher levels of emotion regulation greater levels of health, happiness or life satisfaction that one finds from a partner in relationship. Low levels of emotions lack the will to achieving concern for others; leading to loneliness and despair (Veilleux et al. 2022).

According to Ghasedi (2019), individuals experience emotion regulation consciously and unconsciously. The ability requires rethinking, challenging situations to reduce anger, anxiety or violence to focus on happiness and comfort. Use of cognitive behaviour through mindfulness therapy, is important in controlling emotions to provide reciprocal reactions of expressing mutual empathy towards other people and situations (Stifter & Augustin, 2019). Mindfulness therapy decrease stress, rumination creating self-awareness, forgiveness and attention for capacity to regulate emotions, and improve relationships. However, there is a connection between concealing feelings and loss of emotion control, violence and verbal aggression. For example, prisoners suppress their emotions; but the conscious mind reminds them of their past life, family, love, haters and a desired future. This suppression reappears as violence, anger, guilt and frustrations during incarceration. Positive emotions are not easy to maintain in prison

environment, they are misconstrued as coping mechanism. (Chimicz, Lewicka-Zelent & Lisiecka,2023).

According to Nelson-Jones(2022), emotional regulation therapy in a relationship, provides forbearance with feelings of letting go and moving forward, forgiving, for the wellbeing of the partners. However, when emotional regulation forbearance is over emphasized, this negatively affects the relationship.

Yakeley and Meloy (2021), adds that emotional self-control is unconsciously used every day to overcome difficult situations and stress in life. Emotions may be used positively or negatively depending on the situations. For example, in the presences of an aggressor; to avoid confrontation, one may meditate, look away or give a smile to avoid injury, frustrations or damage. Use of cognitive strategies is necessary to suppress overwhelming emotions in a situation.

According to DSM-5, intermittent explosive disorder behaviour is displayed by negative emotions, characterized by aggressive behavior and outbursts motivated by sudden uncontrollable destructive behaviour. This diagnostic criteria for IED concurs with a study conducted by Patoilo, Berman and Coccaro (2021), on negative emotions. The study established that participants with IED were significantly related to prolonged episodes of aggression leading to crimes such as murder, assault, robbery and property destruction. Studies carried out by Rakesh, Allen, Whittle (2023) , to investigate gender emotions among men and women, men report more powerful emotions, for example, anger, pride, contempt through body language and facial muscles. Women on the other hand, internalize negative emotions such as sadness guilt and fear (Rakesh et al., 2023; Ghasedi, 2019) adds that women emotions related to anger, violence starts at early adolescence.

Symptoms of expressively signs of intermittent depression, anxiety distress, and internalized negative emotions such as sadness, guilty, fear capitalize the youthful and adulthood age depending on the social life situations.

According to studies by (West & Fredrickson; 2020; Ching&Chan, 2020) positive emotions are a source of new ways of thinking; problem solving, relaxation and mindfulness. Positive psychology analyses two types of emotions:- positive emotions broadens peoples' thoughts to build enduring physical, psychological and intellectual abilities for effective functioning. This sets a feeling of happiness, a flow of life and contentment in life. Negative emotions such as hatred, jealous, sadness, fear, weaken the immune system, leading to mental health problems.

Ford and Troy (2019), adds that emotions are experienced as coping mechanism to control an active thought or behaviour in various situations. To cope with negative emotions different strategies are used. For example, use of cognitive reappraisal, expressive suppression, situation selection and response modulation alter emotional regulation in different situations. This concurs with Allen and Windsor (2019), on the influence of age as a determinant of the level of emotion regulation. Although old adults exhibit low cognitive domains, cognitive control is associate with successful emotional regulation in late adulthood.

According to Rad, et al.(2024), IED is characterized by deficit of emotional self-control regulation, behavioral inhibitions and emotional interference. Deficit of emotion regulation is also seen in social information processing, interpretation of social stimuli, rumination, and poor performance hindering individual ability to effectively attend to daily routine.

According to a study by Coccaro (2019), participants identified with IED reported symptoms of negative emotions such as: sadness, fear, anger and embarrassment, lack psychosocial functioning and promoting unhealthy relationships too regularly. Maciantowcz and Zajenkowks (2020), concurred with Coccaro (2019), that narcissistic personality traits are linked to neuroticism and poor emotion regulation with frequent experience of anxiety, depression and frustration; resulting to poor relationships. .

(Krizan & Johar 2024; Michinov E & Michinov N.2022) asserts that deficit of emotional intelligent play a role in aggressive emotions. Low intelligent individuals are unable to manage strong emotions, lack reappraisal and decision making. Low intelligent individuals also process small responses which are related to aggressive behaviour in relationship. High intelligent individuals are perceived as less aggressive, more altruistic and appreciating. Emotional regulation therapy engages emotion strategies such as; physical exercise, mediation, mindfulness, stress management and journaling to diffuse negative thoughts and establish healthy relationships. Negative emotions prompt distress, anxiety maladjusted behaviour and lack of interest in physical or social activities (Zou, Wang, Herold et al.,2023).

Brewer et al.(2022), carried a study on emotion recognition of facial responses among autistic and non-autistic individuals; autistic participants were slower in recognizing different types of facial emotions; modulation of emotion response and situation modification. However, the study indicated that despite the lower interception of emotions, the autistic could realize, recognize, redefine and regulate emotions. Therefore, the study found there was no deficient in response to emotional regulation among autistic compared to the non-autistic individuals. This means emotional regulation is cognitive managed through feelings, thoughts and actions in a particular situation(Hadi et al., 2023).

According to Walker, Pinkus, Olderbak et al. (2024), in partner relationships, the role of emotion modulation may not be underestimated. Partners in a relationship use emotional modulation to express feelings and thoughts in appreciation of each other. To modulate, self-awareness is paramount to allow listening, emotional intelligent and positive emotions to distract any painful memories in the relationship.

However, Luminet et al. (2021) asserts that emotional dysregulation plays a role in the service of life goals and values in a relationship. Symptom of dysregulation include; anger, jealous, anxiety, outburst, impulsivity and mood swings. Dysregulation emotions in a relationship plays the role of avoiding close mutual relationship; fears of emotion involvement, dependence, and self-disclosure to the partner. In a related study Sel Reis, Randall et al. (2021) concurs that people who underregulate anger and other emotions in a relationship may be more likely behave aggressively, attempting to restore, dismiss or avoid uncomfortable emotional situations in the relationship. Over regulation of emotions may also lead to aggressive behaviour characterized by negative effects in behaviour. This reduces decision making process and increasing psychological arousal, diminish commitment, hindering the resolution of difficult situations in a relationship. Luminet et al. (2021), adds that the presence of alexithymia in a relationship affects emotion regulation by practicing emotional suppression, giving way to other maladaptive behaviour in a relationship.

Kozubal, Szuster and Wielgopolan (2023), through a study examined the impact of adaptive emotion regulation in relationships. Regulation of emotions positively affect the physical and mental health quality of life of partners in a relationship. Through recognizing, realizing, reframing thought and emotions offers opportunity to downplay problems, and comfortably manage situations in a relationship.

Dysregulation of emotions in relationship is manifested by outbursts, mood anxiety, depression, suicidal thoughts and hopelessness. This may lead to cognitive dissonance, poor cognitive judgment in view of the relationship a consequence of anger, violence are characteristic of IED.

(Siegel (2024), concurs that developing self - awareness of the present moment in a relationship improves wellbeing and hampers anger, and ruminations. Use of meditation to manage stress and attain attentional focus on the required target thought in a relationship, create amicable solutions. LeBlanc (2020), also examined the importance of using emotional regulations towards interpersonal relations in the environment. Cognitive reappraisal technique such as expressive writing, self-talk and mindfulness are used to decrease emotional suppression, cognitive reconsideration of issues, decreased worry, depression, and increased life satisfaction.

Sun and Nolan (2021), reviewed the role of emotion regulation between different cultures. Mauss, Butler, Roberts and Chu (2010), on response to anger provocation on two cultures, studied Asian-American and European-American individuals on anger provocation and emotion regulation. Results of the study indicated that AA participants responded to anger provocation; expressing emotions openly; while the European American participants responded by showing pent up emotions when overcome with feelings of negative emotions. The findings of the study suggested that strategies of emotional regulation are guided by cultural, attachment styles and environmental factors.

According to a study by Zhang et al. (2022) emotional regulations are based on cultural practices, motivational factors, cognitive and individual personality traits. Further the study asserted that individuals with extroverted personality are more likely to use cognitive reappraisal, while individuals with low self-efficacy, experience helplessness in using emotional regulation strategies.

In another study, Brewer et al. (2020), found that expressive suppression of facial expression and controlling of positive and negative emotions was affected by increasing arousal anxiety, stress and maladjusted behaviour. Unrestrained emotions facilitate positive emotions, mindfulness, and ability to regulate intense physiological arousal. However, according to Tull, Vidana, and Betts (2020) use of expressive suppression on emotions decrease use of cognitive reappraisal; men use avoidant emotion regulation to inhibit emotions. For example, combat military men with post trauma memories and related thoughts use expressive suppression emotion; to avoid any trauma related cues. Dysregulation of emotions is associated with stress and mental disorders with low tolerance for frustrations and adversities. Brewer et al, (2020), also asserts that men reappraise emotions less often than do women. However, according to a recent study done by Hadi et al. (2023), on the role of self-awareness in emotional regulation; women increase the intensity of control impulses, feelings and adapt to changing circumstances more than men. Emotional regulations are determined by examining the level of mental concentration, cognitive appraisal and response modulation in behaviour .

Yakeley, (2021) on partner relationship violence, highlights the importance of individual emotional self-control to overcome difficult situations and distress in relationship. Emotions may be used positively or negatively depending on the situations. It is paramount create harmony in violent partner relationship. For example, in the presences of an aggressor; to avoid confrontation: one may keep quiet, meditate, walk away or give a smile to avoid encounter of aggression from the opponent. Such emotions, are cognitive strategies to create a harmony by suppressing overwhelming emotions in a situation.

2.3 Theoretical Framework

The study was anchored on Cognitive learning theory by Bandura (1986) and Self-Evaluation theory Tesse (1988).

2.3.1 Social Cognitive Learning Theory

Bandura (1986), a psychologist founded social learning theory which proposed that learning takes place in a social context, through observation, modelling and imitation. He also proposed social cognitive theory which emphasis that people learn by watching and modelling and choose what behaviour to imitate. The goal of the social cognitive theory is to explain how individuals regulate their behaviour through reinforcement in order to achieve the desired behaviour target. Cognitive process places heavy focus on cognitive concepts such as: self-organizing, reinforcement, self -reflection, self-efficacy and self-regulation to choose a behaviour.

Bandura (2019), expounded on the social adaption reciprocal and adaptations of individual change in behaviour as rooted in social systems. Individuals in the society are producers and products of what is in the social system. However, people learn from the consequences of their behaviour which they undertake or experienced from the environment. Reciprocal determinism allows individual's behaviour to affect and change the environment, and that change conversely affects the environment (Woodcock & Tournak, 2023).

According to Kauffman et al. (2023), on social cognitive theory, individuals learn by observing others using internal cognitive process that may or may not result in behaviour change. Learning may occur through observation and imitation using cognitive skills to enhance the ability to perceive, understand, analyze information for problem solving, and decision making.

For behaviour to be anchored, individual efficacy is important, to successfully carry out the behaviour motivation purposes. For the likelihood of the behaviour to continue, or discontinued, positive and negative reinforcement would take place.

The theory empowers people to identify factors that cause issues or disruption of the flow of life. These factors influence individual positive or negative behaviour towards others. Therefore, in this study, female inmates' maladjusted behaviour from the environment affected the norms and values of the society; hence, punishable to discourage the behaviour. However, the theory views the origin of the inmate maladaptive behaviour as learnt from the family members and the environment through imitation, observation and modelling. The family members especially the parents or significant others in childhood, influenced positive or negative behavior. According to Cocco, 2019; Orozco, (2021) childhood posttraumatic stress causes mental disorders and personality disorders in adulthood; contributing to violence and emotion dysregulation. For example, children born to narcissist parents imitate violence, aggressiveness, impulse thoughts unresponsiveness and reflect the same towards other children, even later in life towards partners in relationship.

The inmates' violence towards male partners may also have been internalized from factors related to the environment. For example, among parents who normally uses violence as a form of learning behaviour equally imprint violence behaviour in the children. Other sources of children imitating violence would also be from the social context; such as cultural and social backgrounds(Robson &Howard (2022); Bandura, (2019). However, behaviour learnt may be positive or negative through individual self-regulation and reinforcement. Familial violence is unconsciously retained, resonating during adulthood in relationships.

For example, girls who watched their mother's violence towards their fathers are likely to reciprocate the same behaviour to the opposite sex in a relationship. Such upbringing environment instils violence as a response to stress in life, hence embrace activities bearing violence and aggression. Similarly, if the role model's behaviour is not rewarding to the imitator; the behaviour would not be replicated. In this study, females' violence would not be necessary towards the male partner if cognitive restructuring strategies such as thought rethinking, self-regulation, problem solving and emotional regulation were used in behaviour prior to committing of crimes. According to cognitive restructuring strategies negative thoughts would be replaced with positive thoughts of forgiveness, optimism and empathy. According to social cognitive theory, use self-efficacy, and other factors such as personal traits, openness, conscientiousness, extraversion, and agreeableness would also play a role in enhancing positive behaviour attitudes among the inmates prior to incarceration.

Social cognitive learning theory lays the emphasis on the cause of maladaptive behaviour as the environment and personality traits. However, according to the results of this study biological, hormonal and prenatal factors may contribute to aggression, violence, levels of intelligence in personality leading to social maladaptive behaviour such as violence and aggression (Cremer, 2021).

2.3.2 Self-Evaluation Maintenance Theory

This theory was developed by Abraham Tesser, (1988), a social psychologist professor. Evaluation maintenance model deliberates how performance of others influences perception of the self, how others performance influences self-evaluation negatively or positively. Self-evaluation theory builds on social comparison theory proposed by a psychologist, Leon Festinger, 1954. According to Yahya and Sukmayadi (2020) , citing Festinger 1954, hypothesized that individuals compare themselves with others to meet

basic needs, abilities, identities to enhance positive self- concept and self-esteem. The threats of cognitive dissonance on individual beliefs, relationships, attitudes and behaviours erodes self-evaluation leading to anger and irritability. The desire to perform better than others in close relationship is lost in case of being out performed; this affects the self- identity negatively; leading to behaviour malpractice. According to Piercy, (2021) competitive behaviour among partners increases self-evaluation, creating positive or negative relationship characterized by healthy or maladaptive behavior. This further leads to self-deception, jealous, mistrust and intention to control the partner in an estranged relationship. Suls and Wills (2024) concurs with Festinger(1954), people engage on comparison goals for self-evaluation, self –improvement and self enhancement to feel superior than others in their achievements. However, when comparison fails to attain the expected target, for self-improvement; this negatively affect individual confidence, motivation attitude and optimism. The more male partner self-evaluates, by comparing with the partner negatively, the more the low self-esteem, rage and violence prevails. Likewise, when the female partner negatively self-evaluates against male partner, there is low self-esteem, reiteration of anger and cognitive illusions towards the male partner (Thai, 2022).

According to Ladip-Ladwington (2023), a woman may compare her abilities, income and accomplishment to that of her husband. Low-income comparison from the man cause humiliation and termed as weak and often controlled by the partner. This causes low self-esteem, triggers chronic anxiety, mental health disorders, feeling not a man enough as a family breadwinner.

According to a study carried out by Lambert- Swain, 2024; Powdthavee, (2024) on gender social comparison on individual intelligence, cognitive dissonance abilities, achievements and standards of life; the study illustrated that physiologically women

were strongly affected by the comparison process compared to their male partners. The difference in comparison impacts the partner's behaviour negatively and subjectively to the achievements and desires; leading to conflicts and hatred in the relationship (Harris et al.2020).

According to Fletcher et al, (2019), self-evaluation and comparison in a relationship may cause psychological insecurity, resentment, jealousy and dissatisfaction. The relationship eventually lacks the psychological growth, and potentiality for any charm. This reflection of behaviour in the relationship leads to irritability, rage, and violence towards each other in an attempt to outmatch each other. Low self-esteem constitutes upward comparison with people perceived to be superior materially or prestigiously. Poor self-evaluation causes negative feelings, keeping the ego desiring for what is not available. This causes low cognitive thought reframing and lack of gratitude for what one possesses.

In this study, female upward comparison with the male partner caused negative feelings causing anger, irritability and violence in the relationship. The intermittent explosive disorder traits erode the ability to increase positive cognitive abilities to negotiate harmony in the relationship. On a downward comparison, one perceives to be inferior to other; causing increase in hostility. This concurs with Subra (2023) study on narcissistic traits such as grandiose, arrogance and hostility increase hostility from upward social comparison. Narcissistic fragile self-esteem in upward social comparison that causes more aggression and rudeness to conceal the low self-esteem.

According to evaluation maintenance theory, mental processes are usually engaged in planning on how to overcome competition through use of maladaptive behaviour towards the partner. However, use cognitive restructuring strategies to improve behaviour change

towards the partner would be effective to change negative thoughts. This would control negative verbalizations, emotions, feelings of low self-esteem, and individual negative self-evaluation towards partners and friends. This would also control the feelings triggering violence, create new positive evaluation in a relationship (Powdthavee, 2024). Therefore, the model is highly concerned with evaluation and maintenance of close relationships by observing, analyzing, appreciating and improving the relationship. As stipulated by Powdthavee (2024) , self-defeat thoughts on individual self-evaluation in a partner relationship causes deep hate and mistrust. Social Comparison predict lower satisfaction and destructive emotions such as; guilt, blame, lying and envy. According to the findings of this study, female inmates experiencing levels of IED had low adaptability to upward or down ward comparison in abilities, standards and attitudes towards life. Deficit of thought reframing and acceptance of positivity and optimism in behaviour change, marred the ability to use cognitive restructuring strategies to enhance behaviour change.

2.4 Conceptual Framework

Diagrammatical representation showing the interaction between the study variables

Independent Variables

Dependent Variable

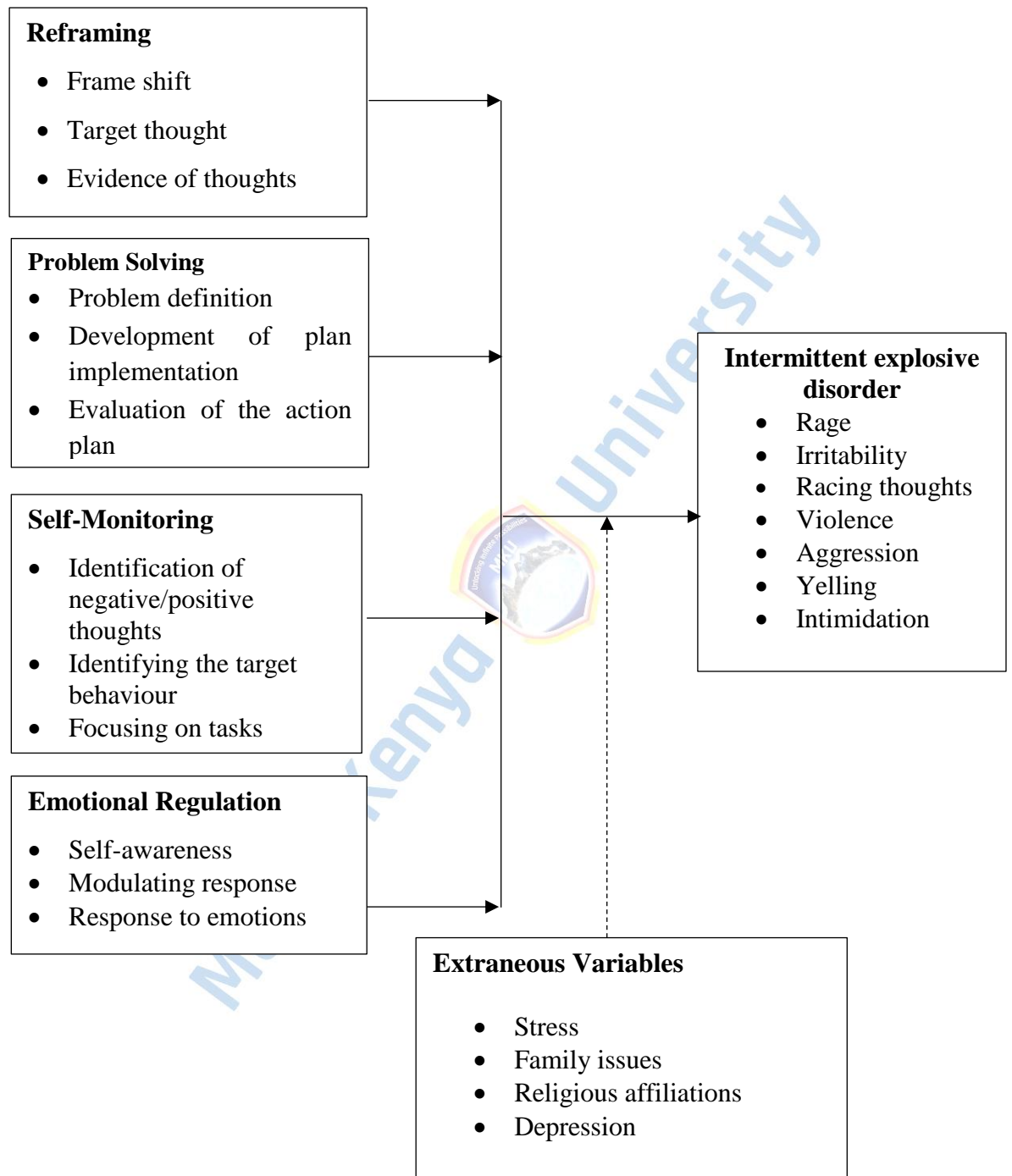


Figure 1: Conceptual framework

Source: Researcher, 2023

Interplay of the study variables

The independent variables in the study as shown in the conceptual framework were Cognitive restructuring strategies with the following indicators: reframing, problem solving, self-monitoring and self-emotional regulation. The dependent variable was intermittent explosive disorder with following indicators: Rage, Irritability, Racing thoughts, Violence, Aggression, Yelling and Intimidation.

The study assessed the influence of the four independent variable indicators on intermittent explosive disorder among female inmates' violence towards male partners. The influence of cognitive restructuring strategies on other hand, were used to evaluate the maladjusted behaviour indicators that intensify negative cognitive distortions in behavior. CRS indicators also identify negative thoughts and behaviour , replacing them with positive alternative thoughts that improves the coping mechanism, and regulate behaviour by creating awareness and evidence of thought to avoid anger. Deficit of CRS in behaviour causes such as rage, irritability, racing thoughts, violence, aggression, yelling and intimidation, which trigger IED impulses. This means high intensity of the IED indicators negatively affects the level of thought reframing, problem solving, self-monitoring, and emotional regulation in behavior. Extraneous variables likely to interfere with independent and dependent variables were held in constant by guiding the inmates understand the importance of this research. The inmates were given a debriefing on the influence of CRS on behaviour modification.

According to literature related to this study, the influence of cognitive restructuring strategies on behaviour modification, are guided by individual personality traits and environmental factors. Therefore, the expected outcome of CRS in this study would be determined by individual mental health, level of PTSD, biases, anger and the experiences in prison. The inmates would either embrace the strategies fully, partially or

decline as a choice to behaviour change in overcoming intermittent explosive disorder (Zielinski, 2023).

2.5 Research Gaps

While much research has been undertaken qualifying women as the victims of violence in partner relationship, little has been done to establish women impulsive behaviour as causes of violence and perpetrators of violence in relationships. This creates a gap of knowledge on women relationships with men in Kenya (Gathogo, 2015; Mutahi, 2017; Gateri, 2021). The use of cognitive restructuring strategies has not been viewed as important therapeutic techniques to deal with violence among men and women in relationships.

Availability of literature on cognitive restructuring strategies on intermittent explosive disorder is scanty. Evidently, few scholars have conducted related studies on plight of men and women suffering from IED in Africa. (Marasigan (2019) studied college students in Philippines focusing on the use of cognitive restructuring and defusing techniques without considering gender parity; while Fauziah, Fauria and Setyowati (2019), assessed the use of cognitive restructuring techniques to improve student self-concept in Indonesia. Radwan and Coccaro (2020), focused on IED morbidity disorders in general population in United States. In other studies, Kulper, Kleiman, McCloskey, Berman and Coccaro (2015), examined the physical, psychological and legal implications of aggressive outbursts in intermittent explosive disorder in USA; while Chin and Ahmad (2017), assessed the cognitive behaviour therapy on anger management module among adolescents in Malaysia. Other authors such as; Zimmerman (2023) examined the result of self-monitoring treatment on the academic productivity behaviour of three high school students with autism spectrum disorder. The above studies and techniques used were not designed to solve behaviour problem facing men and women suffering from IED while

in relationships. These studies have been conducted in Asia, Europe and America presenting geographical gaps on the study of cognitive restructuring strategies and knowledge on intermittent explosive disorder. Such studies may not be generalizable to local situations in Kenya; therefore, informing the current study. Furthermore, focus of the reviewed studies was not inclined towards the influence of cognitive restructuring strategies on intermittent explosive disorder among women.

In Africa, few studies relating to cognitive restructuring strategies and intermittent explosive disorder have been conducted. Adeusi (2013), conducted a study on the value of cognitive restructuring on conduct disorder in adolescents in Special Correctional Centers in Lagos State Nigeria, evaluating maladaptive behaviour among secondary school students. Research by Fincham, Stein through SASH (2016), assessed the levels of Intermittent Explosive Disorder among adults in South Africa. Research on IED in other African counties is yet to be explored for further knowledge.

These studies are not generalizable to represent the phenomenon in other countries in Africa because of the difference in geographical set ups. The studies have as well not focused on women and violence towards male partners. As such, there was need to conduct the current study to establish the local perspective on the influence of cognitive restructuring strategies on intermittent explosive disorder among the inmates.

Locally, Muthami (2017) in Kibra sub-County, Nairobi County evaluated the impact of Cognitive Behaviour Therapy among women exposed to domestic violence, however, fell short of establishing the effects of cognitive restructuring strategies on intermittent explosive disorder.

This study aims to fill the gaps in literature by assessing the influence of cognitive strategies on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons in Kenya.

2.6 Summary of the Literature review

Studies have shown that intermittent explosive disorder has evolved over the years; when it was known as aggression, anger, and mood disorder in (DSM III). Most authors have highlight that IED is common among men, however, women are known to harbor more irritability, anger, rage and impulsive aggressiveness because of hormonal imbalance, cultural and religious practices. Most studies on IED have been done in America and United Kingdom. Cognitive restructuring strategies in counselling therapy are important in treating IED. Most studies on CRS have been carried out in Europe, America, West Africa and few in Kenya.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter entails the description of research design, location of the study, target population, sample size, sampling procedure, research instruments, piloting, validity, reliability of research instruments. Data collection, analysis and ethical considerations are also described.

3.2 Research Methodology

Mixed methodology was adopted to guide the collection and analyzing of quantitative and qualitative data in the study. Qualitative data was collected through interview schedule from the prison key informants: the constable, chaplain, and a counsellor. Quantitative data was collected from the inmates' questionnaires.

3.3 Research Design

An *Ex Post facto* research design was used in this study because the independent variable Cognitive Restructuring Strategies (CRS) and the dependent variable that is Intermittent Explosive Disorder (IED) were already manifested in the inmates. Therefore, this was studied retrospectively. Since the independent variable was pre-existing, randomizing participants to allow a quasi-experimental design would be unethical (Kramer, Fynn & Laher(2019). The design examined the cause-and-effect relationship between independent variable and dependent variables. This design also guided the collection of inmate's information using self-report questionnaire based on retrospective individual perceptions. The data was used to test the hypotheses fronted in this study. Information collected through interviews was classified into themes and presented using narratives.

3.4 Location of the Study

The researcher conducted the study in two women prisons in Kenya, Langata and Thika women prisons, Kenya. Langata women prison is the only maximum female security prison in Nairobi, Kenya; situated approximately 11 km from Nairobi central business at 1° 19 minutes 17sec. south of equator and 36° 46 min, 35sec. east of the prime meridian. This prison hosts high-level capital offenders from various parts of the country housing more than 800 female inmates serving short, long-term and life sentences. Thika women prison in Kiambu County, is 45 km North East of Nairobi at 37° 04min, 43sec. east of the prime meridian, 1° 02 min. 19 sec. south of equator. It is the largest prison in Kiambu County, situated in Thika industrial and commercial hub, serving both rural urban populations; housing about 223 female inmates convicted to serve over 3 years. The prisons were chosen purposively because the population in the two prisons were large enough to draw respondents with IED traits suitable for the study.

3.5 Target Population

Langata women maximum prison has long serving criminals from all parts of the country while Thika women prison serves rural and urban population with various characteristics of crimes. The target population was 1023 inmates shown in Table 1. Additionally, key informants incorporated into the study were constables, counsellors and chaplains who were involved in the welfare of the inmates. The distribution of these key informants in the two prisons is represented in Table 1.

Table 1: Target Population

Prison	Constables	Counsellors	Chaplains	Inmates
Langata	605	8	14	800
Thika	167	3	5	223
Total	772	11	19	1023

Source: Correction and rehabilitation department, January, 2021

3.6 Sample Size and Sampling Procedures

The study purposively selected two prisons in Kenya. Due to the unknown prevalence of intermittent explosive disorder Kenya, the researcher sought to make a wider search of population from which to generate a representative sample for this study.

The study selected 30% of the population into the sample. Kothari (2009) proposed that 10-30% of a population is reliable for a study. Consequently 307 inmates were selected to form the sample size from both prisons as calculated below.

The study employed a stratified random sampling technique where a proportionate sample size was used to determine the inmate sample size in each prison after forming two strata according to population in the prisons as summarized in table 2 below. The total sample size was 307. Random sampling method was used to select the inmates with related IED characteristics from the two prisons to fill the questionnaires by generating random numbers using computer generating software.

Table 2: Inmate Sample Size

Prison	Determinant	Sample size
Langata	$800/1023 \times 307$	240
Thika	$223/1023 \times 307$	67
Totals	1023	307

Source: Researcher 2023

Convenience sampling was used by the researcher to recruit the key informants, this was according to the duty roster of the day. The researcher stopped recruiting key informants once data saturation on the explored themes was achieved. Therefore, a total of 8 female constables, 4 male counsellors and 3 male chaplain informants were sampled.

3.7 Research Instruments

Data collection tools for the study were questionnaires for the inmates and an interview schedule for the prison constable, chaplains and counsellors. The researcher used a modified questionnaires advanced by various proponents.

Reframing questionnaire were modified from cognitive restructuring reframing tools by Aaron Beck (1963); problem solving tool by Heppner and Petersen (1982); self-monitoring tool by Mark Snyder, 1974; emotional regulation tool by Gross & John, 2003; intermittent explosive disorder tool as used in Diagnostic and Statistical Disorders (DSM-5) by American Psychiatric Association (APA, 2013).

3.7.1 Questionnaire

The questionnaires were used to collect Quantitative data from the inmates. The questionnaire comprised of 6 Sections, A to F (Appendix VII). Section A- gathered information on female inmates' demographic characteristics. Sections -B to F used 10 items measure on a 5-point Likert scale questionnaire; Section B provided 10 items to measure the level thought reframing; Section C provided 10 items on measuring problem solving; Section D provided 10 items measuring on Self-monitoring, Section E had 10 items measuring on emotional regulation, Section F had 10 items to measure the level of IED traits among the inmates.

The Likert scale was used as a measuring tool in sections B, C, D, E, and F of the questionnaire as follows: 1= strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = strongly agree. The scale was used to measure according to individual participant's opinions, attitudes, and behaviour on independent and dependent variables. Each of the five responses were put to numerical Likert scale measurements. The statement on agreement and disagreement on the Likert scale had two extreme positions, with intermediary answer option serving between the extremes; that is neutral: This is appropriate in calculating the mode and mean in the data. This scale was used as follows: 5=strongly agree meaning that the opinion is very important, 4= Disagree, meaning – slightly important, 3= Neutral means undecided, 2=Agree - shows it is important and 1= strongly disagree – unimportant.

The respondents used a tick [✓] to capture the strength of their feelings for a given item in the questionnaire.

A testing tool based on intermittent explosive disorder (Appendix XV) was also used to assist the researcher in identifying the inmates with disorders related to IED according to DSM-5.

The scoring range on Likert scale was rated on a 5-point scale to evaluate the indicator of variable's 10 items on the inmate's questionnaire. The scale reflected from lowest to the highest points according to the number of respondents and the responses indicated. The total number of responses for each sentiment (strongly disagree, disagree, neutral, agree, strongly agree) added, the total was then divided by the total number of responses in the item. Using the number of indicators of the variable on the questionnaire, the Likert scale points were converted to 50 points and interpreted as follows: 11- 18: indicated strongly disagree; 18 -26 disagree; 26- 34 for neutral; 34- 42 agree; and 42 – 50 strongly agree. The 50 points were divided among the independent variable indicators within the 10 items according to the responses given. This was done using the SPSS version 26. The respondents used a tick [✓] to capture the strength of their feelings for a given item in the questionnaire.

3.7.2 Key informant Interview schedule

The interview schedule was based on the study objectives. The researcher collected information coming directly from the prison constables, counsellors, chaplains as key informants. (Appendix: VIII-X). The interview schedule gave the researcher an opportunity to probe in-depth information thematically on inmates' behaviour according to the study objectives.

3.8 Piloting of Research Instruments

Piloting of research questionnaires for the inmates was conducted at Minimum Risk Level Women Prison in Langata, Kenya. The prison had similar characteristics to those in the sampled women prisons. This was done among female inmates waiting to be sentenced. A representative number of 10% the sample size was used to pretest on 30 randomly selected inmates. This assisted to establish the reliability and validity of the questionnaire while credibility and dependability helped to improve on the research tools before collecting the actual data (Creswell & Creswell, 2017). Piloting of the questionnaires also improved the content in the interview guide to avoid ambiguity or lack of clarity from the respondents. The piloting of the research instruments ascertained that the anticipated analytical techniques are applicable. The inmates in the pilot study did not participate in the main study.

3.8.1 Pilot Test of Research Instruments

This study sampled 30 participants for the piloting of the instruments. The instruments were tested for validity and reliability. All items in the questionnaires with Likert scaling response was tested for both validity and reliability. The scales were used to discuss the questionnaire.

3.8.2 Tests for Instrument Validity

Each of the 30 participants in the study were presented with a questionnaire. The average time for responding fully to the items in the questionnaire was 20 minutes. The responses demonstrated that participants had difficulties in understanding some of the items in the questionnaire. This challenge was discovered when at least 7 items in the questionnaire returned a higher percentage of “Neutral” response in the Likert scale. This prompted the researcher to consult with the supervisors on the study. After consultation, the affected items were rephrased using simple clear grammar. The initial meaning and intentions of the items were retained after the restructuring.

3.8.3 Testing for Reliability of Research Instrument

The items in the questionnaire were tested for reliability using the Cronbach Alpha index.

The reliability analysis of the 10 items in the Reframing Scale is presented in Table 3.

Table 3: Reliability Analysis of Reframing Scale

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.910	.912	10

As shown in Table 3, the reliability of the Reframing Scale was 0.91. This Cronbach Alpha coefficient is higher by 0.21 points of the acceptability coefficient of 0.70 set for this study. This scale’s reliability was extremely high thereby making the scale reliable for the study. The reliability analysis of the 10 items in the Problem-Solving Scale is presented in Table 4.

Table 4: Reliability Analysis of Problem-Solving Scale

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.900	.904	10

As shown in Table 4, the reliability of the Problem-Solving Scale was 0.90. This Cronbach Alpha coefficient is also higher by 0.20 points of the acceptability coefficient of 0.70 set for this study. This scale's reliability was high thereby, making the scale reliable for the study. The reliability analysis of the 10 items in the Self-Monitoring Scale is presented in Table 5.

Table 5: Reliability Analysis of Self-Monitoring Solving Scale

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.761	.805	10

As shown in Table 5, the reliability of the Problem-Solving Scale was 0.761. This Cronbach Alpha coefficient is slightly higher by 0.061 points of the acceptability coefficient of 0.70 set for this study. This scale was therefore, used in the study.

The reliability analysis of the 10 items in the Emotional Regulation Scale is presented in Table 6.

Table 6: Reliability Analysis of Emotional Regulation Scale

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.884	.893	10

As shown in Table 6, the reliability of the Emotional Regulation Scale was 0.884. This Cronbach Alpha coefficient is also slightly higher by 0.184 points of the acceptability coefficient of 0.70 set for this study. This scale was therefore, used in the study.

The reliability analysis of the 10 items in the Intermittent Explosive Disorder Scale is presented in Table 7.

Table 7: Reliability Analysis of Intermittent Explosive Disorder Scale

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.765	.810	10

As shown in Table 7, the reliability of the Intermittent Explosive Disorder Scale was 0.765. This Cronbach Alpha coefficient is also slightly higher by 0.065 points of the acceptability coefficient of 0.70 set for this study. This scale was also deemed reliable for this study.

3.9 Validity and Reliability of Research Instruments

3.9.1 Validity

The researcher ensured that the study was guided by the research objectives, based on cognitive restructuring strategies and intermittent explosive disorder among inmates. The researcher ensured the validity of the questionnaires through piloting and ensuring that the content covered all the areas of the objectives in the study. Construct validity was achieved through accurate operationalization of the key terms and variables in each objective. Experts in the field of psychology in the department of psychology at Mount Kenya University validated the instruments to ascertain the relevance. Triangulation of research instruments was done to ensure that both qualitative and quantitative data explored the in-depth understanding of the inmates' emotions, opinions and experiences in relation to the study variables.

3.9.2 Reliability of Research Instruments

The internal consistency of the items was determined by use of Cronbach's coefficient alpha. This instrument measures internal consistency of items/variables in a group to determine how close they were in a group.

Quantitative data obtained from the questionnaires on pilot study sample was analyzed using the Statistical Package for Social Sciences (SPSS-version 26). The research used the Alpha Cronbach model of internal consistency based on the average inter-item correlation to calculate the reliability of the inmates' questionnaires.

According to Creswell and Creswell (2017), a study whose instrument's Cronbach alpha reliability coefficient of .7 to .91 is acceptable for reliable results. Therefore, reliability method was used to determine consistency of the questionnaire to avoid ambiguous questions.

3.10 Data Collection Procedures

The data collection instruments were a questionnaire form the sampled female inmates. The questionnaire gathered information on independent and dependent variables indicators according to the study objectives. Through the assistance of the prison administration the researcher and the research assistants visited each prison on different days. Before filling the questionnaire, the researcher and the research assistants took time to explain, define to the inmate's the meanings of terms and concepts in the questionnaire for clarity. Most inmates spent 20 minutes answering the questions on the questionnaire while others took a little longer. Immediately, the inmates were through with questionnaires; the questionnaires, were collected and kept away in safe custody by the researcher.

The researcher carried out scheduled interview with the prison's constables, chaplains, and counsellors who were available on that day. The researcher did the necessary probing to get more information without injecting ideas or concepts to the respondents. This provided in-depth information on inmates' behaviour.

Narrative themes were from the key informants; based on inmates' cognitive abilities, personal thoughts, knowledge on identifying problems, ability to keep time, self-

monitoring and self-emotional control and how the inmates reframing their thoughts. After listening to three key informants from each category, the researcher realized there was data saturation.

3.11 Data Analysis

The data was cleaned and coded in MS Excel 2016, then exported into SPSS version 26 (SPSS-26) for analysis. Descriptive and inferential analysis were carried out in SPSS. Categorical variables were summarized as frequencies and corresponding percentages. Pearson correlation coefficient was used to compare means and relationships between independent variable (CRS) and dependent variable (IED) in the null hypotheses and testing the relationship between quantitative variables in the study. All null hypotheses in the study were tested at 0.05 level of significance to establish the relationship between independent and dependent variables. The results from the analysis were presented in tables and pie chart.

Qualitative data was analyzed thematically according to the study objectives indicators: Reframing, frame shift, target thought, and evidence thought. Problem solving themes were based on problem definition, development of plan and evaluation of the action plan. On self-monitoring, themes were analyzed on: identification of negative /positive thoughts, identifying the target behaviour and focusing on tasks. On emotional regulation the indicators were; self-awareness, modulating responses, and response to emotions. The themes from the key informants were analyzed and reported in verbatim.

3.12 Ethical Considerations

The researcher sought approval from the school of Social Sciences, Mount Kenya University through Department of Psychology, Humanities and Languages to allow the researcher to get ethical clearance from Mount Kenya University Review Committee. The researcher then, received an introductory letter from the Directorate of Post Graduate

Studies of Mount Kenya University. This letter, enabled the researcher to apply for research authorization permit from the National Commission for Science, Technology and Innovation (NACOSTI).

This permit was used to seek approval of Good Conduct from Directorate of Criminal Investigation, Nairobi. The researcher used this permit and the approval to request for research permit from the Commissioner General of Prisons Headquarters, Nairobi. To access the prisons the researcher sought approval from the Ministry of Interior and Co-ordination of National Government; through County Commissioner of Kiambu, County Education commissioner in Nairobi and Director of Education in Nairobi. This enabled the researcher to collect data from Langata and Thika women prison in Kenya. To maintain the ethical considerations, autonomy, rights and respect of the sampled inmates and prison constables, the researcher provided two debriefing sessions to the inmates and the key informants as follows:

Debriefing 1

The sampled inmates were provided with the consent forms before the following debriefing was done.

- i. A formative interaction for 50 minutes was held with the sampled female inmates and the key informants. This created enabling environment and psychological support. The researcher gave a description of research, purpose, its role in the society and expectations of the participants.
- ii. The inmate participants were guided on the meaning and importance of CRS by the researcher.
- iii. Explanation on terms used in the questionnaire such as: IED, reframing, problem solving, self-monitoring and self-emotional were explained. The relationship of the independent and dependent variables was expounded on.

- iv. Importance of controlling and containing emotions to avert anger and violence in behaviour .
- v. The role of individual self-awareness in relationships
- vi. Importance of planning time, activities to meet expectations
- vii. The Need to solve problems within individual's ability
- viii. Avoiding judgmental thoughts towards other people/ male partners
- ix. Identification of signs and symptoms of hidden anger

The inmates were guided on how to fill consent forms and the questionnaire. This was to avoid ambiguous responses.

To bring out respect, transparency and justice to the inmates, the researcher avoided unhappy moments, by providing the following to the participants:

- a) The researcher explained that the information given would be handled in confidentiality.
- b) The information given was used only for academic purpose only.
- c) Participation was purely voluntary

This provided effective participation in the study. The female inmates and the key informants willing to participate in the study signed the consent forms with the following information:

The inmates were informed:

- a) Will not be coerced to fill the questionnaire.
- b) Signing the consent form was voluntarily.
- c) Participants were requested not to write their names on questionnaire.
- d) Participants were allowed withdrawing from the study at any stage without victimization.

- e) Had a right to refuse to fill the questionnaire if they chose to. They were not to be victimized, or coerced.
- f) Were informed that there were no rewards for participants in the study.
- g) Were guided on how to read and interpret the questionnaire
- h) Were informed of the time to be taken to fill the questionnaire.
- i) Inmates who were overwhelmed by past memories were allowed to abandon the study.

Debriefing 2

This debriefing took 20 minutes after collecting the questionnaires. The researcher addressed any issues on post-traumatic stress among the inmates that could have arisen because of the painful memories related to the research questionnaires. This psychological debriefing calmed unnecessary anxiety, loneliness, and psychological insecurity among the participants. The debriefing also overcame the psychological feelings and thoughts of the participants by researcher using nonjudgmental stances to control self-emotional stress.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

The purpose of this study was to evaluate the influence of cognitive restructuring strategies on intermittent explosive disorder among female inmates' violence towards male partners in selected women prison, Kenya. The organization of this chapter was as follows: Questionnaire response rate of the participants, ability of research Instrument, response rate, respondents' demographic characteristics, study findings and discussion.

4.2 Response Rate

Initially, the study proposed a sample size of 307 participants. Consequently, 307 questionnaires were presented to the 307 participants. Once the study participants filled the questionnaires, they were put into custody by the researcher. The researcher screened the returned questionnaires. Some questionnaires were subsequently rejected for inclusion in this study due to anomalies such as incomplete responses, and names disclosing identities of some of the participants. From this exercise, 257 questionnaires were declared satisfactory for this study. This presented 83.7% of the initial sample size. This return rate was reliable for the statistical analysis of the participants' information

regarding the study objectives. The response rate is presented in Figure 2.

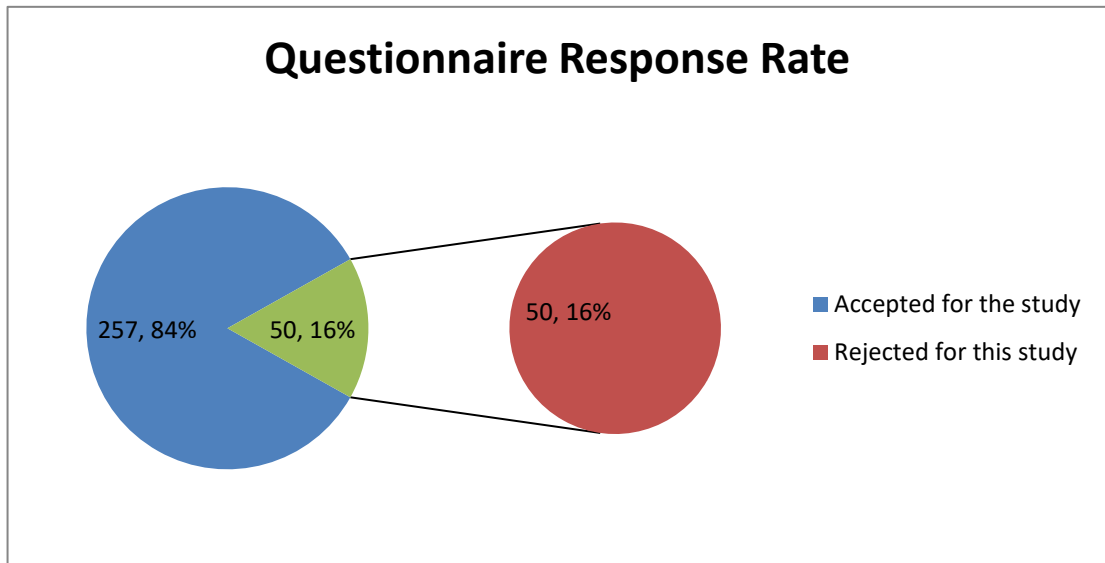


Figure 2: Response Rate

4.3 Demographic Characteristics of the Inmates

In this section, the demographic characteristics of the respondents were analyzed. The characteristics are both individual and prison-related attributes. These attributes were centered on the following characteristics:

- i. Age
- ii. Type of work
- iii. Highest level of education attained
- iv. Marital status
- v. Number of children under respondent's care
- vi. Duration of sentence
- vii. Type of crime committed by the respondent
- viii. What influenced the respondent to commit the crime
- ix. Possible ways to avoid the crimes committed
- x. Respondent's experience of emotion suppression.

Table 8: Respondents' Demographic Characteristics

Characteristics of Participants		Frequency	Percentages
Age	18-29	76	29.6
	30-39	69	26.8
	40-49	57	22.2
	Over 50	55	21.4
	Total	257	100.0
Type of work	Business	176	68.5
	Farming	22	8.6
	Teaching	6	2.3
	Any other	53	20.6
	Total	257	100.0
Highest level of education attained	None	9	3.5
	Primary school	66	25.7
	Secondary school	138	53.7
	Tertiary education	44	17.1
	Total	257	100.0
Marital status	Single	153	59.5
	Married	62	24.1
	Widowed	24	9.3
	Divorced	18	7.0
	Total	257	100.0
Number of children under respondent's care	None	66	25.7
	More than three	149	58.0
	More than six	42	16.3
	Total	257	100.0

Source: Researcher, 2023

In Table 8, the findings show that 29.6% of the participants were between 18 and 29 years, 26.8% were between 30 and 39 years, 22.2% were between 40 and 49 years and 21.4% were 50 years and above. This finding demonstrated that age was not a predisposing factor in committing crime among women serving sentences in the selected prisons in Kenya.

Furthermore, the findings show that 68.5% of the participants engaged in business by the time of their imprisonment, 8.6% engaged in farming, 2.3% engaged in teaching while

20.65 were engaged in other types of work. The implications of this finding point to a certainty that people engaged in business are more likely predisposed to committing crimes that will land them in prison than other occupations.

The findings also show that 3.5% of the participants had no formal education, 25.7% had primary level education, 53.7% had secondary level education and 17.1% had tertiary level education. This demonstrates that women with basic education namely primary and secondary level education are more likely to commit crime.

The study wanted to establish the marital status of the women inmates. This was necessitated by the desire to understand whether the realization of one's marital status had any role in criminality. The findings on Table 8 show that 59.5% of the women inmates were single, 24.1% were married, 9.3% were widowed and 7% were divorced. This implies that single women were most likely to commit crime probably because they were struggling to fend for either themselves or their families. This struggle for upkeep may compromise their ethics and morality thereby making them to commit crime.

Another study concern regarding the respondents' demographic characteristics was the number of children under the respondent's care. The study found that 25.7% had no children under their care, 58% had more than 3 children while 16.3% had more than 6 children under their care. This demonstrates that women with 3 up to 5 children were more likely to commit crime.

Table 9: Respondents' Demographic Characteristics on Crime

Duration of sentence	Below 6 months	19	7.4
	6 months to 1 year	21	8.2
	1 to 3 years	44	17.1
	Above 3 years	173	67.3
	Total	257	100.0
Type of crime	Capital offense	141	54.9
	Drug abuse related	30	11.7
	Financial crime	41	16.0
	Physical fight and damage	13	5.1
	Others	32	12.5
What influence the respondent to commit the crime	Financial problems	86	33.5
	Anger bust	73	28.4
	Irritability	16	6.2
	Poor partner relationship	35	13.6
	Violence	18	7.0
	Influence of drug abuse	14	5.4
	Others	15	5.8
	Total	257	100.0
Possible ways to avoid the crime committed	Imagine of the consequences	44	17.1
	Avoid scuffle	12	4.7
	Avoid anger	71	27.6
	Think for solutions to the problem	130	50.6
	Total	257	100.0
Experience of emotion suppression	Yes	223	86.8
	No	34	13.2
	Total	257	100.0

Source: Researcher, 2023

The study also sought to find out the duration of sentence the women inmates were serving. It was found that 7.4% were serving 6 months and less, 8.2% were serving between 6 months and 1 year, 17.1% were serving between 1 and 3 years while 67.3% were serving more than 3 years. This shows that majority of the women inmates were serving many years for serious crimes.

The study also had concerns over the type of crime that landed the women inmates in prison. It was found that 54.9% were convicted for capital offense, 11.7% for drug abuse related offense, 16% for financial crime, 5.1% for physical fights and property damage, while 12.5% were convicted for other crimes. These findings showed that majority of the women inmates were convicted for violence that resulted in crimes such as; assaults, murder and related assaults.

The study was also interested in finding out what influenced the respondents to commit the crime that led to their conviction. The study found that 33.5% had financial problems, 28.4% had anger bust issues, 6.2% had irritability issues, 13.6% had poor partner relationship, 7% had violence issues, and 5.4% were under the influence of drug abuse while 5.8% reported other issues. The finding noted that financial problems and anger busts influenced committing crime among the inmates.

This study was also interested in finding out the possible ways to avoid committing crimes after securing release. The study found that 17.1% mentioned the imagination of the consequences, 4.7% mentioned avoidance of scuffles, and 27.6% mentioned avoidance of anger while 50.6% mentioned thoughts of finding solutions to problems. The implication of this finding shows that the inmates were regretful for the crimes they committed and given another chance, they could not commit the crimes a second time.

The study also wanted to find out whether the women inmates were experiencing emotion suppression. The study found that 86.8% experienced emotion suppression while 13.2% did not. This finding implies that the majority of women inmates in Kenyan prisons were experiencing psychological emotional issues that call for psychotherapy intervention.

4.4 Intermittent explosive disorder traits among female inmates towards male partner violence

4.4.1 Descriptive analysis of intermittent Explosive Disorder Trait Scale

Objective one was to identify intermittent explosive disorder traits among female inmates towards male partner violence in selected women prisons, Kenya.

The findings on responses on items in the intermittent explosive disorder scale (Appendix III – Part F) are discussed in this sub-section. The measurement was on a 5-Point Likert Scale ranging from strongly disagree, disagree, neutral, agreed to strongly agree. In analysis of this scale, a no response has been added as the 6th point in the Likert scale. The responses in percentages are presented in Table 10.



Table 10: Intermittent Explosive Disorder Response (%)

Statement	SD		D		N		A		SA		NR		Total
	f	%	f	%	f	%	f	%	f	%	f	%	
I lose my temper easily when provoked	36	14.0	49	19.1	36	14.0	78	30.4	57	22.2	1	0.4	100
When someone raises their voice, I raise mine too.	47	18.3	76	29.6	37	14.4	55	21.4	38	14.8	4	1.6	100
When irritated I hardly tolerate discussions	34	13.2	55	21.4	41	16.0	69	26.8	50	19.5	8	3.1	100
I Shout or scream without much provocation	78	30.4	89	34.6	24	9.3	23	8.9	36	14.0	7	2.7	100
I Indulge in antisocial acts, feel good when alone.	36	14.8	51	19.8	37	14.4	57	22.2	68	26.5	2	2.3	100
I attempt to hurt others when disappointed	99	38.5	72	28.0	27	10.5	33	12.8	20	7.8	6	2.3	100
I have too many thoughts in my mind, feel angry.	50	19.5	74	28.8	48	18.7	37	14.4	46	17.9	2	0.8	
New thoughts burst from nowhere in my mind	48	18.7	72	28.0	38	14.8	48	18.7	49	19.1	2	0.8	100
When my thoughts race my heart beats hard	50	19.5	33	12.8	45	17.5	60	23.3	64	24.9	5	1.9	100
When angry I shout later, I feel sorry about it.	48	18.7	33	12.8	27	10.5	81	31.5	68	26.5	0	0.0	100

Source: Researcher, 2023

Intermittent Explosive Disorder Response

Key

SD- Strongly Disagree

D- Disagree

N- Neutral

A- Agree

SA- Strongly Agree

NR- No Response

Intermittent explosive disorder responses

On item: I lose my temper easily when provoked 14.0 % strongly disagreed, 19.1 % disagreed, 14.0 % were neutral. 30.4 % agreed 22.2 % strongly agreed, 0.4 % had no responses on item: when someone raises their voice, I raise mine too. 18.3 % strongly disagreed, 29.6 % disagreed; 14.4 % were neutral 21.4 % agreed; 14.8 % strongly agreed, while 1.6% had no responses. On item: when irritated I hardly tolerate discussions 13.2 % strongly disagreed, 21.4 % disagreed, 16.0 % were neutral, 26.8 % agreed, 19.5 % strongly agreed, while 3.1 % had no responses. Regarding item: I shout or scream without much provocation 30.4 % strongly disagreed, 34.6 % disagreed, 9.3 % were neutral; 8.9 % agreed, 14.0 % strongly agreed, 2.7 % had no response. Regarding item: I indulge in antisocial acts, feel good when alone 14.8 % strongly disagreed, 19.8 % disagreed; 14.4 % were neutral; 22.2 % agreed, 26.5 % strongly agreed, while 2.3 % had no response. On item: I attempt to hurt others when disappointed 38.5 % strongly disagreed, 28.0 % disagreed, 10.5 % were neutral, and 12.8 % agreed 7.8 % strongly agreed, 2.3 % had no response. Referring to item have too many thoughts in my mind, feel angry 19.5 % strongly disagreed, 28.8 % disagree, 18.7 % were neutral; 14.4 % agreed, 17.9 % strongly agreed, while 0.8 % had no response. In regard to item new thoughts burst from nowhere

in my mind, 18.7 % strongly agreed; 28.0 % disagreed; 14.8 % were neutral; 18.7% agreed; 19.1 % strongly agreed; while 0.8% had no response. As regards item when my thoughts race, my heart beats hard 19.5% strongly disagreed; 12.8% disagreed; 1.5% were neutral; 23.3% agreed; 24.9 % strongly agreed; while 1.9% had no response. On item when angry I shout, later, I feel sorry about it 18.7% % strongly disagreed, 12.8 % disagreed 10.5 % were neutral, 31.5 % agreed, 26.5 % strongly agreed.

Findings of the study indicated that majority of the participants 38.5 % said they tried to hurt others when disappointed, 34.4 % lose their temper when provoked; while 34.4%shouted or screamed without much provocation.

Analysis of intermittent explosive disorder indicators was done on rage, irritability, racing thoughts, violence, aggression, yelling and intimidation using percentages and counts and the results are presented in Table 11

Table 11 : Intermittent Explosive Disorder Indicators

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Rage	13	5.1	5.1	5.1
Irritability	6	2.3	2.3	7.4
Racing thoughts	45	17.5	17.5	24.9
Violence	58	22.6	22.6	47.5
Aggression	67	26.1	26.1	73.5
Yelling	33	12.8	12.8	86.4
Intimidation	35	13.6	13.6	100.0
Total	257	100.0	100.0	

Source: Researcher, 2023

On intermittent explosive disorder indicators: 5.1% experienced rage; 2.3% had irritability; 17.5% had racing thoughts 22.6% violence, 26.1% aggression, and 12.8% yelling while 13.6% intimidation

Findings of the study on intermittent explosive disorder indicators revealed that majority of the inmates' participants had violence, aggression and racing thoughts as outstanding intermittent explosive disorder traits. According to Martz, Weibel and Weiner (2022),

racing thoughts becomes engaged subjectively to feelings, memories coming rapidly, becomes out of control in behaviour. The mind becomes restless, unproductive and imaging on the worst-case scenario in life. For example, adults with mental disorder such as: ADHD, bipolar disorder, anxiety and PTSD; have underlying key criterion of impulsive disorders such as rage, anger and irritability in behaviour. This denies them opportunity look at life positively. According to Deshmukh & Patel, 2019; Chester, 2023) on causes of road rage; situational experiences from provocative behaviours of other motorists, pedestrians and environmental factors contribute to the road rage, affecting state of safe driving. However, this is also triggered by individual personality characteristics and individual health conditions of the drivers on the road. Deshmukh and Patel (2019), also associated road rage to the impact of ADHD, which is characterized by impulsivity and attention impairment of cognitive emotions. This results in uncontrollable anger, violence, negative relationship towards other road users. Racing thoughts are prompted by thought rumination over wishful thoughts causing, maladaptive cognitive coping mechanism in behaviour. Racing thoughts result from repeated negative distressing issues flashing in the mind without a solution. (Miethe, 20223;Cohen, (2020) citing Kohut (1972), expounds that racing thoughts have been associated with interpersonal aggression caused by pathological personality traits, depression and anxiety that negatively affect relationships. According to psychoanalytic theory, childhood objects influence adulthood behaviour such as; violence and aggression in adulthood relationship. This plays a role in emerging of narcissistic and borderline traits lacking empathy, self-worth, acceptance and openness in relationships. In this study, 5.1% of the inmate's experience level of rage, although, other traits of intermittent explosive disorder indicators have traces of rage, which acts as a precursor to aggression, violence intimidation and thought rumination (Cen, Su, Dong et al.2022).

According to DSM 5, irritability is a symptom of many mental disorders such as addiction disorder, bipolar and personality disorders. Irritability is also related to constructs such as anger and aggression in behaviour. According to Toohey and Giuseppe (2017), researchers and therapist are inept to distinguish irritability, anger and aggression within psychometrics features. However, irritability is partial physiological agitation characterized by increased insensitivity that lower cognitive threshold to respond to aggression or anger in a required situation. To assess irritability in individuals, there is need to consider the duration, intensity and the outcome of the excessive behaviour in a given situation (Saatchi, Olshansky &Fortier,2023).

Questioning the current DSM5, on the definition of anger, irritability aggression and violence for diagnostic therapy, (Anand and Abbas,2023; Deveney et al; 2019), highlighted anger as an important physiological means to overcome negative feelings by regulating emotions constructively. In this study however, violence, aggression and irritability are characteristics of intermittent explosive disorder; likely to negatively affect the norms and values and committing crimes. According Machado et al. (2023), intimidation is a tool to threaten, harm a person psychologically to instill fear for compliance. This happens by calling victim names, embarrassing, frightening and make a person feel guilty.

According to the World Health Organization (WHO) studies (2020), violence among women is a major risk the society; with men as victims. The rates of crime against men rising from 3.4%to 20.3 since 2010; affects the roles of men in the society. Although men's perception of violence is different from women, men, fear intimidation, yelling and humiliation from women, especially in public; this erodes their pride. Such violence towards men may result to mental health problems such as anxiety, substance abuse, eating disorders and self-harm (Scott-Storey et al., 2023).

Allen and Anderson (2017) defined aggression as an intentional, observable action to harm another person. However, according to Coccaro (2019), aggression is an impulsive control disorder characterized by hostility and sudden provocation. Hence both violence and aggression are considered on a range of severity in IED, resulting to mental health problems. All acts of violence are considered instances of aggression; although not all actions of aggression are considered instances of violence. However, murder crimes would be considered as both aggressive and violent, where struggle was involved (Allen & Anderson, 2017). Findings of this study revealed that the inmates had a high prevalence of violence, aggression, racing thoughts as main traits of intermittent explosive disorder.

4.4.1 Evaluation of the influence of reframing on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons in Kenya.

4.4.2 Descriptive analysis on reframing scale

The findings on responses on items in the reframing scale (Appendix III – Part B) are discussed in this sub-section. The measurement was on a 5-Point Likert Scale ranging from strongly disagree, disagree, neutral, agreed to strongly agree. In analysis of this scale, a no response has been added as the 6th point in the Likert scale. The responses in percentages are presented in Table 12

Table 12: Reframing Response (%)

statement	SD		D		N		A		SA		NR		Total
	F	%	F	%	F	%	f	%	f	%	F	%	
I am aware of my thoughts	7	2.7	2	8.9	2.	8.6	12.11	47.1	74	28.66	10	3.9	257
I can observe and identify my moods	12	4.77	16	6.22	34	13.22	121	47.1	68	26.5	6	2.3	257
I can evaluate the truthfulness	15	5.8	25	9.7	63	24.5	94	36.6	57	22.2	3	1.2	257
I can challenge my negative thoughts	22	8.6	25	9.7	31	12.1	89	34.6	80	31.1	10	3.9	257
I can replace negative thought with positive	19	7.4	2.00	7.8	3.9	15.2	86	33.	90	35	3	1.2	257
I consider evidence of a situation	8	3.1	19	3.9	60	23.3	107	41.6	57	22.2	15	5.8	257
I can look at the positive aspects of self	11	4.3	19	7.4	33	12.8	109	42.4	77	30	8	3.1	257
I can easily identify my distortions	10	3.9	18	7.0	59	23.0	100	39.9	53	20.6	17	6.6	257
I evaluate the evidence of my thoughts	11	4.3	24	9.3	41	16.0	119	46.3	56	21.8	6	2.3	257
I avoid assumptions information, before I change my thoughts	8	3.1	22	8.6	29	11.3	110	42.8	83	32.3	5	1.9	257

Source: Researcher, 2023

Reframing Response

Key

SD- Strongly Disagree

D- Disagree

N- Neutral

A-Agree

SA- Strongly Agree

NR- No Response

From the findings on the reframing scale response using the 10 items; on Table 9, regarding responses on I am aware of my thoughts, 2.7 % strongly disagreed, 8.9% disagreed, while 8.6 were not sure, 47.1% agreed and 28.6 strongly agreed, while 3.9% had no response. Regarding the item; I can observe and identify my moods; 4.7% strongly disagreed, 6.2% disagreed, 13.2% were not sure, while 47.1% agreed, 26.5 % strongly agreed and 3.9 % had no response. On whether I can evaluate the truthfulness and accuracy of my thoughts, 5.8% strongly disagreed; 9.7% disagreed, 24.5% were not sure, 36.6% agreed; 22.2 % strongly agreed and 1.2% had no response. Regarding the item on I challenge my negative thoughts, 8.6% strongly agreed, 9.7% disagreed, while 12.1% were not sure, 34.6% agreed; 31.1% strongly agreed and 3.9 % had no response. On another item: I consider evidence of a situation, 7.4% strongly disagreed; 7.8% disagreed, 15.2 % not sure, while 33.5% agreed 35% strongly agreed and 1.2% had no response. On I considering evidence of a situation 3.1% strongly disagreed, 3.9% disagreed; 23.3% were not sure, 41.6% agreed, 22.2% strongly agreed while 5.8% had no response. Regarding the item. I can easily identify my distortions, 3.9% strongly disagree; 7.0% disagreed, while 16.0% were not sure, 23.0% were not sure, 39.9% agreed; 20.6 strongly agreed and 6.6% had no response. On the item: I evaluate the evidence of my thoughts

4.3% strongly disagreed; 9.3% disagreed; 16.0 % were not sure, 46.3% agreed; 21.8% strongly agreed, and 2.3% had no response. On the item: I avoid assumptions on information before I change my thoughts 3.1. % strongly disagreed, 8.6% disagreed, 11.3% were not sure, while 42.8% agreed, 32.3% strongly agreed and 1.9% had no response.

Analysis of reframing indicators was done on frame shift, target thoughts and evidence of thoughts using percentages and counts, as results are presented in Table 13.

Table 13: Reframing Indicators

		Frequency Percent		Valid Percent		Cumulative Percent
Valid	Frame shift	13	5.1	5.1	5.1	
	Target thoughts	108	42.0	42.0	47.1	
	Evidence of thoughts	136	52.9	52.9	100.0	
	Total	257	100.0	100.0		

Source: Researcher, 2023

Reframing indicators in the analysis shows 5.1% of frame shift; low attention effects of the cognitive abilities to articulate ideas and ability to adapt to positive behaviour. On target thoughts indicators; 42.0 % of the respondents have abilities to reframe thoughts; while 52.90% have abilities to reconsider their thoughts before acting.

The descriptive findings are presented in Table 14.

Table 14: Influence of Reframing on Intermittent Explosive Disorder

		Intermittent Explosive Disorder								
		Rage	Irritability	Racing thoughts	Violence	Aggression	Yelling	Intimidation	Total	
Reframing	Frame shift	Count	2	0	0	1	4	2	4	13
		% within	15.4%	0.0%	0.0%	7.7%	30.8%	15.4%	30.8%	100.0%
	Reframing Indicators									
Target thought	Count	0	3	30	30	26	13	6	108	
	% within	0.0%	2.8%	27.8%	27.8%	24.1%	12.0%	5.6%	100.0%	
	Reframing Indicators									
Evidence of thoughts	Count	11	3	15	27	37	18	25	136	
	% within	8.1%	2.2%	11.0%	19.9%	27.2%	13.2%	18.4%	100.0%	
	Reframing Indicators									
Total	Count	13	6	45	58	67	33	35	257	
	% within	5.1%	2.3%	17.5%	22.6%	26.1%	12.8%	13.6%	100.0%	
	Reframing Indicators									

Source: Researcher, 2023

Table 14 indicates that 15.4% of participants with frame shift issues experienced rage, 7.7% experience violence, 30.8% experience aggression, 15.4% experience yelling and 30.8% experienced intimidation. Among those with target thoughts, 2.8% had irritability, 27.8% had racing thoughts, 27.8% had violence, 24.1% had aggression, 12% had yelling and 5.6% had intimidation. Participants with evidence of thoughts; 8.1% had rage, 2.2% had irritability, 11% had racing thoughts, 19.9% had violence, 27.2% had aggression, 13.2% had yelling and 18.4% had intimidation.

4.4.3 Inferential Analysis on Intermittent Explosive Disorder on reframing

The findings of the study on the relationship of reframing and intermittent explosive disorder found that although the reframing thoughts were found among the inmates; those who had experienced frame shift indicators experience, had also high levels of aggression intimidation and violence. This means, the inmates made effort to use frame shift, target thoughts and evidence thought to enhance behaviour change. However, intermittent explosive disorder traits lowered the level of thought reframing among the inmates.

Ho1: There is no statistically significant influence of reframing on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

A Pearson correlation was used to test the null hypothesis at 0.05 level of significance.

The correlation is presented in Table: 15

Table 15: Correlation between Reframing and Intermittent Explosive Disorder

		Reframing Indicators	Intermittent Explosive Disorder Indicators
Reframing	Pearson Correlation	1	.051
	Sig. (2-tailed)		.417
	N	257	257
Intermittent Explosive Disorder Indicators	Pearson Correlation	.051	1
	Sig. (2-tailed)	.417	
	N	257	257

Source: Researcher, 2023

Findings on reframing and intermittent explosive disorder as indicated on Table 15: The analysis shows that there was a statistically non-significant positive relationship between reframing and intermittent explosive disorder, [$r(257) = .051, p = .417$]. This demonstrated that the increase in intensity of reframing indicators that is; frame shift, target thoughts, evidence of thoughts, increased the severity of intermittent explosive disorder indicators;- rage, irritability, racing thoughts, violence, aggression, yelling, and intimidation. Therefore, the null hypothesis that there is no statistically significant influence of reframing on intermittent explosive disorder among female inmates' violence towards male partners; in selected women prisons, Kenya was rejected.

Findings of the study indicated that significant data was in favor of the alternative hypothesis, suggesting this could be out of chance or influence of other prevailing factors in the study. Hence, a moderate significant positive correlation on the effects of reframing among the female inmate's relationship towards male partners was established. Although some indicators of thought reframing were high, in the findings; influence of intermittent explosive disorder traits among the inmates hindered the impact of reframing. The more, the inmates engaged in reframing, the more the rise of intermittent explosive disorder impulsivity, among inmates' behaviour. Hence, the alternative null hypothesis was

adopted, that there was significant effect of reframing to create rational thoughts in reframing behaviour.

A study carried out by Siegel et al. (2024) on partner violence relationship, recognizes guilt as an emotional state with individuals who have experienced trauma as a primary component of PTSD. Inmates experienced guilt over crime committed in a relationship had correlation of lack thought reframing. This was to avoid the psychological pain of being remorseful for the crime committed, or falsely accused.

Frame shift indicator in this study, is an analytical process of dealing with negative cognitions that seems impossible to break in behaviour; such as distorted thoughts, anxiety and PTSD. According to the study, inmates had frame shifts dissonance towards male partner relationship; avoiding reconciling, rage, violence, aggression, yelling and intimidation as a revenge towards male partners. Without accepting responsibility for intermittent explosive disorder, the level frame shift influenced low influence of positive relationship towards male partners. Lindley, et al. (2022), supports that deficit in frame shift has a direct influence on negative and positive emotions depending on prevailing situations. For example, reframing thoughts that I am so ugly or I'm so admirable will improve or cause negative psychological distress to positive thoughts behaviour respectively. Areas of frame shift change when circumstances change, for instance, a wife's view of her husband will change if the husband's circumstances change, such as; job loss, sickness, collapse of business or misuse of family resources. In this case, the wife's emotions such as rage, violence, aggression, yelling, and intimidation may be triggered against the husband. The findings also concur with Clare and Montague (2020), inmates with emotions outburst, lack of logic, empathy towards the male partner; triggering violence in relationship. Poor frame shift ability lead to challenging cognitive errors, biases causing spiral of despair in partner relationship.

Target thought is a reframing indicator that act as a selected action to modify behaviour or intervention to positive changes in a situation(Marasigan,2019). According to Hendaus et al. (2020), on a related study, found that mothers with deficit of target thoughts, were victims of negative self-talk, self-defeating beliefs founded on the personality disorders. Such maladjusted traits are passed on to children; showing outstanding characteristics of jealousy, suspicion, hatred and poor communication skills. At school these children, hardly completed assignments, and had low level of attention and social interaction. This means, individuals lacking target thought act haphazardly out of chance to avoid thought reframing to overcome challenges in partner relationship.

In a past publication by Vilar (2009), women are inherently prone to outbursts, yelling, and intimidation to manipulate and indoctrinate men to meet their needs. Lack of routinely provisions of needs lead to anger and depression, a characteristic of intermittent explosive disorders towards the male partner. According to Vilar (2009), women lack indicators of thought reframing on worst case scenario; to enhance more flexibility and control of negative thoughts in the relationship. Studies by (English et al.2024; Walsh, 2024) concur with this study that, without thought reframing, women manipulate men using narcissistic suppressive cognitive reappraisal emotions to achieve needs. Consistent behaviour manipulation to maintain comfort zone among women result into mental disorders with characteristics of IED in a partner relationship.

Hendaus et. al. (2020), also noted that behaviour with low reframing indicators lack reactions of tolerance and insight in achieving objectives in life. Such behaviour frustrates the efforts of achieving a target thought; regardless of the need to seek a solution. This indirectly leads to violence among family members.

According to (Scott-Storey et al. (2023; Catanzano et al. 2022), counselling therapist working with clients to modify maladaptive thoughts on reframing and beliefs, are treated

using techniques such as: mindfulness, exercises, meditation, and journaling to build on positive thoughts. For example, having coping statements as saying to the self that:-'It may not work out 100% but will give it my best and see what happens'. This overcomes long lasting mental cognitive dissonance that promotes psychological distress and anger. In further studies by Locke, et al, (2019), revealed that deficit of target thoughts in reframing is caused by childhood posttraumatic stress disorder; with significant influence on intermittent explosive disorder in adulthood. Generalized anxiety disorder experienced among family members; interferes with daily routine, getting fixated with specific thoughts, which intensify negative thoughts and loss of emotional control to achieve aspects of thought reframing.

The findings of this study are in line with Fahlgren, and McCloskey (2019), that spending more time focused on negative emotions such as anger, irritability, and violent outbursts deplete the ability of using different lens of visualizing the problems and how to solve them. Hindrance to the accomplishment and achievement of target thought cause despair and hopelessness. This means, the more intensity of the problem increases, the more maladaptive thoughts increase leading to low chances of target achievement. (English, 2024; Coccaro and Lee,2020) concurs with this study that maladaptive emotions acquired from traumatic experiences of child hood, reduce the intensity of thought reframing and regulation of negative cognitive achievements in performance.

According to Moon and McCluskey (2020), verbal abuse, physical assault, passive aggression is triggered when target thoughts are not well focused, defined, to achieve a solution to a problem. For example, excessive negative thoughts to hurt a partner indicate lack of empathy and eroding aspects of compassion in the relationship. Similarly, a partner obsessed with hatred, has remote possibilities of finding a solution to a problem in the relationship.

Moon et al. (2020), found that low target thoughts manifested in low emotional intelligence personalities run lack of trust and poor irrational decisions. Therefore, absence of target thought to improve on existing behaviour in a relationship accelerates hostility, intimidation, stone walling and disrespect. Wollny, et al. (2020), highlights that when levels of target thoughts are reasonably handled, where there is high level of emotional intelligence; aggressiveness, violence and conflicts are inhibited by focusing on how to seek solutions. The study findings further realign with (Brandes, and Doron (2020), a partner obsessively, preoccupied with target thoughts towards insecurity and jealousy in a relationship; becomes a precursor of violence and aggression.

Evidence thought is another indicator of reframing. It is also a counselling strategy to evaluate the thoughts and feelings of a client against biased thoughts that may affect the client psychologically. The therapist uses Socratic questions to check on the assumptions presented by the client. According to Boyd and Reilly (2019), the client is encouraged to think deeply to search for facts to support or challenge their thoughts in the process of the therapy. This means, evidence thought is used by the therapist to help the client evaluate own proof of thoughts; logically; deal with their cognitive distortions (Kaczurkin & Foa (2022). Once, evidence of thought is achieved, the clients arraign solutions suggestions to overcome the problems affecting them.

According to Hyun and You (2022), women commit crimes due to lack of rational positive ideas to replace distorted thoughts adopted overtime and generalizing issues without any accuracy or alternative thoughts. Internalizing feelings of self-blame, without rethinking how to challenge unhelpful and negative thoughts; causes violence towards other people in the environment.

According to the findings of this study, female inmates with IED traits had high probability of acting without evidence of thought or weighing the gravity of the situation

of their thoughts. This led them to committing crimes which could be avoided by seeking reasons for engaging in that behaviour. Lack of evidence of thought causes a flow negative automatic thoughts concerning partner in relationship. The unconscious thoughts resonate with many questions resulting into conflicts and serious differences in the relationship (Zhang et al;2022).

The findings of this study concur with (Machado M. et al.2022; Machado, S. et al. 2023), the inmates had high probability of impulse attacks on the male partners especially when their basic needs were not met. However, men stay in the toxic relationship with hope partner behaviour would change. The findings further agree with Kumar (2020) on partner violence during Covid19; women displayed irritability, violence and aggression towards men when basic needs for the family were not met. This means women violence was triggered by situational circumstances without any evidence of thought on their husbands' loss of job employment due to the pandemic. Such violence was without any evidence of thought; neither the anticipation of the consequences.

A study carried out on factors influencing effective therapeutic alliance on clients with distorted painful thoughts in a rehabilitation; indicated that the therapy could not help the clients to develop coping strategies and self-management without consideration of perceptions and needs of clients (Paap et al.2022); This means, availability of physiological needs is necessary to the client during the treatment of mental disorders and maladaptive behaviour. There are many factors that contribute to low or high levels of dealing with mental disorders; including and not limited to personality traits and environmental influence.

4.4.4 Thematic Analysis on reframing and intermittent explosive disorder

These findings on the effects of reframing on intermittent explosive disorder traits were found to have influenced the inmates in various way as collaborated in qualitative data from the study as follows: The prison constable had this to say on thought reframing among the inmates:

...more than 80% of female inmate jailed..... display lack of feelings to evaluate effects of their biased thoughts towards situations facing them and other people; are short of..... thinking twice and practice reason. Although most them have abilities to think and decide on matters, however, the inmates inhibit the power to challenge erroneous negative thoughts; by modifying behaviour. Now, regret violence and vengeance..... Some are victims of violent crimes than perpetrators..... mental illness [Prison constable in charge of inmates]

Another statement by the prison chaplain on inmate' behaviour management based on forgiveness and thought reframing; an inmate had the following to disclose to the prison chaplain. As report by the chaplain:

' I thought forgiving my husband or children when they go wrongsign of weakness, felt I'm imperfect.....was full of anger bitterness and revengechronically angry never forgiving, impulsive thoughts.....had inconsistence relationship with my husband. Earlier in my life had unstable relationship with the opposite sex. To my thinking all men were evil; hated them. My father cut my mother's hand during a quarrel. I had two children from different men. Both children left my house because of cruelty. disturbing thoughts.... depressed...had to be tough forcing things to my husband.I abused hard drugs.....had arson

attempt. He died in the inferno. Now I regret my lack of thought to avoid negative, judgmental thoughts.”[Interview guide from chaplain]

During a counselling session, a female inmate also contributed her personal feelings and thoughts on her past life and crime that landing her in prison. This was narrated by the counsellor without disclosure of the client.

‘On suspicion of my husband infidelity, prepared havocto invoke fear on him.....locked him out of our house.....co-accuser attacked him...unconsciousnow regret ... the matter could have been discussed, I was used to quarreling, shouting bullying poor men.....without money, now I challenge my thoughts, my husband was caring, , I regret,he was the father of my children ‘ [prison counsellor interview guide]

A prison counsellor in charge of prisoner’s parole had the following comment to make on inmates’ feelings and thoughts on reframing. On anticipation of release from prison, she had the following to narrate to the counsellor: *‘I cannot change the past, neither what happen to my family. I continue to grieve the loss of my two twin children who died when I deserted them at five months of age at my matrimonial home. I thought that would be a punishment to my husband who had earlier relocated elsewhere with another woman; this angered me. He had testified I murdered the children. Now have served 17 years. As an orphan, I regret deserting my only closest relatives; my children. Wish was able to deal with my judgmental thoughts with my husband; and bear my emotions to carry out rational behaviour. Hope the society will accept me back and start a new life despite my elderly age.’* [Reported by prison counsellor in charge of inmate parole]

A female inmate shared with prison constable on reappraisal thoughts obtaining her personal therapeutic empowerments while in prison. The constable sought to know the inmate's feelings and thoughts after serving her nine out of ten years of sentence.

'When you positively reframe your thoughts , you transform the way you feel and think about situations. In the first and second year in jail, But later realized I have to survive to achieve another chance in life.One day will be a free person once again..... imprisonment has given me a chance to do things here that I would not have been able to do out there. had chance to perfect myself. Whatever I have missed out there, could be a blessing to my life. That makes me feel better and have hope be more useful to the society. Walking around masking my feeling help me to be appreciated by..... .. enriching my thoughts in every way'

4.5 Examination of the influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

4.5.1 Descriptive Analysis of the Problem-Solving Scale

The findings on responses on items in the problem-solving scale (Appendix III – Part C) are discussed in this sub-section. The measurement was on a 5-Point Likert Scale ranging from strongly disagree, disagree, neutral, agreed to strongly agree. In analysis of this scale, a no response has been added as the 6th point in the Likert scale. The responses in percentages are presented in Table 16.

Table 16: Problem-Solving Response (%)

Statement	SD		D		N		A		SA		NR		Total
	F	%	f	%	f	%	F	%	F	%	F	%	
I can identify a problem when am faced with situation	14	5.4	21	8.2	25	9.7	126	49.0	67	26.1	4	1.6	257
I able to analyze my problems critically for me to understand	10	3.9	23	8.9	53	20.6	111	43.2	55	21.4	5	1.9	257
I can use reliable information to evaluate a problem	18	7.0	23	8.9	48	18.7	103	40.1	63	24.5	2	8.0	257
I can think of several possible solutions to a problem	8	3.1	17	6.6	33	12.8	101	39.3	93	36.2	5	1.9	257
I can develop a strategy to solve my problem	5	1.9	19	7.4	33	12.8	101	39.3	94	36.6	5	1.9	257
I use flexible strategies to solve my problems	7	2.7	24	9.3	42	16.3	102	39.7	71	27.6	11	4.3	257
I am ready to use resources at my disposal to implement a strategy to solve my problem	17	6.6	22	8.6	49	19.1	95	37.0	71	27.6	3	1.2	257
I always monitor the progress of my problem-solving strategies	13	5.1	34	13.2	54	21.0	94	36.6	60	23.3	2	0.8	257
I always evaluate the results of my problem-solving strategies	16	6.2	23	8.9	52	20.2	103	40.1	61	23.7	2	0.8	257
I am resilient when I solve problems on my own	4	1.6	30	11.7	40	15.6	88	34.2	95	37.0	0	0	257

Source: Researcher, 2023

Problem-Solving Response

KEY

SD- Strongly Disagree

D- Disagree

N- Neutral

A- Agree

SA- Strongly Agree

NR- No Response

Response on problem solving

Regarding Problem-solving responses 10 items: I can Identify a problem when I am faced with a situation; 5.4% strongly disagreed 8.2% disagreed; 9.7% were neutral while 49.0% agreed, 26.1% strongly agreed and 1.6% had no response. On another item, I am able to analyze my problems critically to understand. 3.9% strongly disagreed, 8.9% disagreed, 20.6% were neutral while 43.2.0% agreed, 21.4% strongly agreed and 1.9% had no response. Regarding item I can use reliable information to evaluate a problem, 7.0% strongly disagreed, 8.9% disagreed, 18.7% were neutral 40.1% agreed, while 24.5% strongly agreed; 8.0% had no response. On item I can think of several possible solutions to a problem 3.1% strongly disagreed, 6.6% disagreed, 12.8% were neutral, and 39.3 % agreed while 36.2% strongly agreed, 1.9% had no response. Regarding the item I can develop a strategy to solve my problems, 1.9% strongly disagreed, 7.4% disagreed, 12.8% were neutral, 39.3% agreed, 36.6 % strongly agreed, while 1.9% had no response. Regarding the item I use flexible strategies to solve my problems 2.7% strongly disagree, 9.3% disagreed, 16.3% were neutral, 39.7% agreed, 27.6% strongly agreed; while 4.3% had no response. With reference to item, I am ready to use resources at my disposal to implement a strategy to solve my problems 6.6. % strongly disagreed; 8.6% disagreed, 19.1% were neutral, 37.0% agreed, while 27.6% strongly agreed; 1.2% had no response. As regards the item I always monitor the progress of my problem-solving strategies 5.1%

strongly disagreed, 13.2% disagreed, 21.0% neutral, 36.6% agreed, 23.3% strongly agreed, while 0.8% had no responses. With reference to item I always evaluate the results of my problem-solving strategies 6.2% strongly disagreed, 8.9% disagreed, 20.2% were neutral, 40.1% agreed, 23.7% strongly agreed, while 0.8% had no response. As for another item: I am resilient when I solve problem on my own 1.6% strongly disagreed, 11.7% disagreed, 15.6% were neutral, 15.6% agreed, 34.2% strongly agreed, while 37.0 % strongly agreed.

Findings of the study show that most of the respondents indicated they were able to solve problems when faced with a situation and were resilient in solving own problems.

Table 17: Problem-Solving Indicators

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Problem definition	30	11.7	11.7	11.7
	Development of plan implementation	157	61.1	61.1	72.8
	Evaluation of the action plan	70	27.2	27.2	100.0
	Total	257	100.0	100.0	

Source: Researcher, 2023

On the ability of problem definition: indicated 11.7%; development of plan and implementation 61.1 %, and evaluation of the action plan 27.2%. The majority of the participants had cognitive abilities to develop plans, implement them, evaluate the action plan to be undertaken. Therefore, the relationship between problem solving and intermittent explosive disorder could be caused by personality disorders not lack of cognitive abilities. The second objective was to examine the influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya. The descriptive results are presented in Table 18.

Table 18: Problem-Solving on Intermittent Explosive Disorder

			Intermittent Explosive Disorder Indicators							
			Rage	Irritability	Racing thought	Violence	Aggression	Yelling	Intimidation	Total
Problem Solving Indicators	Problem definition	Count	0	0	4	11	7	3	5	30
		% within	0.0%	0.0%	13.3%	36.7%	23.3%	10.0%	16.7%	100.0%
	Development of plan implementation	Count	6	4	29	39	45	13	21	157
		% within	3.8%	2.5%	18.5%	24.8%	28.7%	8.3%	13.4%	100.0%
	Evaluation of the action plan	Count	7	2	12	8	15	17	9	70
		% within	10.0%	2.9%	17.1%	11.4%	21.4%	24.3%	12.9%	100.0%
Total		Count	13	6	45	58	67	33	35	257
		% within	5.1%	2.3%	17.5%	22.6%	26.1%	12.8%	13.6%	100.0%

Source: Researcher, 2023

Table 18 indicates that 13.3% of participants had problem definition issues; experienced racing thoughts, 36.7% experienced violence, 23.3% experienced aggression, 10% experienced yelling and 16.7% experienced intimidation. Among those with development of plan implementation issues, 3.8% experienced rage, 2.5% had irritability, 18.5% had racing thoughts, 24.8% had violence, 28.7% had aggression, 8.3% had yelling and 13.4% had intimidation. Of the participants with evaluation of the action plan issues, 10% had rage, 2.9% had irritability, 17.1% had racing thoughts, 11.4% had violence, 21.4% had aggression, 24.3% had yelling and 12.9% had intimidation.

4.5.2 Inferential analysis of the Problem-Solving Scale

The study tested the following null hypothesis;

Ho2: There is no statistically significant influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

A Pearson correlation was used to test the null hypothesis at 0.05 level of significance.

The test results are found in Table 19.

Table 19: Correlations of Problem-Solving and Intermittent Explosive Disorder

		Problem Solving Indicators	Intermittent Explosive Disorder Indicators
Problem Solving Indicators	Pearson Correlation	1	-.029
	Sig. (2-tailed)		.639
	N	257	257
Intermittent Explosive Disorder Indicators	Pearson Correlation	.029	1
	Sig. (2-tailed)	.639	
	N	257	257

Source: Researcher, 2023

Table 19 shows that there is a statistical non-significant negative relationship between problem solving and intermittent explosive disorder, [$r(257) = -.029, p = .639$]. This demonstrates that the increase in intensity of problem-solving indicators that is:- problem

definition, development of plan implementation, evaluation of the action plan , there was decrease in severity of intermittent explosive disorder indicators that is:-rage, irritability, racing thoughts, violence, aggression, yelling and intimidation. Therefore, the null hypothesis that there was no statistically significant influence of problem solving; on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya was rejected. The alternative hypothesis stating that there was significance relationship between problem solving and intermittent explosive disorder was adopted for the study. This means, the more the inmates implored use of problem-solving strategies; there was decrease in intermittent explosive disorder in behaviour.

According to Molnar and Greiff (2023), solving problem is a cognitive behaviour intervention strategy, focusing on solving problems caused by stress and mental pain in life. Problem solving is self-directed cognitive process, to discover effective ways of coping with challenging situations. Cuijpers et al. (2018), concurs that problem solving is a strategy in psychotherapy widely used in psychiatry to treat various mental disorders, such as depression disorder; conduct disorder, obesity and substance abuse. Therefore, problem solving therapy uses skills and techniques to provide possible solutions to reduce stress, improve thoughts, overcome and manage challenges in life. According to Cuijper et al. (2018), solving a problem, requires physical and mental cognitions abilities to make steps such as: identification of the problem, determine how to solve the problem, putting up strategies and solutions. This determines the possibilities of producing positive results. Although the use of pharmacology may provide a relieve to mental disorders; problem-solving therapy alone without use of drugs has been used to relieve mental distress. This attempts to seek solutions by the patient making observations of self-regulation rules, cognitive defusing and self-efficacy to overcome the problem.

Problem solving therapist supports the client to break the problem into small components, explores the choices the client has chosen; assist the client to find a solution with minimal guidance in decision making. The therapist empathizes with the client; remains nonjudgmental, to allow the implementation of the plan of the client. This process of problem-solving therapy may take six sessions in 30- 45 minutes for four to six weeks (Wallen, et al., 2021).

Lee and Lee (2020), described problem solving as an individual perception ability, to identify internal and external needs causing discrepancy between expected and what exists. Some people fail in problem solving due to levels of anxiety, anger, lack of confidence and maladjusted behaviour in the personality. Cuijper, et al. (2018) adds that problem solving requires intellectual abilities; working memory to identify and develop solutions towards the required target. Therefore, individual intellectual abilities provide avenues of solutions and setting goals to execute them. However, not all problems are challenging, when necessary, steps are followed to arrive to viable life opportunities.

Fidan et al. (2021), found that there is a connection between IED traits and implementation of a plan in problem solving. Anger, violence, irritability and intimidation interfere with stages of problems solving resulting into violence between partners in relationship. Understanding and listening to someone suffering from mental stress, creates less stress and tension that hinders achieving a solution in a relationship. From the findings of this study, inmates with IED traits, had low concentration, poor judgmental skills, escalating to violence and aggression during problem solving in a partner relationship (Iretor-Oscar & Bamidele, 2020).

According to positive psychology, Fredrickson et al. (2005) concurs that problem solving is an optimistic positive attitude to strategize on solving problems. Low confidence in problem solving propels negative emotions that hinder a flow of life. There are solutions

to problems when there is a will to do it, creates happiness through physical and mental relaxation, to increase motivation to make tasks achievable.

Dobson and Dozois (2021), highlighted that problem solving becomes effective when there are individual personal abilities such as: self-efficacy, resilience and determination to seek a solution. For example, to solve a problem, one could convince the self by saying: they have the ability to solve problems; will tackle one problem at a time. However, lack of knowledge and inaccurate information, fixated ideas may negatively affect the implementation of problem solution. Therefore, the process of problem solving requires individual commitment and confidence to navigate the problems. According to Baker and McNulty (2020), other factors such as; lack of motivation, fear of being vulnerable, discrimination, cultural beliefs and socialization process may hinder the process of problem identification and implementation of the solutions.

To evaluate the action plan in problem solving therapy, Nezu, et al. (2012), indicated that the client should view the problem as an opportunity to change situations, acquire new experiences and stand above the challenges by finding solutions. Poor decision-making skills are bound to take place among irritable, intimidating and violent people.

According Keilholt and Spencer (2022), irrational reasoning hinders systemic and efficient ways of engaging skills to solve problems in life. For example, having a plate of chips without a fork to use; may denote a problem requiring solution. However, strategizing on using immediate available tools; like a tooth pick, to pick chips from a plate would solve the problem. Working heuristically provides simple approach of narrowing down options of having new ideas, to make solution, allowing mental calmness. This allows the cognitive abilities to attend other needs at hand calmly.

Mehmet Eskin (2012), studied problem solving among patients in a clinical practice concurs with the findings of this study; that individuals displaying violence acts, yelling

and aggressive are likely to experience deficit of individual perceptions interpretations towards partner relationship; leading to strained relationships. Findings of this study indicate that the inmates had challenges of developing plans to work out solutions towards poor partner relationship, resulting to execution of anger, violence, without considering the legal implications against such behaviour. On the other hand, Perry et al. (2019), considered that although problem solving would provide a psychological relief, not in all situations, individuals would experience comfort. Victims of traumatic stress; cultural influence, environmental situations, attentional fixation, negate on what would be considered as ideal solution. Therefore, problems solving requires selecting the right moment and environment to proactively generate new ideas to solve problems; avoid procrastination of decision-making.

From the study findings, the inmates had abilities to develop a plan on problem solving skills; however, deficit in planning for the expected outcomes in problem solving affected the outcome of the initiative. This concurs with a study by Saatch et al. (2023), carried out among mentally sick patient in a nursing station. The patients failed to embrace treatment strategies and plans given by the nurses towards patients' treatment. The patients lacked the ability to appreciate, regulate emotions; adhere to the action plan on how to be assisted by the nurses. The mentally sick patients lacked attention, commitment to execute instructions given by the nurses. This brought the patients more pain and suffering without treatment. According to the findings of this study, inmates lacked the ability to evaluate, analyze and flexibility towards attaining action plan to deal with violence towards male partner relationships. This resulted to breaking of the law and subsequently jail sentences.

In a study carried out by Hopko et al. (2011), among patients diagnosed with depression and suffering from breast cancer; the use of problem-solving therapy and behaviour

activation, subsequently relieved the patient's depression. However, Cuijper et al.(2018), found that use of both problem solving and pharmacology were more effective when the patients and the therapist positively analyzed the problems solving matrix.

According to Wallen et al. (2021) and Brostrom et al. (2021), problem solving therapy is also effective in addressing mild moderate mental health conditions among adults and adolescents. To explore solutions using underlying psychoanalytical causes, the therapist helps the patient to understand the impact of the unconscious forces working against their behaviour. Psychological challenges leading repressed distressing thoughts, embarrassing, painful memories interfere with positive problem-solving mindset and ability to seek solutions. Another study by Perry et al. (2019) on incidences of self-harm in prison, found that problem-solving therapy provided adequate solutions to the inmates to deal with psychological emotions affecting them. The therapy also provided coping mechanisms through self-examination and self-reflection. Findings from the study indicated that majority of the inmates had the ability to develop plans to solve problems. However, presence of anger, violence and intimidation towards other people hamper the achievement and implementation of the actions to solve problems. Therefore, the experiences of IED among the inmates hindered the alleviating experiences of levels of violence towards male partners. Similarly, according to Abdul Aziz et al. (2019) lack of cognitive abilities to process a plan and implement a solution hinders the progress of settling out a problem in a relationship. Individuals with low intelligence; abuse of drugs and maladjusted experience lack of empathy and basic etiquette to understand challenges and solving problems facing other people. This concurs with Perry (2019) while training prisoners on problem solving skills, it was found that prisoners with low mental abilities had challenges seeking strategies to solving problems facing them in jail. Other prisoners who were nonjudgmental of the

prison system were able to develop and implement their plans to achieve goals. Therefore, to succeed in problem solving requires avoidance of biased assumptions, negative thoughts, hindering strategies of seeking solutions towards challenging situations. Harboring negative thoughts, painful memories towards other people obstruct the feeling of forgiveness, reconciliation and coping mechanism to allow terms and strategies of problem solving.

Brouwer(2020) using problem solving therapy, carried out a study among prisoners in Netherlands on how to modify anger, moral behaviour, loneliness and depression among inmates. The prisoners embraced the therapy based on; mindful exercises that involved meditation, self-awareness, self-acceptance and physical body exercises in the prison compound.

According DSM- 5; relationship between irritability and depressive disorders are usually common with comorbidity of maladaptive behaviour such as anger, self-harm and anxiety. Such behaviours are likely to interfere with individual abilities in decision making in relationships. The presence of disruptive moods disorders related to rage and irritability, also contribute to memory interruption, lacking the right temperament to engage in a cognitive problem solving (Kaczurkin, et al. 2022). This concurs with study findings that the presence of intermittent explosive disorder indicators caused lack of confidence to choose course of action, alternative problem solutions in strained partner relationship among the inmates (Comack, 2021).

4.5.3 Thematic analysis on problem solving

From the study findings, the inmate participants had issues of developing and implementing plans to solve problems; had overwhelmed impulsive feelings and thoughts of aggression, violence and irritability towards male partners. This concurs with

comments from prison constable in charge of inmates. The constable had the following narration from one of the inmates:

'Despite acquiring good level of educationhave suffered recidivismtheft, drug... Shoplifting...all this was happened like a dream in my life. After graduating from college had no job employment, life was hard.....joining bad company of friends thought they were a solution to my problemsSelf -hate, blamed my mother, choose wrong target to solve my problems. I sold drugs... serving ten years' [Constable in charge of prisoners]

The constable went on to analyze the response of the above female inmate four months after receiving problem-solving therapy during a prison problem management forum. The female inmate comments:

'Now I realized my potentials of solving my problems, talents, efforts..... avoid impulse thoughts, validate own feelings, avoid reliance on action of others; active to generate own solutions to earn a meaningful living I apologize to my mother, she was not the cause of my problems. Peer influence and drug abuse propelled me to make wrong decisions life' [constable in charge of prisoner]

However, the vocational, rehabilitation engagement programs; such as: sewing clothes, mats, sweaters to ease their psychological pains of the past memories; would have been taken earlier to keep off police arrest. Therefore, problem solving has limitations to be considered (Baker et al. 2020). This concurs with prison constable referring to comments made by inmate attending learning classes to make a positive change in her life. Quoting the inmate, the constable said:

‘ Besides vocational rehabilitation programs, some female inmates are interested in enrolling for further studies at KCSE, KCPE, educational level despite their past. The present situation allows them to see there is a need, hope not all is lost; imprisonment is not the end of life. There is a hope to achieve gainful life in future ‘[prison constable, interview schedule]

4.6 Establishment of the influence of self-monitoring on intermittent explosive disorder among female inmates’ violence towards male partner in selected women prisons, Kenya.

4.6.1 Descriptive Analysis of the Self-Monitoring Scale

The findings on responses on items in the self-monitoring scale (Appendix III – Part D) are discussed in this sub-section. The measurement was on a 5-Point Likert Scale ranging from strongly disagree, disagree, neutral, agreed to strongly agree. In analysis of this scale, a no response has been added as the 6th point in the Likert scale. The responses in percentages are presented in Table 20.

Table 20: Self-Monitoring Response (%)

Statement	SD		D		N		A		SA		NR		Total
	f	%	f	%	f	%	f	%	F	%	f	%	
I am less committed in relationships	35	13.6	47	18.3	39	15.2	79	30.7	56	21.8	1	0.4	257
I self-check on my self- awareness	5	1.9	26	10.1	38	14.8	113	44.0	72	28.0	3	1.2	257
I tend to focus more on self -help on my activities than expecting others to help me.	12	4.7	24	9.3	23	8.9	104	40.5	92	35.8	2	0.8	257
I keep track of my own activities, new experiences to improvement.	15	5.8	14	5.4	32	12.5	110	42.8	84	32.7	2	0.8	257
I strategize on my performance in my assignment	7	2.7	19	7.4	44	17.1	111	43.2	70	27.2	6	2.3	257
I keep on to get details of my activities and behaviours	18	7.0	21	8.2	36	14.0	113	44.0	64	24.9	5	1.9	257
I do things aiming to do my best at all times	12	4.7	0.5	1.9	25	10.5	80	31.1	130	50.6	2	1.2	257
I monitor my past behaviour to connect with the present.	16	6.2	30	11.7	24	9.3	91	35.4		35.8	4	1.6	257
I can easily track my behaviour when focused towards achieving a goal	18	7.0	4	1.6	34	13.2	101	39.3	96	37.4	4	1.6	257
I forget the past wrong done	39	15.2	37	14.4	32	12.5	75	29.2	72	28.0	2	0.8	257

Source: Researcher, 2023

Self-Monitoring Response

Key

SD- Strongly Disagree

D- Disagree

N- Neutral

A- Agree

SA- Strongly Agree

NR- No Response

Responses on self- monitoring

Findings on self-monitoring responses were as follows: On I am less committed in relationships 13.6 %strongly disagreed, 18 .3 % disagreed, 15.2% were neutral, 30.7 % agreed, 21.8% strongly agreed while 0.4% had no response. As regards item: I self-check on my self-awareness 1.9% strongly disagreed, 10.1% disagreed, 14.8% were neutral; 44.0% agreed, 28.0 % strongly agreed, while 1.2% had no response. On item: I tend to focus more on self-help on my activities than expecting others to help me 4.7 %strongly agreed, 9.3% disagreed, 8.9% were neutral, while 40.5% agreed, 35.8% strongly agreed, 0.8% had no response. As regards item I keep track of my own activities' new experiences to improvement 5.8 % strongly agreed, 5.4% disagreed, 12.5% were neutral, 42.8% agreed, 32.7 % strongly agreed, while 0.8% had no response. Concerning item, I strategize on my performance in my assignment 2.7% strongly disagreed, 7.4% disagreed; 17.1% were neutral, 43.2% agreed, 27.2% strongly agreed, while 2.3 % had no response. With regard to item I keep on to get details of my activities and behaviour a 7.0% As for the item I do things aiming to do my best at all times 4.7 % strong disagreed; 1.9% disagreed, 10.5% were neutral, 31.1% agreed, 50.6 strongly agreed, while 1.2% had no response. With reference to another item, I monitor my past behaviour in connection

with the present 6.2% strongly disagreed, 11.7% disagreed, 9.3% were neutral, 35.4% agreed, while 35.8 % strongly agreed, 1.6% had no response. On item I can easily track my behaviour when focused towards achieving a goal 7.0% strongly disagreed, 1.6 % disagreed, 13.2% were neutral, 39.3% agreed, 37.4 % strongly agreed; while 1.6 % had no response. On item I forget the past wrong done 15.2% strong disagreed, 14.4 % disagreed, 12.5 % were neutral, 29.2% agreed, 29.2% strong agreed, 28.0 strongly agreed, 0.8 % had no responses.

4.6.2 Inferential Analysis of the Self-Monitoring Scale

Hypotheses 3. There was no statistically significant influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Analysis of self-monitoring indicators was done on identification of negative/positive thoughts, identifying the target behaviour and focusing on tasks using percentages and counts and the results are presented in Table: 21

Table 21: Self-monitoring Indicators

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Identification of 68 negative/positive thoughts	68	26.5	26.5	26.5
Identifying the target behaviour	150	58.4	58.4	84.8
Focusing on tasks	39	15.2	15.2	100.0
Total	257	100.0	100.0	

Source: Researcher, 2023

Self-monitoring indicators: 26.5% of the participants were able to identify negative and positive thoughts; 58.4% of the participants identified their target behaviour; while 15.2% could focused on tasks. The third objective was to assess the influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya. The descriptive findings are presented on Table 24.



Table 22: Self-Monitoring on Intermittent Explosive Disorder

			Intermittent Explosive Disorder Indicators							
			Rage	Irritability	Racing thought	Violence	Aggression	Yelling	Intimidation	Total
Self-monitoring Indicators	Identification of negative/positive thoughts	Count	0	0	10	23	19	8	8	68
		% within Self-monitoring Indicators	0.0%	0.0%	14.7%	33.8%	27.9%	11.8%	11.8%	100.0%
	Identifying the target behaviour	Count	7	4	29	30	37	19	24	150
		% within Self-monitoring Indicators	4.7%	2.7%	19.3%	20.0%	24.7%	12.7%	16.0%	100.0%
	Focusing on tasks	Count	6	2	6	5	11	6	3	39
		% within Self-monitoring Indicators	15.4%	5.1%	15.4%	12.8%	28.2%	15.4%	7.7%	100.0%
Total		Count	13	6	45	58	67	33	35	257
		% within Self-monitoring Indicators	5.1%	2.3%	17.5%	22.6%	26.1%	12.8%	13.6%	100.0%

Source: Researcher, 2023

Table:22 indicates that 14.7% of participants with identification of negative/positive thoughts issues experienced racing thoughts, 33.8% experienced violence, 27.9% experienced aggression, 11.8% experienced yelling and 11.8% experienced intimidation. Among those with identifying the target behaviour issues, 4.7% experienced rage, 2.7% had irritability, 19.3% had racing thoughts, 20% had violence, 24.7% had aggression, 12.7% had yelling and 16% had intimidation. Participants with focus on tasks issues, 15.4% had rage, 5.1% had irritability, 15.4% had racing thoughts, 12.8% had violence, 28.2% had aggression, 15.4% had yelling and 7.7% had intimidation.

The study also sought to test the following null hypothesis:

Ho3: There is no statistically significant influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

A Pearson correlation was used to test the null hypothesis at 0.05 level of significance.

The results of the correlation are presented in Table 23.

Table 23: Correlation of Self-Monitoring and Intermittent Explosive Disorder

		Self-monitoring Indicators	Intermittent Explosive Disorder Indicators
Self-monitoring Indicators	Pearson Correlation	1	-.114
	Sig. (2-tailed)		.068
	N	257	257
Intermittent Explosive Disorder Indicators	Pearson Correlation	-.114	1
	Sig. (2-tailed)	.068	
	N	257	257

Source: Researcher, 2023

Table 2 shows that there is a statistically non-significant negative relationship between self-monitoring and intermittent explosive disorder, [$r(257) = -.114, p = .068$]. This

demonstrates that the increase in intensity of self-monitoring indicators (identification of negative/positive thoughts, identifying the target behaviour , focusing on tasks), the decrease in severity of intermittent explosive disorder indicators (rage, irritability, racing thoughts, violence, aggression, yelling, intimidation). Therefore, the null hypothesis that there is no statistically significant influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya is rejected.

From the findings of this study the indicators of self-monitoring are as follows: negative /positive thoughts, identifying of target behaviour and focusing on tasks.

Self-monitoring is a CBT technique used to provide ability to regulate behaviour guide on goals of behaviour change and track the progress. According to (Oyebode et al.2020; Homveld &Kraaimaat,2022), self-monitoring strategy is used to raise individual consciousness of actions and activities for better performance towards the targeted behaviour. Negative thoughts on self-monitoring reduce the means of achieving the expected performance and well-being. Presences of social anxiety and maladaptive social functioning shows traits of neuroticism such as anger and aggression affecting self-control. Negative thoughts act as a defense mechanism to hinder positive attitudes to put the best forward in a task. According to Avina et al.(2022), negative thoughts in self-monitoring inhibiting the self-control towards accelerating accomplishment of the task, causing stress, hopelessness and despair. Positive thoughts as indicators of self-monitoring, improves self-awareness paying attention to tasks and coping mechanism in cognitive functioning. For example, by comforting the self as saying necessity is the mother of all inventions. This providence resilience, keep on track to regulate individual behaviour. Self-regulating behaviour increase the motivation to make progress in achievement and accomplish a task.

Negative thoughts and behaviour such as depressive symptoms, anxiety, hostility, loneliness and irritability, violence forms a barrier in achieving progressive results in self-monitoring.

According to the findings of this study, some of the inmates identified positive and negative thoughts affecting partner relationships. This is an indication of inmate's awareness of thoughts, attitudes and behaviour towards male partners' relationship. Negative thoughts reinforced the IED traits reactions towards male partners. Conversely among the inmates, presence of positive thoughts retrospectively provided self-regulation towards adherence to the society norms and relationships. The positive thoughts enhanced self-regulation towards the prison rules and future modification of targeted behaviour in life.

From the findings of the study, majority of the inmates had the ability to identify targeted behaviour. A targeted behaviour was a chosen behaviour for positive change, modify feelings and thought towards the environment. This means, the inmates had the ability to select and monitor skills to change the violent behaviour towards male partners. Avina et al. (2022), indicate that targeted behaviour should be directly related to behaviour expectations on self-monitoring. The target behaviour also should be specific, observable and measurable for assessment. To succeed in self-monitoring, the targeted behaviour and the initial support prompts have to be explained to the performer, on the importance of changing the target behaviour at that time. This means, to self-monitor; a goal has to be set, monitored and achieved. According to Chester (2023), individual self-monitoring involves individual or assisted independent practice of recording the behaviour, monitoring on the self and graphing the frequency of the behaviour. For example, a diabetic patient requires the assistance of the nurse to explain the importance of monitoring sugar levels and how to achieve that.

Use of cognitive abilities to identify negative or positive consequences of behaviour target was necessary. The aforementioned will boost performance of what is required to be done as opposed to maladjusted behaviour that interfere with the target behaviour. Low cognitive abilities enhance the presence of maladjusted behaviour to hinder the change in targeted behaviour; resulting into violence in partner relationship (Fuglestad & Levert 2022).

According to Chester (2023), self-regulation forms the aspects of self-monitoring in maintaining the behaviour change. To achieve self-monitoring, self-regulation behaviour maintenance is necessary for behaviour change.

In this study, focusing on the tasks refers to total concentration, achievement to be acquired on the targeted behaviour. However, self-control would be necessary to avoid maladaptive behaviour on the focused task(Weiner et al.,2019). This means, lack of self-monitoring and self-control negatively affects individual self-reflection, self- efficacy and self-autonomy to focus on achieving tasks. In this study, influence of IED traits among the inmates, swayed the gains of positive thoughts among the inmates, weakening the virtues related to self-controlling and self-regulation of any focused task in the male partner relationship.

According Lee, A. (2020) and Lee, M. (2021), Self-monitoring provides opportunities to increase interventions and the capacity to identify and respond to incidences of disruptive behaviour in relationships. This means, self-control procedures focus on making positive statements to accomplish a task by achieving positivity, openness, compassion and communication to continue with relationship. According to LinWang and Zhang (2020), there is a need to identify thoughts dealing with self-control, such as:- attention, motivation, restrained impulses and decision-making in self-monitoring. Aspects of social emotional intelligence are also important in achieving a target behaviour.

Use of positive emotions lower rates of anxiety, depression and development of trust, appreciation, empathy and cooperation in a relationship. .

Lack of the mental abilities to act rationally in regulating behaviour affects the achievement of the target behaviour. For example, irrationality in relationship would have indications of blaming, lack of conflict resolution, impulsivity and lack of apology (Scott-Storey et al., 2023). Depleted intrinsic motivational factors such as closeness, acceptance cause suspicion, violence and intimidation in a partner relationship. With reference to (Chester, 2023; Littlefield,2020) Self-monitoring, becomes necessary in daily life to increase self-awareness of a target behaviour in relationships and to act cautiously to incase a problem arises. This helps in improving relationships and avoid conflicts. According to the findings of this study, deficit on self-monitoring led to overwhelming anger, irritability and consequences that could be managed through the establishment of a behaviour target in partner relationship.

Focusing on a task means concentrating on a specific behaviour to provide expected results. To complete the task adequately, a high level of attention, diligence and resilience has to be maintained. In a study by Weiner et al. (2019, on racing thoughts among bipolar patients, found that the patients lacked self-monitoring abilities. The patients experienced mental instability caused by ADHD, PTSD and depression disorders mounting to low cognitive abilities in self-monitoring task achievement. This concurs with the findings of this study, that female inmates lacked the necessary self-monitoring concepts, mental calmness to define positive or negative thoughts and how to deal with them in partner relationships.

According to DSM-5, racing thoughts are a flight of ideas leading to anxiety with depressive moods affecting cognitive abilities to self-regulation towards achieving the

expected tasks. To achieve focus on an assignment concentration is to achieve a target behaviour. (Lee & Lape, 2020).

Findings from this study concurs with Cheong and Tucker (2022), the study illustrated self-monitoring using electronic gadget interactive voice response to enhance strategies of controlling persons with alcohol abuse disorder without entering into health care system. Through self-monitoring the mode of abusing drugs reduced with the number of times working with interactive voice from the gadget. The level of abstinent increased as the gadget monitoring of lapses increased without interacting with the voice. This means self-regulation and self-control inhibits strong impulses by reducing the frequencies and intensity of the behaviour. The presence of IED traits such as violence, anger irritability among the inmates negatively affected self-management and evaluation of alternative plans of action to avoid violence towards male partner relationship.

The findings of this study concur with (Li., et al. 2019; Lee, 2021) on the use of self-monitoring to make better decisions towards a target thought. The target thought would be achieved by controlling unpleasant emotions, thoughts and feelings that are related to IED. The inmates missed self-regulating abilities, social skills, selective attention and self-control to avoid triggers of violence towards male partners.

Female inmates in this study had deficit of thought identification on negative and positive thoughts (Fuglestad & Levest,2022). Therefore, this indicated low levels of self-monitoring, self-management, self-regulation and evaluation of behaviour. Impulsive irrational thoughts, a characteristic of intermittent explosive disorders impelled the violent behaviour to occur (Seok & Cheong, 2020).

The effectiveness of self-monitoring procedure increases attention, accuracy, individual independence and self-construal, in personality while focusing on tasks. According to the findings of this study, self-regulation towards achieving the task was guided by individual

behaviour to effectively adhere to self-monitoring procedures to increase attention and concentration and accuracy (Lee, 2021).

Female inmates with characteristics of rage, irritability and racing thoughts had low concentration on accomplishing and focusing on a task. Lack of focusing on the problem at hand in their relationships caused differences leading to violence. This concurs with a study carried out by Fuglestad and Levest (2022), employees identified with irritability, rage and racing thoughts had low productivity and hindered creativity at the work place. A similar study by Littlefield (2020), on self-regulation assessment, also indicated that personality traits characterized with irritability; racing thoughts are associated with low self-regulation, high neuroticism, impulsivity and low conscientiousness towards carrying out tasks. According to Weiner et al.(2019), irritability and racing thoughts are essentially associated with maniac periods in bipolar disorder occurring due to depression and low self-esteem. This causes impairment of self-control towards other people in relationships.

According to Beamers (2020), aggressive impulses are manifest in violence when self-control fails to inhibit them; characteristics of IED. Presence of self-control in a relationship keeps emotions in check and prevent unnecessary conflicts in partner relationship. In a related study, Brainbridge et al. (2022), indicated personalities with characteristics of violence and aggressiveness inhibit psychoticism with low abilities of non-conformity, unpredictable thoughts and lack self-control in relationships. Such personalities possess unusual beliefs and behaviour that affect behaviour self-management in maintaining forms of relationships.

The findings of this study indicate that personality traits within the influence of social-economic and environmental influences, overwhelmingly contributed to the deficit of self-regulation among the inmates' behaviour towards male partners (Jung et al, 2018).

Beamer (2020), indicate that self-monitoring behaviour through systematic observation and keeping records for specific targets, enhances behavior regulation with a positive behavior change. Self-monitoring provides opportunity for counselling intervention, increase by identify and respond to incidences of disruptive behaviour, listing issues to be tackled and how. The therapist checks on how the client copes with techniques adopted in meeting behaviour target.

According to Li, Chen, Zhang, et al; (2019); Lee and Lape; (2020), Self- monitoring procedure is important in guiding individuals suffering from mental disorders; such as autistic children in school. Learning requires a self-monitoring process on paying attention and non-verbal cues affective displays of instructions by the instructor to carry out the task as expected.

Self-management skills are used to do observation and recording the occurrences of the target behaviour. The inmates become adaptive; responsible for their own acquired skills to support a lasting behaviour improvement.

In another study by Weiner et al. (2021) findings showed that patients with racing thoughts, experience mental instability; attention deficit had low cognitive abilities in self-monitoring regulations. This concurs with the findings of this study that female inmates lacked the necessary self-monitoring concepts to cultivate mental calmness to define positive or negative thoughts dealing with their male partners.

Findings of this study concurs with Cheong and Tucker (2022), on self-monitoring strategies of reducing alcohol abuse by listening to a voice to manage urges of alcohol abuse. The more the alcohol abuser listened to the voice, the self-monitoring of the behaviour takes place. Recording of alcohol urge, and consumption become less. This means self-monitoring promotes self-awareness, realize weakness, strength, and self-commitment over behaviour. A study by Hagger et al. (2019), self-monitoring implicitly

alters behaviour; individual self-control overrides impulsive habits that play a major role to discontinue negative behaviour.

In this study, female inmates with traits of intermittent explosive disorder experienced depleted self-control, rationality, aggression, violence; lack of empathy towards male partners' relationship. The effectiveness of self-monitoring increases attention; self-construal, accuracy, to operate and manage a new task

Female inmates with characteristics of rage, irritability and racing thoughts experience low concentration on accomplishing and focusing on a task. This concurs with a study carried out by Fordjour et al. (2020), employees identified with irritability, rage and racing thoughts had low productivity and hindered creativity at the work place. A similar study by Littlefield, (2020); Beamers (2020), on self-regulation assessment, indicated that personality traits characterized by irritability, racing thoughts are associated with low self-regulation, high neuroticism, impulsivity and low conscientiousness towards carrying out tasks. According to Weiner et al.(2019), irritability and racing thoughts are essentially associated with manic periods in bipolar disorder; occurring due to depression; experienced low self-esteem and impairment of self-control towards people around them. Brainbridge et al.,(2022), relates violence and psychoticism with low abilities of self-control and self-regulation towards relationships. However ,Kip et al, (2021); and Chester (2022) asserts that aggression begins where the self-control stops; affecting self-management to identify strength to realize goals of achieving harmony in a partner relationship. These factors also defer the accomplishment of the task assigned to change the target behaviour in a partner relationship.

4.6.3 Thematic Analysis on Self-Monitoring

This concurs with a study by Fanning et al. (2019), on lack of self- monitoring in situations that require deep thought as a caution before action.

'We had the usual disagreement over food, eating habits; never considered this as a behavioural problem. I felt angered.....as usual he expected me to calm down..... Impulsively picked a kitchen knifeon his chestran out back door, happened suddenly..... He was no more..... Feel really sorry, should have monitored and censored my thoughts and feelingsnow life sentence' [Prison counsellor]

This study concurs with findings of this study, the Prison constable had the following to say about self-monitoring among female inmates, He said: *'while in prison, motivation of acquiring good conduct has been my priorityendurance on prevailing conditions the daily routine has given me adaptive behaviour ...keep clean , brush teeth, shower keep time, enjoy types of foods whatever provided. after watching over my sleeping patterns, now adaptationbut now Look healthy and settled, seeking well-being. Adjustment to prison rules calls for self- regulation..... The self-controlprison is now a second home. While in prison I realized is should seek information on health for example eating habits, diseases, medication Changed my aggressive behaviour into physical activity. Sports became a necessary activity to express my pent – up energy'. [Prison constable in charge of inmates].*

On self-monitoring a constable quoted one of the inmates on the changes the prison environment had on the inmate eating habits. Initially the inmate would fake illness to be allowed on special diet. *'After the doctor confirmed I was not sick. Decided.....adhere to the prison routine related to eating habits.drinking porridge was irritating to me..... have heart burns, there was no tea, milk or sweet things..... as I was used to. For compliance... little porridge, water, cabbage broth and rest. After three*

years now usedno more sickness. Appreciate everything edible' [Prison constable in charge of female inmates]

A Prison chaplain had a dialogue with an inmate who had previously requested for prayers before exiting the prison after seven years prison sentence. The inmate shared on self-monitoring strategies for smooth re-entry into the society. The chaplain had the following to quote from the inmate. *' After serving seven years for a crime I committed due to anger and jealousy; I regret I did not use my God given talents to earn a decent living I will use the experience and the skills have earned from vocational training here in the prison to self-regulate my behaviour, to be contented with my little earning on self-employment occupation. Preferably will trade as vegetable vendor; where most of my customers would women.Secondly, I will shift to cheaper slum dwelling in the outskirts of the town..... Thirdly, will seek a congregation of people, who are unknown to t my background to socialize with them. This will change my lifestyle from a drug seller and all that is related to that. I will regulate my desires of buying expensive items. Leaving a quiet simple life will solve my problems..... Through the jail term I have realized have the capability to earn a honest living.'* [[prison chaplain]

4.7 Examination of the influence of self -emotional regulation on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

4.7.1 Descriptive Analysis of the Emotional Regulation Scale

The findings on responses on items in the emotional regulation scale (Appendix III – Part E) are discussed in this sub-section. The measurement was on a 5-Point Likert Scale ranging from strongly disagree, disagree, neutral, agreed to strongly agree.

In analysis of this scale, a no response has been added as the 6th point in the Likert scale.

The responses in percentages are presented in Table 24



Table 24: Emotional Regulation Response (%)

Statement	SD		D		N		A		SA		NR		Total
	f	%	F	%	f	%	F	%	F	%	f	%	
I change the subject in my thoughts when I want to feel more positive	22	8.6	19	7.4	37	14.4	103	40.1	75	29.2	1	0.4	257
I keep my emotions to myself, calmly I 'self-talk'	12	4.7	33	12.8	43	16.7	87	33.9	76	29.6	6	2.3	257
I change negative emotions to avoid hurting my feelings	9	3.5	19	7.4	34	13.2	121	47.1	67	26.1	7	2.7	257
I always keep my positive emotions to myself	34	13.2	40	11.7	40	15.6	92	35.8	56	21.8	5	1.9	257
In case I have stressing issues, I meditate to keep calm	15	5.8	28	10.9	27	10.5	95	37.0	85	33.1	7	2.7	257
I walk away from hurting situations.	13	5.1	33	12.8	33	12.8	76	29.6	99	38.5	3	1.2	257
I change the way of thinking about an issue by thinking positively	14	5.4	16	6.2	35	13.6	107	41.6	85	33.1	0	0	257
Changing the way I think of my situation makes me control my emotions	10	3.9	14	5.4	34	13.2	94	37.4	96	37.4	7	2.7	257
I always avoid keep negative emotions to myself	20	7.8	25	9.7	41	16.0	97	37.7	73	28.4	1	0.4	257
I accept emotions as they come, sort them change my way of thinking of my situation for me to feel less negative emotion	18	7.0	21	8.2	30	11.7	97	37.7	85	33.9	2	1.6	257

Source: Researcher, 2023

Emotional Regulation Response

Key

SD- Strongly Disagree

D- Disagree

N- Neutral

A- Agree

SA- Strongly Agree

NR- No Response

Regarding emotional regulation scale, the following were the responses: On item

I change the subject in my thoughts when I want to feel more positive emotions like :0.4 % had no response. On another item I keep my emotions to myself calmly I self-talk4.7% strong disagreed, 2.8 % disagreed; 16.7 % were neutral, 33.9 % agreed, 29.6 % strongly agreed, while 2.3 % had no response. With regard to change negative emotions to hurting my feelings3.5 % strongly disagreed, 7.4 % disagreed, 13.2 % were neutral, 47.1 % agreed, 26.1 % agreed while 2.7 % had no response. Concerning item: I always keep my positive emotions to myself 13.2 % strongly disagreed, 11.7% disagreed, 15.6 % were neutral, 35.8 % agreed, 21.8 % strongly agreed, 1.9 % had no response. On item: In case I have stressing issues, I meditate to keep calm5.8 % strongly disagreed; 10.9 % disagreed, 37.0 % agreed, 33.1 % strongly agreed, while 2.7 % had no response with reference to item: I walk away from hurting situations 5.1 % strongly disagreed, 12.8 % disagreed 12.8 % were neutral, 29.6 % agreed, 38.5 % strongly agreed; 1.2 % had no response. On item: I change the way of thinking about an issue by thinking positively 5.4 % strongly disagreed; 6.2 % disagreed; 13.6 % were neutral; 41.6 % agreed; 33.1 % strongly agreed. As for item: changing the way I think of my situation makes me control my emotions 3.9% strongly disagreed; 5.4 % disagreed; 13.2 % were neutral, 37.4 %

agreed, 37.4 % strongly agreed, 2.7 % had no response. Regarding item on: I always avoid keeping negative emotions to myself 7.8 % strong disagreed, 9.7 % disagreed, 16.0 % were neutral, 37.7 % agreed, 28.4% strongly agreed, 0.4 % had no responses Regarding item I accept emotions as they come sort them, change my way of thinking of my situations. 7.0 % strongly disagreed; 8.2 % disagreed, 11.7 % were neutral, 37.7 % agreed, 33.9 % strongly agreed, 1.6 % had no response.

Analysis of self-monitoring indicators was done on self-awareness, modulating response and response to emotions using percentages and counts and the results are presented in Table 24

Table 25: Emotional Regulation Indicators

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self-awareness	47	18.3	18.3	18.3
	Modulating response	156	60.7	60.7	79.0
	Response to emotions	54	21.0	21.0	100.0
	Total	257	100.0	100.0	

Source: Researcher, 2023

On emotional regulation indications: 18.3% had self-awareness towards their emotions; 60.7% had ability to modulate response and 21.0% had response to emotions.

The descriptive findings are presented in Table 26:

Table 26: Emotional Regulation on Intermittent Explosive Disorder

		Intermittent Explosive Disorder Indicators									
		Racing									
		Rage	Irritability	thoughts	Violence	Aggression	Yelling	Intimidation	Total		
Emotional Regulation Indicators	Self-awareness	Count	4	0	10	5	17	5	7	48	
		% within Regulation Indicators	8.3%	0.0%	20.8%	10.4%	35.4%	10.4%	14.6%	100.0%	
	Modulating response	Count	3	4	29	35	42	23	20	156	
		% within Regulation Indicators	1.9%	2.6%	18.6%	22.4%	26.9%	14.7%	12.8%	100.0%	
	Response to emotions	Count	6	2	6	18	8	5	8	53	
		% within Regulation Indicators	11.3%	3.8%	11.3%	34.0%	15.1%	9.4%	15.1%	100.0%	
	Total	Count	13	6	45	58	67	33	35	257	
		% within Regulation Indicators	5.1%	2.3%	17.5%	22.6%	26.1%	12.8%	13.6%	100.0%	

Source: Researcher, 2023

Table 25 indicates that 8.3% of participants with self-awareness issues experienced rage, 20.8% experienced racing thoughts, 10.4% experienced violence, 35.4% experienced aggression, 10.4% experienced yelling and 14.6% experienced intimidation. Among those with modulating response issues, 1.9% experienced rage, 2.6% had irritability, 18.6% had racing thoughts, 22.4% had violence, 26.9% had aggression, 14.7% had yelling and 12.8% had intimidation. Of participants with response to emotion issues, 11.3% had rage, 3.8% had irritability, 11.3% had racing thoughts, 34% had violence, 15.1% had aggression, 9.4% had yelling and 15.1% had intimidation.

4.7.2 Inferential analysis on Emotional Regulation on Intermittent Explosive Disorder

The study then sought to test the following null hypothesis:

Ho4: There is no statistical influence of emotional regulation on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

The null hypothesis was tested using a Pearson correlation at 0.05 level of significance.

The correlation results are presented in Table 27

Table 27: Correlations between Emotional Regulation and Intermittent Explosive

		Emotional Regulation Indicators	Intermittent Explosive Disorder Indicators
Emotional Indicators	Pearson Correlation	1	-.059
	Sig. (2-tailed)		.347
	N	257	257
Intermittent Explosive Indicators	Pearson Correlation	-.059	1
	Sig. (2-tailed)	.347	
	N	257	257

Source: Researcher, 2023

Table 27 shows that there is a statistically non-significant negative relationship between emotional regulation and intermittent explosive disorder, [$r(257) = -.059, p = .347$]. This demonstrates that an increase in intensity of emotional regulation indicators:- self-awareness, modulating response, response to emotions , led to a decrease in severity of intermittent explosive disorder indicators:- rage, irritability, racing thoughts, violence, aggression, yelling, intimidation. Therefore, the null hypothesis that there is no statistical influence of emotional regulation on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya is rejected.

According to the study findings the following are indicators of emotional regulation:

Self-awareness, modulating responses and response emotions. Emotional regulation is the planning, monitoring and assessing individual awareness and ability to regulate feelings, thoughts and situations using various approaches. To understand individual self-awareness, one needs to understand the purpose of their emotions, how to reduce negative emotions, and increase positive emotion (Zhang et al;2022). Therapist assists the client to manage emotions to achieve goals, complete tasks, control and direct behaviour. The therapist implores person centered therapy and psychodynamic approaches with techniques on Emotional Focused Therapy (EFT) to help the client promote awareness of their emotions, expressions, feeling , thoughts of the prevailing situations in life. This enhances the client to achieve goals of wellbeing , mindfulness, calmness and acceptance (Veilleux et al 2022).

According to Patoilo et al.(2021), emotional regulation control is a strategy to assert self-awareness and ability to reappraise situations to avoid escalation of negative emotions leading to regrettable situations such as:-racing thoughts, violence, aggression, yelling and intimidation.

According to (Fahlgren et al; 2019; Hurst et al; 2020), acknowledge that deficit of self-awareness is caused by lack of knowledge, low self-esteem, lack of concern, comparison of the world. Negative emotions lead to maladjusted behaviours such as prejudice and discrimination against other people, which leaves little energy to understand the self.

Findings in this study indicated that inmates had issues with emotional self-awareness.; lacking compassion and individual acceptance in the environment. The presences of IED among the inmates indicated lack emotional awareness to address issues of male partner relationship without using violence and aggression. This concurs with (Lane, 2023; and Smith, 2019), emotional regulation is the ability to effectively manage and respond to emotional experience, rethinking about challenging situation, reduce anger, anxiety, and sadness. For example, in a situation that is challenging, reframing thoughts, practicing calmness, taking a space and having a healthy communication to bring calmness and peace of mind.

According to Zhang et al. (2022), Low emotional intelligence also causes poor emotional decision making, lack of resilience, objectivity and subsequent actions to be taken. Studies by Neilson et al. (2023), indicate that emotional reappraisal consumes significant resources of individual to self-control emotions; however, this calms the physiological tension in the sympathetic nervous system This gives way causes negative reactions in the body organs; such as the stomach, irritable bowel syndrome and stomach ulcers. . Positive reappraisal encourages cognitive thought reframing to see the situation or event positively despite the challenges encountered. For example, in bitter relationship break up, one would reframe thoughts calmly, accept the situation by appreciating the positive intentions of the relationship(Orozo et al., 2021). The findings of this study indicate that the female inmates lacked emotional positive appraisal in partner relationship.

According to Fredrickson et al.(2009) modulating response in emotional regulation is vital to seek reasons, acceptance and happiness in any prevailing situation. The mechanism entails cognitive reframing to influence the role of positive emotions on how to accomplish an activity. Individuals experience different types of emotions for different reasons and priorities in life. For example, hedonists are seen to possess positive emotions such as: happiness, joy, contentment that may be egoistic for individual satisfaction. However, others gain positive emotions on virtuous acts of asceticism or altruism to others. This reflects individual ways of avoiding negative emotions such as anger inadequacy, frustration and emptiness(English et al. 2024; Fredrickson et al.2009).

Ching et al. (2020) quoting Fredrickson (2009), highlights the need for modulation of emotions either to reduce the intensity of emotional experience or increase the time likely to experience a dominant emotion. This regulation provides variation of response to determine the final emotion and the action taken towards goal directed by the behaviour. However, emotions suppression and inhibition of verbal expression, thoughts and feelings may strap out of mind by engaging in other activities; for example; walking away from a scene, meditating or numbing the mind through use of drugs and alcohol overeating, or controlling intake of food.

According to Ray-Yol et al. (2020) Emotional regulation suppression has been associated with poor psychological, physical health and social consequences. For example, in a relationship where a partner gives excessive forbearance over negative unpleasant behaviour; is likely to hurt their feelings, thoughts; causing loneliness and frustration. Suppression of positive emotions in a relationship momentarily increases negative feelings of frustration, resentment, anxiety, depression and stress related illness. According to Barrieiros et al. (2019), people with high suppression of emotions suffer from behaviour inconsistent with their inner feelings and sense of self of guilty. This

study findings indicate that female inmates with indicators of low level of emotional regulation suffered high suppression forbearance towards male partners leading to violence in relationships. Response of emotions in a mental experience unconsciously react to nature and various stimuli in the environment causing cognitive dissonance. Conversely, male partners calmed painful emotions to handle toxic relationship with a hope of finding peace.

4.7.3 Thematic Analysis on Emotional Regulation

A prison chaplain illustrated how to guide the inmates on emotion control. The chaplain had the following to comment on verses from the bible that provided positive emotions such as hope, love, pride, serenity, emotional regulation and forgiveness in life: Ephesians 4:26-32;

In your anger do not sin. Do not let the sun go down while you are still angry, and do not give the devil a foothold. Anyone who has been stealing must steal no longer, but must work, doing something useful with their own hands, that they may have something to share with those in need.

The chaplain also indicated the importance of Acts of apostles: 16: 25-34 that illustrates importance of prayers, hope even when the situation is dire.

From the book of Galatians 5: 22-23, 34) the chaplain demonstrated that the verses are important in controlling emotions.

The fruits of the spirit are: love, joy, peace, patience, kindness, faithfulness, gentleness, self –control against such there is no law. Do not let the passion of your emotions lead to sin; do not let anger control you, do not steal, be industrious to earn an honest living [prison chaplain in charge of inmates]

The chaplain illustrations were pointing to emotional control, consistency and persistent in prayer to calm emotions that would lead to violence and anger.

A chaplain guiding inmates on the role processing positive emotions illustrated that using teachings on Mathew 5:4 and Philippians 4:6. Repentance involves feelings of sadness, mourning in confessing sins and selfishness at present, but season of judgment will end with sigh of happiness and joy.

According to the chaplain, after the preaching; one of the inmates jailed on crime of passion approached the chaplain and commented: The chaplain quoting the inmate said: *It is true now I'm seriously regretting, my past life on how I handled my emotions towards other people. I assumed other women lacked feelings, thoughts like mine. Revenge, jealous, hatred, anxiety ungratefulness prevailed in my life over my spouse... Attacking women close to my spouse was normal. I committed murder.....allowed my emotion , passion to prevail at all cost..... ...looking forward that will be pardoned. Have learnt controlling emotions in all situations is important.* [Prison chaplain]

The chaplain illustrations were pointing to emotional control, consistency and persistent in prayer to calm emotions that would lead to violence and anger.

The chaplain after the preaching on Mathew 27: 38, one of the inmates jailed on crime of robbery with violence spoke to the chaplain appreciating the sermon delivered. The following is a comment from the inmate: The chaplain quoting the inmate said:

I thought God favored other people except me. ...was jealous of what men possessed; ... Since my childhood men were animals; disliked working. My mother was murdered by a man in the streets grew up with other two sibling in the streets ...prostitution and abusing drugs ...hated men drugged them, steal money and clothes, shoes from men After 28 years in the street.....strangled, drugged..... caused death. Now there is

salvation my heart is at peace. There is forgiveness Jesus forgave the robber at the cross. There is hope forwardThere is forgiveness. [Prison chaplain]

In another illustration by prison chaplain to the inmates on how to guide emotion control; following to comment on verses from the bible were read to provided positive emotional regulation, forgiveness in life: Ephesians 4:26-32;

In your anger do not sin Do not let the sun go down while you are still angry, and do not give the devil a foothold. Anyone who has been stealing must steal no longer, but must work, doing something useful with their own hands, that they may have something to share with those in need.

The chaplain also indicated the importance of Acts of apostles: 16: 25-34 that illustrates importance of prayers, hope even when the situations are dire.

From the book of Galatians 5: 22-23, 34) the chaplain the verses are important to learn controlling emotions.

The fruits of the spirit are: love, joy, peace, patience, kindness, faithfulness, gentleness, self –control against such there is no law. Do not let the passion of your emotions lead to sin; do not let anger control you, do not steal, be industrious to earn an honest living [prison chaplain in charge of inmates.]

This concurs with the prison chaplain on inmate' behaviour management based on forgiveness and thought reframing; an inmate had the following to disclose to the prison chaplain. As reported by the chaplain:

'I disliked forgiving my husband or children when they go wrong.....sign of weakness, felt I'm imperfectwas full of anger bitterness and revengechronically angry never forgiving, impulsive thoughts.....had no stable relationship with the opposite sex, children

deserteddisturbing thoughts....depressed...had to be tough forcing things, Abused hard drugs.....arson attempt. [Interview guide from chaplain]

During a counselling session, a female inmate also contributed her personal feelings and thoughts on her past life and crime that landing her in prison. This was narrated by the counsellor without disclosure of the client.

On suspicion of my husband infidelity, prepared havocto invoke fear on him.....locked him out of our the house.....co-accuser attacked him.. unconsciousnow regret ... the matter could have been discussed, I was used to quarreling, shouting bullying poor men.....now I challenge my thoughts he was caring, , I regret,he was the father of my children [prison counsellor interview guide]

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to evaluate the influence of cognitive restructuring strategies on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya. This chapter summarizes on the key findings of the study. The researcher draws the implications of findings from the research objectives of the study. The conclusions, recommendations and suggestions for further research are also presented.

The study was guided by five objectives as follows:

- i. To identify intermittent explosive disorder traits among female inmates towards male partner violence in selected women prisons, Kenya.
- ii. To evaluate the influence of reframing on intermittent explosive disorder among female inmates.
- iii. To examine the influence of problem solving on intermittent explosive disorder among female inmates.
- iv. To assess the influence of self-monitoring on intermittent explosive disorder among female inmate.
- v. To examine the influence of emotional regulation on intermittent explosive disorder among female inmates.

The study was based on the following hypothesis:

Ho1: There was no statistically significant influence of reframing on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho2: There was no statistically significant influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho3: There was no statistically significant influence of self-monitoring on intermittent explosive disorder among female inmates' violence towards male partner in selected women prisons, Kenya.

Ho4: There was no statistically influence of emotional regulation on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya

It is from the above objectives and hypothesis that the following summary, conclusions and recommendations are based.

5.2 Summary

5.2.1 Summary on identifying intermittent explosive disorder traits among female inmates' violence towards male partners violence.

Objective One, was to identify intermittent explosive disorder traits among female inmates towards male partner violence in selected women prisons, Kenya.

The results were presented on table 10, which shows that majority of the inmates had intermittent explosive disorder traits. The findings of the study noted that violence and aggression were the main impulsive indicators of intermittent explosive disorder. This positively affected the level of reframing on frame shift, target thought and evidence of thought. Deanson et al. (2019) and Coccaro et al. (2020), observed that higher levels of aggression inhibited feelings of defeat during conflicts; suppressing positive emotions and cognitions. According to the study, aggression and violence empowered the inmates to create self-confidence, tenancy for endurance and self-defense in decision making. Yelling and intimidation indicators of IED are associated with anger, aggression; low

levels of framing shift and evidence of thought prevailed among the inmates. Oyedirani, Spencer and Stith (2023), noted that women released emotions through yelling and indications of irritability to dominate and intimidate others. This behaviour provides the opportunity to refocus, shift cognitions and selecting a behaviour strategy for hedonism enjoyment. This is selfish satisfaction lacking compassion and feelings of male partners. The findings of the study revealed that the more the aggression, the less the cognition ability to make rational decisions, leading to more violence (Baker, et al., 2020). Other characteristics of IED in the research findings, indicated that majority of the inmates had racing thoughts. According to Weiner, et al. (2019), racing thoughts are over production of thoughts with mental restlessness, thoughts of remorse or guilt and episodes of disturbing behaviour towards other people. Racing thoughts are related to levels of mental disorders such as: attention deficit disorder, compulsive disorder, anxiety disorder and psychotic disorders. The research findings indicated high levels of intimidation among the inmates with consequences of assertiveness, threatening male partners to remain dependent in a toxic relationship (Bates, 2020)

5.2.2 Summary on the influence of reframing on intermittent explosive disorder among female inmates.

Objective two, was to evaluate the influence of reframing on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya. The results on the findings are presented on table 12. The findings showed non-significant positive relationship between reframing and intermittent explosive disorder. This means, the more increase in intensity of reframing; the more the increase in rage, irritability, racing thoughts, violence, aggression, yelling and intimidation. The independent variable (cognitive restructuring strategies) and dependent variables (intermittent explosive disorder) had no real impact on each other. Although

there is much evidence on the relationship, this could have happened by chance. Other environmental, behaviour and biological factors may have influenced both variables. Therefore, the null hypothesis that there is no statistically significant influence of reframing on-intermittent explosive disorder, was rejected.

In counselling therapy, reframing is used to assist a client to shift the mindset and develop techniques of looking at a situation from a different perspective; examining problems as challenges to be overcome. This is done by avoiding intrusive negative thoughts and replacing them with positive thoughts. Reframing avoids judgmental thoughts, lack of self-acceptance and control reactions. Negative thoughts should be reframed to mean positive thoughts to approach life with idea that the best is going to happen. Reframing negative thoughts keeps off anxiety and stressful thoughts that cause low self-esteem and despair in life.

The therapist guides the client to generate options to seek solutions which facilitate positive change in life. Using therapeutic techniques, the therapist is able to help the clients to find psychological balance to deal with challenges facing them. Reframing thoughts also provides a challenge on negative thoughts; evaluation of the evidence of thought, check, examine reality of beliefs and thoughts in a situation. This creates confidence in the client, to believe in themselves, complete tasks and achieve positive goals in life.

5.2.3 Influence of Problem Solving on Intermittent Explosive Disorder

Objective three, was to examine the influence of problem solving on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya.

The study revealed that there was a statistically non-significant negative relationship between problem solving and intermittent explosive disorder. The increase in intensity

on problem-solving skills, the lower the severity of intermittent explosive disorder. The more the use of problem-solving strategies, the less the impact of intermittent explosive disorder among the inmates. This means, when the problem solutions are in place, the less impact of IED symptoms in behaviour. This concurs with Ireto-oscar and Bamidele (2020), that problems are solvable when thoughts are refocused to avoid violence and aggression. This is done by defining the problem clearly, generate alternatives by selecting solutions and interventions towards the problem.

In counselling therapy, problem solving is a technique to guide the client to solve problems by establishing positive therapeutic relationship that encourage optimism and self-awareness(Nelson- Jones 2022). This improves individual ability to cope with stress, anxiety and to promote self-efficacy. The therapist helps the clients to see the problems as challenges that could be overcome; replace negative thinking with positive thoughts. For example, the client is guided by therapist on how to replace negative thoughts with positive ones, taking one problem at a time. This reduces feelings of defeat and incidences of mental health disorders. To do this, the client is encouraged take time to examine the root cause of the problem, take steps to devise the plan and how to seek solutions. The therapist instills optimism and confidence to the client to see the problems as part of life and there is a solution to every challenge Wallen et al. 2021). Use of restructuring techniques such as relaxation exercises, meditation to manage stress are important to simulate the brain to allow memory retention; retrieval of information in decision making to solving problems in life. (Kaltsouni et al.,2021).

5.2.4 Evaluation of self-monitoring on intermittent explosive disorder

Objective four, was to evaluate the influence of self- monitoring on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya.

The findings of the study indicated that there was a statistically non-significant negative relationship between self-monitoring and intermittent explosive disorder. The presence of self-awareness, identification of negative/positive thoughts, identifying the target behaviour and focusing on tasks caused decreased in severity of intermittent explosive disorder. According to the findings of this study, majority of the inmates had ability to identify the target behaviour void of intermittent explosive disorder towards male partners. Identification of negative / positive thoughts and focusing on tasks among the inmates enhanced evasion of intermittent explosive disorder in partner relationships. Therefore, the cause of intermittent explosive disorder among the inmates towards male partners may have been caused by other factors such as environmental and biological influences.

Self-monitoring is a technique used by a counselling therapist to teach clients on how to keep records, graphing medical progress towards treatment on achievement of behaviour change. The counsellor works with the client to identify the problem, set measurable goals based on behaviour and attitude that needs self-monitoring (Nelson Jones 2022). The counsellor also provides clear instructions and modeling on how to record the data graphically indicating changes in behaviour. This promotes behaviour change in self-health, evaluate alternative plans of actions, and increase the effectiveness of social interactions skills (Snyder, 1970). Self-monitoring techniques also present opportunities of regulating intensity of emotions, in various situations. (Cheong & Tucker, 2022). The techniques require individual control, attention, management of stress, prioritizing of activities, impulse control and emotional control. The client manages stress, prioritizes activities, time, and movement to accomplice the identified goal using a check list. Self-monitoring is important in increasing self-awareness of the self and the environment. To meet these targets of behaviour change, individual personality traits play a role in

managing stress, impulsivity, control of violence, anger and irritability in behavior (Craanen, 2013). For example, regular routine activities of self-monitoring in keeping food diaries, self-weighing, check blood pressure, blood sugar level would enhance individual confidence, self – efficacy and self-regulation in behaviour change. Accomplishment of such tasks depends on individual personality traits focusing on motivation to achieve the tasks. Self-monitoring is also important in improving relationships by developing adaptive behaviour for better communications and avoid conflicts (Lee et al; 2020)

5.2.5 Evaluation of Emotional Regulation on Intermittent Explosive Disorder

Objective five, was to examine the influence of emotional regulation on intermittent explosive disorder among female inmates' violence towards male partners in selected women prisons, Kenya.

The study findings revealed that there was statistically non-significant negative relationship between emotional regulation and intermittent explosive disorder, [$r(257) = -.059, p = .347$]; this means that with increase in self-awareness, modulating response and response to emotions there was lowering of intermittent explosive disorder in behaviour towards male partners.

According to the study findings, majority of the inmates had modulating response to suppress the negative emotions they were experiencing. However, deficit of self-awareness among most of the inmates, also indicated low levels of emotional intelligence to sustain positive partner relationship. Emotional intelligence is linked to high overall intelligent quotient responsible for individual emotional self-regulation, motivation, empathy and social awareness (Zhang et al., 2022).

Emotional regulation technique is used to control maladaptive emotions and direct them towards more acceptable behaviour. The therapist uses techniques targeting on treatment

of the distorted mindful thoughts; helping the client to focus on the causes of maladaptive emotions and how to overcome them. Intentional and flexible responses to deal with anxiety, anger, worry, rumination, self-criticism, sadness are employed by the therapist to overcome negative emotions. According Grecucci et al. (2020) and Ray-Yol et al. (2020); CBT therapist uses 16 sessions on response modulation by the client answering questions on; self-awareness based on Socratic questions on evidence support and causes of distorted thoughts and feelings.

Use of emotional modulation and cognitive reappraisal strategies forms the basis of regulating negative thoughts in therapy. However, according to a study carried out by Luminet et al. (2021), that presence of alexithymia traits influences individual emotions negatively. Despite the high percentage of inmates' emotional modulation response in the study; low percentage of self-awareness to adjust emotion modulation contrasted the same. The presence of IED traits among the inmates prevailed; negatively affecting partner relationship. Emotion regulation provides positive cognitive responses, such as hope, love, interest, joy compassion, and altruism (Fredrickson, 2009). Lack of emotional control perpetuates negative behaviours feelings and thoughts; damaging relationships and reputation (Patoilo, et al.,2021)

Other skills used by the therapist include: Psychoeducation, self-monitoring, mindfulness, and exposure to help the client control anger, and violence. The client accepts to learn skills of tolerance, mindfulness, performing physical exercises and avoiding fixating on a thought.

5.3 Conclusion

The purpose of this study was to examine the influence of cognitive restructuring strategies on intermittent explosive disorders among female inmates' violence towards male partners in selected women prisons, Kenya. According to the findings, on the

demographic characteristics of the inmates, majority of those involved in crime were in their early middle age; self-employed and having attained secondary school level of education. It was observed that majority of the inmate's marital status was single, with more than three children in their custody. The findings also indicated that majority of the inmates committed capital offence; hence, they were serving sentence of more than three years. The findings of the study also showed that financial problems caused the inmates to commit the crimes. The findings established that majority of the inmates were experiencing IED traits such as aggression, violence and racing thoughts. Demographic data indicated that majority of the inmates were willing to engage their thoughts to avoid problems; although they were struggling with suppressed emotions. It was also established that there was positive influence of cognitive restructuring strategies among female inmates experiencing symptoms of intermittent explosive disorder towards male partners. The study precisely examined the influence of intermittent explosive disorder, thought reframing, problem solving, self-monitoring and emotional control retrospectively among the sampled inmates. The study established the use of thought reframing to control rage, irritability, racing thoughts, violence, aggression yelling and intimidation; using frame shift, target thought and evidence of thought. According to the findings, the measuring tool on reframing indicated that the more the level of reframing increased, the more the level of IED increased proportionally. This is contrary to the view held in some cases that the more one thinks of solving a problem, the closer the solution. According to the findings, inmates knew there was a need to reframe thoughts, however, the possibility of denial of responsibility to execute the solution would prevail. The study findings indicated that problem solving strategy contributed positive behaviour change to overcome the influence of IED traits. Majority of the inmates were able to define the cause of problem, develop a plan and how to implement and evaluate the success of the

plan in life. The study findings also established that use of self-monitoring as a strategy was important to empower inmates overcome negative thoughts that prevented them from realizing their potentials in life. The presences of IED traits were overcome by developing positive thoughts, identifying a target behaviour and focusing on task to be completed. It studies also established that emotional regulation strategy had a low influence on the intensity of self-awareness than in modulating responses. Increase in emotion response decreased the severity of intermittent explosive disorder indicators such as rage, irritability, racing thoughts, violence, aggression, yelling and intimidation.

5.4. Recommendations of the Study

From the findings, this study recommends enhancement of psycho-education programs on thought reframing, problem solving, self-monitoring and emotion regulation. This would allow the inmates to learn on controlling their target thoughts, thought frame shift and how to augment their evidence of thoughts in various situations. The study found that majority of the female participants had indicators of violence and aggression in their personal characteristics. This is likely to affect the inmate's relationship among themselves and the prison management. The study recommends that training programmes on anger and violence management to the inmates, would be important in the prison institution and after incarceration to avoid recidivism. The training would also allow the inmates to overcome past traumatic memories and behaviour transference to the prison management and other inmates.

There is also a need for the Kenya Prison service department within the ministry of interior and coordination of national government to enhance courses on mindfulness to revamp counselling services among female inmates.

Use of physical exercises such as jogging, walking, dancing, in prison institutions to reduce anxiety and depression would be important. Exercises would enhance the brain to release hormones to trigger happiness and distract the mind from negative thoughts.

5.5. Implications of the Findings of this Study

Findings of this study have the following implications.

5.5.1 Implications for the methodology

The data of the study were subjected to statistical analysis using descriptive and inferential methods of analysis to ascertain the relationship between the variables. Although some inmates had challenges in filling the questionnaire, earlier guidance on understanding the questionnaire was done to the inmates.

The results of the study build on the existing evidence body of knowledge that cognitive behaviour therapy provides tools to challenge negative thoughts, and how to override them with positive thoughts and actions for behaviour change. Use of cognitive restructuring techniques established that, past thoughts and present behaviour are connected irrespective of time, space in human behaviour.

The findings suggest that behaviour change depends on individual self-concept, environmental influence and personality traits. Despite the inmates finding themselves serving a jail term, majority continue to hold characteristics of behaviour maladjustment with high levels of aggression, violence and irritability; causing deficient of thought reframing in behaviour change.

Previous research studies focused on male violence towards women, this study focused on women violence towards male partners indicating that women could be as aggressive and violent as men in relationships.

5.5.2 Implications for policy and practice

The findings of this study revealed that cognitive restructuring strategies in counselling provide positive influence to deal with intermittent explosive disorder towards violence in relationships. It is against this background that makes this study viable dealing with intermittent explosive disorder. The prison department could put in place effective counselling programs using professional personnel to deal with inmates' mental health challenges.

Findings from this study indicated that prison counselling therapists need to assist the inmates on thought reframing skills to enhance rationality and positive thinking from different perspectives of life. The prison department needs to liaise with qualified psychiatrists, psychologists, community workers and counsellors to diagnose and classify inmates' causes of mental disorders for easier pharmacological and counselling treatment in the prisons. This would identify causes of intermittent disorders and treatment to avoid recidivism.

Implications for Theories

Social cognitive learning theory

Social cognitive learning theory played a vital role in this study on analyzing inmates' behaviour on reframing, problem solving, self-monitoring and emotional regulation. The elements of cognitive learning theory, such as observational, modelling process, indicated how individual attention, memory retention, reproduction of the behaviour contribute to affective behaviour reactions. Reinforcing positive behaviour improves the quality of relationship; consequently, reinforcement of negative behaviour causes deterioration of partner relationship. Negative behaviour in a partner relationship such as aggression, irritability, anger, violence may be influenced by biological or environmental factors. However, the inmate's presence of intermittent explosive disorder symptoms could have

been influenced by individual personality traits, physiological factors with deficit of thought reframing. This theory; however, fails to consider the influence of genetic conditions, age and mental health conditions to influence intermittent explosive disorder among the inmates; leading to committing crimes.

Self-Evaluation Theory: is important in this study to highlight the role of individual self-esteem in a relationship. Partners in relationship evaluate themselves by comparing their accomplishment to that of their partners. Partners comparing with each other performance may influences antagonism or happiness in the relationship. When it is a challenge to outdo each other; dissatisfaction, resentment, envy, rumination prevail in a relationship with dire consequences of low self-esteem. Success of the other partner may also intimidate the level of self -esteem of the partner (Harris, 2020). According to the findings in this study, aggression and violence, among the inmates was high, requiring cognitive restructuring strategies therapy to overcome low thought reframing; increase problem solving, self-monitoring, emotional regulation to maintain self-identity while celebrating their partner's achievements. Where self -evaluation reflection is balanced in a relationship; the impact of IED would be low to cause a negative impact in partner relationship. Presence of violence, anger and irritability in a partner relationship may be caused by envy of accomplishment by the partner in relationship.

5.6 Suggestions for Further research

The findings of this study revealed knowledge gaps, which require further research in the following areas:

- i. This study was conducted at maximum and medium women prisons in Kenya. A similar study could be replicated among male inmates in Kenyan prisons.
- ii. This study has established effectiveness of cognitive restructuring strategies in behaviour modification among female inmates. There could be a need to carry out

similar research using different variables, in different institutions, settings to enhance more knowledge on counselling therapy.

- iii. According to this study there has been little research carried out on intermittent explosive disorder especially on the sentimental processes of emotion regulation among women in Kenya. Further studies may be carried out to establish the influence of environmental factors on impulsivity behaviour among women.
- iv. Further studies would add more knowledge on intermittent explosive disorder among married couples using cognitive restructuring strategies.



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APPENDICES

Appendix I: Introductory Letter

To whom it may concern

I am a student at Mount Kenya University undertaking postgraduate degree in counselling psychology. I am carrying out a study on **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya**. I have sampled you to participate in my study. You are notified that the data that you provide in this study will only be used for this research. The researcher is aware of the ethics required in conducting a research and the sensitivity of the collected information. I, therefore request you to avoid writing any information that can reveal your identity.

Thanks in advance

Yours faithfully,

.....

Hellen Makena



Mount Kenya University

Appendix II: Informed consent for female inmates by prison Administrator /Guardian

Dear Sir/ Madam,

My name is Hellen Makena Kaluai. I am a PhD student in Counselling psychology at the Mount Kenya University, Thika. I am undertaking a research study among female inmates in Kenya prisons.

This is to request you to allow the female inmates sampled for this study to participate. The research seeks to obtain information on the **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya**. The research study is only to serve educational purposes. The female inmates will voluntarily participate in the study. The information they provide will remain confidential. . The inmates will be requested to fill only the questionnaire after debriefing by researcher. The researcher will ensure that the information provided will be treated with utmost confidentiality. The inmates are requested not to write their names on the questionnaire.

Looking forward to your assistance,

Your faithfully,

.....

Hellen Makena

Appendix III: Informed Consent for the female inmates:

Dear Respondent,

My name is Hellen Makena Kaluai. I am a PhD student in Counselling psychology at the Mount Kenya University, Thika. I am undertaking a research study among female inmates in Kenya prisons.

The research seeks to obtain information on the **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya.**

This is to request you to participate in this research that seeks to obtain information on Female inmate violence towards male partners. The research study is only to serve educational purposes. If you decide to participate in this study, you are only requested to fill a questionnaire. The researcher will ensure your information will be treated with utmost confidentiality. Do not write your name on the questionnaire. Participation in this research is voluntarily. Please give honest and correct answers to the questions asked in this questionnaire.

Having understood that there is no risk participating in the study; I am hereby accepting to participate.

In case of any in case of a complain regarding the study contact The Chairman, MKU IERC, P.O Box 342-01000, Thika.

Signature of participant Date...-----

Appendix IV: Informed Consent for the Prison warden

Respondent: designation

Dear respondent,

My name is Hellen Makena Kaluai . I am a PhD student in Counselling Psychology at Mount Kenya University. The purpose of this is to collect information on the **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya.**

The researcher is requesting to hold interview with you on female inmates' behaviour related to: their thoughts, problem solving, monitoring of thoughts, and regulating emotions.

The interview will be done within the prison compound. Your participation is voluntary. You are not required to reveal your personal details during the interview. The information received from you will be treated with utmost confidentiality; Your identity will remain anonymous. Your honesty in answering the questions will be important. Details on inmates will be used only for this study. All records you may avail for this interview ; information will remain confidential. The participants will not be rewarded.

In case of any complain regarding the study contact The Chairman, MKU IERC, P.O Box 342-01000, Thika.

Thank you,

Yours faithfully,

Hellen Makena.

Appendix V: Informed Consent for the Prison counsellor

Respondent: counsellor:

Dear respondent,

My name is Hellen Makena Kaluai . I am a PhD student in Counselling Psychology at Mount Kenya University. The purpose of this is to collect information on the **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya.**

The researcher is requesting to hold interview with you on female inmates' behaviour related to: their thoughts, problem solving, monitoring of thoughts, and regulating emotions.

Interview will be carried out within the prison compound. Your participation is voluntary.

You are not required to reveal your personal details during the interview. Counselling records on female inmates that you may refer to will remain as confidential information.

Any information on inmates' behaviour received from you will be treated with utmost confidentiality; your identity will also be kept anonymous. Your honesty in answering the questions will be important. Details on individual inmates will be used only for the purpose this study. All records you may avail for this study; information will remain confidential and will be used only for the purpose of this study. The participants will not be rewarded.

In case of any complain regarding the study contact The Chairman, MKU IERC, P.O Box 342-01000, Thika.

Thank you,

Yours faithfully,

Hellen Makena.

Appendix VI: Informed Consent for the Prison chaplain

Respondent: Chaplain,

Dear respondent,

My name is Helen Makena Kaluai. I am a PhD student in Counselling Psychology at Mount Kenya University. The purpose of this is to collect information on the **Influence of Cognitive Strategies on Explosive Disorder Among Female Inmates Towards Male Partners in Selected Women Prisons in Kenya.**

The researcher is requesting to hold interview with you on female inmates behaviour related to: their thoughts, problem solving, monitoring of thoughts, and regulating emotions.

Interview will be held within the prison compound. Your participation is voluntary. You are not required to reveal your personal details during the interview. Any information regarding the institution, inmates' behaviour and beliefs will remain confidential. This information will only be used for the purpose of this study. Your identity will remain anonymous. Your honesty in answering the questions will be important. The participants will not be rewarded.

In case of any complain regarding the study contact The Chairman, MKU IERC, P.O Box 342-01000, Thika.

Thank you,

Yours faithfully,

Hellen Makena

Appendix VII: Questionnaire for Female Inmates

This questionnaire will be attempted by female inmates from Thika and Langata prisons.

The questionnaires will seek to establish effectiveness cognitive restructuring strategies

on IED among female inmates towards male partner violence in women prison, Kenya.

The questions will be based on the exploring the impact of cognitive restructuring

strategies on IED influencing factors such as: rage, irritability, and racing thoughts among

female inmates towards male partner's violence in women prison, Kenya.

Kindly answer the questions honestly and carefully following the guidelines provided.

The answers you give will be treated with utmost confidentiality; please do not write your

name. Please mark [✓] to the correct chosen answer.

Section A: Demographic characteristics of the inmates

1.How old are you? (Years)

- a) 18 to 29 years
- b) 30 to – 39 years
- c) 40 to 49 years
- d) 50 years or older

2) Type of work you used to do for a living.

- a) Business
- b) Farming
- c) Teacher
- d) Any other

3. What is highest level education attained

- a) None
- b) Primary school
- c) Secondary school

e) Tertiary education

4) Marital status:

a) Single

b) Married

c) Widowed

d) Divorced

5) Number of children under your care

a) None

b) More than three

c) More than six

6) Duration of sentence in (Years)

a) 6 months and below

b) 6 months –year

c) 1 year -3 years

d) 3 years and above

7) Which type of crime did you commit?

a) Capital offense

b) Drug abuse related

c) Financial crime

d) Physical fight and damage

e) Others specify

8) What influenced you to commit the crime?

a) Financial problems

b) Anger bust

c) irritability



- d) Poor Partner relationship
- e) Violence
- f) Influence of drug abuse
- g) Others specify.....
- 9) **What are possible ways of avoiding this type of crime you committed?**
 - a) Imagine of the consequences
 - b) Avoid scuffle
 - c) Avoid anger
 - d) Think for solutions to the problem
- 10) **Have you been experiencing emotion suppression?**
 - a) Yes
 - b) No



Mount Kenya University

Section B: Reframing Scale

Please mark (✓) in the box which best describes your agreement or disagreement on each of the following statements.

	Statement on reframing	Strongly Disagree	Disagree	Neutral	Agreed	Strongly Agreed
	Points	1	2	3	4	5
1.	I am aware of my thoughts					
2.	I can observe and identify my moods					
3.	I can evaluate the truthfulness and accuracy of my thoughts					
4.	I can challenge my negative thoughts					
5.	I can replace negative thought with positive thoughts					
6.	I consider evidence of a situation					
7.	I can look at the positive aspects of situation I am in					
8.	I can easily identify my distortions					
9.	I evaluate the evidence of my thoughts					
10	I avoid assumptions information, before I change my thoughts					

Section C: Problem Solving Scale

Please mark (✓) in the box which best describes your agreement or disagreement on each of the following statements.

	Statements on Problem Solving	Strongly Disagree	Disagree	Neutral	Agreed	Strongly Agreed
	Points	1	2	3	4	5
1.	I can identify a problem when am faced with situation					
2..	I able to analyze my problems critically for me to understand					
3..	I can use reliable information to evaluate a problem					
4.	I can think of several possible solutions to a problem					
5.	I can develop a strategy to solve my problem					
6..	I use flexible strategies to solve my problems					
7..	I am ready to use resources at my disposal to implement a strategy to solve my problem					
8.	I always monitor the progress of my problem-solving strategies					
9.	I always evaluate the results of my problem-solving strategies					
10.	I am resilient when I solve problems on my own					

Section D: Self-Monitoring Scale

Please mark (✓) in the box which best describes your agreement or disagreement on each of the following statements.

	Statement on Self-Monitoring	Strongly Disagree	Disagree	Neutral	Agreed	Strongly Agreed
	Points	1	2	3	4	5
1	I am less committed in relationships					
2	I keep a record on own achievements and					
3	I tend to focus more on self-help on my activities than expecting others to help me.					
4	I keep track of my own activities, new experiences to improvement.					
5	I strategize on my performance in my assignment					
6	I keep details of my activities and behaviours					
7	I do things aiming to do my best at all times					
8.	I change appearance and behaviour according to social environment					
9	I monitor my past behaviour to connect with the present.					
10	I can easily track my behaviour for further achievements					

Section E: Emotional regulation Scale

Please mark (✓) in the box which best describes your agreement or disagreement on each of the following statements. The scale indicates individual differences in negative and positive emotional regulation.

	Statement on Emotional regulation	Strongly Disagree	Disagree	Neutral	Agreed	Strongly Agreed
	Points	1	2	3	4	5
1.	I change the subject in my thoughts when I want to feel more positive emotion like joy					
2.	I keep my emotions to myself, calmly I 'self-talk'					
3.	I change negative emotions to avoid hurting my feelings					
4.	I always keep my positive emotions to myself					
5.	In case I have stressing issues, I meditate to keep calm					
6.	I walk away from hurting situations.					
7.	I change the way of thinking about an issue by thinking positively					
8.	Changing the way I think of my situation makes me control my emotions					
9.	I always avoid keep negative emotions to myself					
10	I accept emotions as they come, sort them change my way of thinking of my situation for me to feel less negative emotions					

Section F: Intermittent Explosive Disorder Scale

PART A; Please mark (✓) in the box which best indicate the frequency of aggressive behaviour experiences on each of the following statements.

	Statements related to aggressiveness (IED)	Never (zero)	Very rarely (Once)	Rarely (2 to 3times)	Frequent (4 to 9 times)	Very Frequent (10 or more times)	Always (Many times)
	Points	0	1	2	3	4	5
1.	I throw tantrums, shout,						
2	I often get involved in fights, , rage without provocation						
3.	I have verbal outbursts towards other people						
4.	I hardly sustain relationships						
5.	I have too many thoughts bust in my mind						
6.	I usually feel distress, panic for no reason						
7.	I easily get provoked,						
8.	I easily get irritated , destroy break things						
9.	I can hurt people, when in rage						
10.	I easily pick an argument towards others						

Appendix VIII: Interview guide for prison constables

1.(a) What are main causes of women imprisonment?

(b) What is the percentage of women inmates incarcerated on grounds of violence or cases related to lack of emotional regulation especially towards the male partners?

(2.a) Which age group is likely to be the majority in cases involving violence/outburst towards male partners?

b) Highlight the social status of women inmates referred (b) above
.....

3.(a) In which ways does the female inmates display attitudes of intermittent explosive Name some of the programs the prison administration has put in place to provide behaviour reformation towards anger and out busts among female inmates.
.....

(b) How long (time) does it take to note behaviour change among the inmates?
.....

4) Explain ways and means of treating mentally sick female inmates.
.....

5(a) In what ways do female inmates show attitudes of changing behaviour through: reframing thoughts, problem solving, self- monitoring and emotional regulation while in prison?

b) What percentage of women inmates under your care suffer from mental disorders?

c) In what ways the prison administration engages the female inmates to modify behaviour and appreciate self-autonomy?

Appendix IX: Interview guide for Counsellors.

1.State physical and psychological signs of reframing of thoughts among female inmates towards male partner violence?

.....

2.What type of cognitive appraisal strategies used towards the female inmates to explore their emotions and to restore mindfulness?

.....

3.What type counselling techniques employed to educate female inmates on the use of cognitive problem-solving strategy? How many sessions does this take?

.....

4.What is the evidence of problem solving among female inmates?

.....

5.How do you use self-monitoring cognitive strategy to educate, train the female inmates against violent behaviour towards male partners?

.....

6.Are there mental disorders/illness displayed by the female inmates? How do you deal with this?

7.Are there types of cathartic tools to help the inmates suffering from post-traumatic stress disorder?

Appendix X: Interview guide for prison Chaplains

1. What is the influence of religious beliefs towards emotional control on intermittent explosive disorder among female inmates?
2. What programs do you put in place to guide the female inmates on emotions control towards male partner violence?
3. What type of emotional symptoms displayed by the female inmates suffering from Impulsive anger. How do you guide the institution on handling such cases
4. In what ways emotional disturbances affect the behaviour female inmates?
5. What are the religious techniques used to deal cognitive distorted thoughts among the female
b. inmates?
6. Explain various types of rehabilitations to influence female inmates' behavior change
7. Are there religious techniques to enhance the female inmates develop a self-esteem?

Appendix XI: ERC MKU Letter



REF: MKU/ISERC/2293

Date: 21 July 2022

TO: HELLEN MAKENA KALUAI

REG: PHDCP/2018/366673

Dear Sir/Madam,

RE: EFFICACY OF COGNITIVE RESTRUCTURING STRATEGIES ON INTERMITTENT EXPLOSIVE DISORDER AMONG FEMALE INMATES' VIOLENCE TOWARDS MALE PARTNERS IN SELECTED WOMEN PRISONS IN KENYA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **1366**. The approval period is **21/07/2022 - 20/07/2023**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research.portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

Dr. Peter G. Kirira
Chairman, Mount Kenya University ISERC

The Chairman
Mount Kenya University
Review Committee
P. O. Box 342-01000, Thika

Appendix XII: Introductory letter



DIRECTORATE OF GRADUATE STUDIES

PHDCP/2018/36673

16th August, 2022

*The Director, Research Coordination Division
National Commission for Science, Technology & Innovation
Utalii House, 8th & 9th Floor
P.O Box 30623- 00100
NAIROBI*

Dear Sir/Madam,

RE: HELLEN MAKENA KALUAI - REGISTRATION NO. PHDCP/2018/36673

The purpose of this letter is to introduce the above named student who is pursuing Doctor of Philosophy in Counseling Psychology in the Department of Psychology in the School of Social Science.


The title of her research is *"Efficacy of Cognitive Restructuring Strategies on Intermittent Explosive Disorder among Female Inmates' Violence towards Male Partners in Selected Women Prisons in Kenya."*

She has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data for her research between **August, 2022 and February, 2023.**

Any assistance accorded to her will be highly appreciated.

Thank you.

For


Dr. Samuel M. Karengi, Ph.D.
Director, Graduate Studies
Enc.

Appendix XIV: Letter from Ministry of Interior and National Administration state department of correctional services Kenya Prison Services



**MINISTRY OF INTERIOR AND NATIONAL ADMINISTRATION
STATE DEPARTMENT OF CORRECTIONAL SERVICES
KENYA PRISONS SERVICE**

Telegrams: "COMPRISONS", Nairobi
Telephone: +254-20-2722900-6
Fax: +254-2-2714716
Email: commissioner.prisons@gmail.com
When replying please quote
Ref No. PRIS 1/122/VOL XIX/30



PRISONS HEADQUARTER
P.O. BOX 30175-00100
NAIROBI

Date: 7 November 2022

Hellen Makena Kaluai
Mount Kenya University
P.O. Box 342
NAIROBI



RE: AUTHORISATION TO CONDUCT ACADEMIC RESEARCH.

We acknowledge receipt of your letter requesting approval to conduct an academic research for your PhD in Counseling Psychology studies titled "*Efficacy of cognitive restructuring strategies on intermittent explosive disorder among female inmates violence towards male partners in selected women prisons in Kenya*"

It is noted that the research will assist the Prisons Department in improving our rehabilitation programs. This is therefore to inform you that your request has been approved.

You will be allowed to access Langata Women Maximum Security Prison and Thika Women Prison for your data collection. The data collected must be used for academic purposes only. You are also required to provide the Prisons Headquarter with a copy of your research findings at the end of your research.

By a copy of this letter, the Officers in Charge Langata Women Maximum Security Prison and Thika Women Prison are requested to accord you the necessary assistance during your research period.

**HASSAN S. BUGU, ACGP
FOR: COMMISSIONER GENERAL OF PRISONS**

- Cc.
Officers in Charge
1. Langata Women Maximum Security Prison
 2. Thika Women Prison

**Appendix XV: Authorization letter from Ministry of Interior & coordination of
Government Kenya Prison Services headquarters**

**MINISTRY OF INTERIOR & CO ORDINATION OF NATIONAL
GOVERNMENT
STATE DEPARTMENT OF CORRECTIONAL SERVICES
KENYA PRISONS SERVICE**

Telegrams: "COMPRISONS" Nairobi
Telephone: +254 02 2722900-6
E-mail Comprisons@yahoo.com
When replying please quote

PRISONS HEADQUARTERS
P.O. BOX 30175-00100
NAIROBI



Ref.No PRIS 10/1/VOL X/22

DATE: 18th June, 2021


Mount Kenya University
Department of Psychology
P.O Box 342 – 01000
Thika.

Re: FEMALE, STAFF MEMBERS AND INMATES FOR STATTTICAL DATA .

I am in receipt of your letter dated 08TH /06/2021 on the above.

The population numbers on prison staff members, counselors, religious officials and female inmates at Langata and Thika women is as follows:

STATION	NO.STAFF MEMBERS	NO. COUNSELLORS	NO.CHAPLAINCY	CONVICTED PRISONERS OVER 3 YEARS
LANGATA WOMEN	605	8	14	539
THIKA	167	3	5	75


MARY KHAEMBA (MRS), OGW
DIRECTOR OFFENDER CORRECTION & REHABILITATION
FOR: COMMISSIONER OF PRISONS

Appendix XVI: Authorization letter from Kiambu County



OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT
COUNTY COMMISSIONER, KIAMBU

Telephone: 066-2022709
Fax: 066-2022644
E-mail: countycommkiambu@yahoo.com
When replying please quote

County Commissioner
Kiambu County
P.O. Box 32-00900
KIAMBU

Ref.No: ED.12 (A)/1/VOL.V/147

1ST SEPTEMBER, 2022


Ms. Helen Makena Kaluai
Mount Kenya University
Department of Psychology
P.O. Box 342-01000
Thika.
Tel. No +254709153000
Email: psychology@mku.ac.ke


RE: RESEARCH AUTHORIZATION

Reference is made to National Commission for Science, Technology and Innovation Letter Ref No. NACOSTI/P/22/19915 Dated 25th August, 2022.

You have been authorized to conduct research on "**EFFICACY OF COGNITIVE RESTRUCTURING STRATEGIES ON INTERMITTENT EXPLOSIVE DISORDER AMONG FEMALE INMATES' VIOLENCE TOWARDS MALE PARTNER IN SELECTED WOMEN PRISONS, KENYA.**" The data collection will be carried out in, **Thika West Sub-County, Kiambu County for a period ending 25th August, 2023.**

You are requested to share your findings with the County Education Office upon completion of your research.


Festus Kimeu
FOR: COUNTY COMMISSIONER
KIAMBU COUNTY

Cc  National Commission for Science, Technology and Innovation
P.O. Box 30623-00100
NAIROBI

County Director of Education
KIAMBU COUNTY

The Deputy County Commissioner
THIKA WEST SUB-COUNTY

"Our Youth our Future. Join us for a Drug and Substance free County".

Appendix XVII: Authorization letter from Nairobi County

NAIROBI CITY COUNTY

Telegraphic Address
Email: info@nairobi.go.ke
Web: nairobi.go.ke



CITY HALL ANNEXE:
P.O. BOX 30298 GPO – 00100.
NAIROBI, KENYA

EDUCATION, SOCIAL SERVICES & GENDER

Ref: GL/NC/141/VOL VII/27

6th September, 2022

Hellen Makena
Mount Kenya University

RE: RESEARCH AUTHORIZATION

Following your application to carry out Research and Subsequent approval by National Commission for Science, Technology and Innovation vide letter Ref: NACOSTI/P/22/19915 dated 1st September 2022;

I am pleased to inform you that authority has been granted to you to carry out research on *"Efficacy of Cognitive Restructuring Strategies on Intermittent Explosive Disorder among female inmates' violence towards male partners in selected women prisons in Nairobi – Kenya* for the period ending 1st September, 2023.

On conclusion of the study, you are expected to submit a copy of the research findings to the undersigned:

A handwritten signature in black ink, appearing to read 'Raphael K. Kinyungu'.



RAPHAEL K. KINYUNGU
DEPUTY DIRECTOR PROJECTS, PARTNERSHIPS, POLICY & PLANNING.

Copy to: Chief Officer – Education, Social Services & Gender

"The City of Choice to Invest, Work and Live in"

**Appendix XVIII: Authorization letter from regional director of education Nairobi
County**



Republic of Kenya

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Telegrams: "SCHOOLING", Nairobi
Telephone; Nairobi 020 2453699
Email: rcenairobi@gmail.com
cdenairobi@gmail.com

REGIONAL DIRECTOR OF EDUCATION
NAIROBI REGION
NYAYO HOUSE
P.O. Box 74629 – 00200
NAIROBI

When replying please quote

Ref: RDE/NRB/RESEARCH/1/65 Vol.1

Date: 6th September, 2022

Miss Hellen Makena
Mount Kenya University

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from the National Commission for Science, Technology and Innovation regarding research authorization in Nairobi County on the topic: **"Efficacy of Cognitive Restructuring Strategies on Intermittent Explosive Disorder Among Female Inmates Violence Towards Male Partners in Selected Women Prisons in Kenya."**

This office has no objection and authority is hereby granted for a period, ending 1st September, 2023 as indicated in the request letter.

**ANTHONY MBASI
FOR: REGIONAL DIRECTOR OF EDUCATION
NAIROBI.**



Copy to: Director General/CEO
National Commission for Science, Technology and Innovation
NAIROBI.



Appendix XIX: Sampling Criterion for Female Inmates with Symptoms of IED

The research assistant will be trained on how to identify the following among female inmates from the target population.

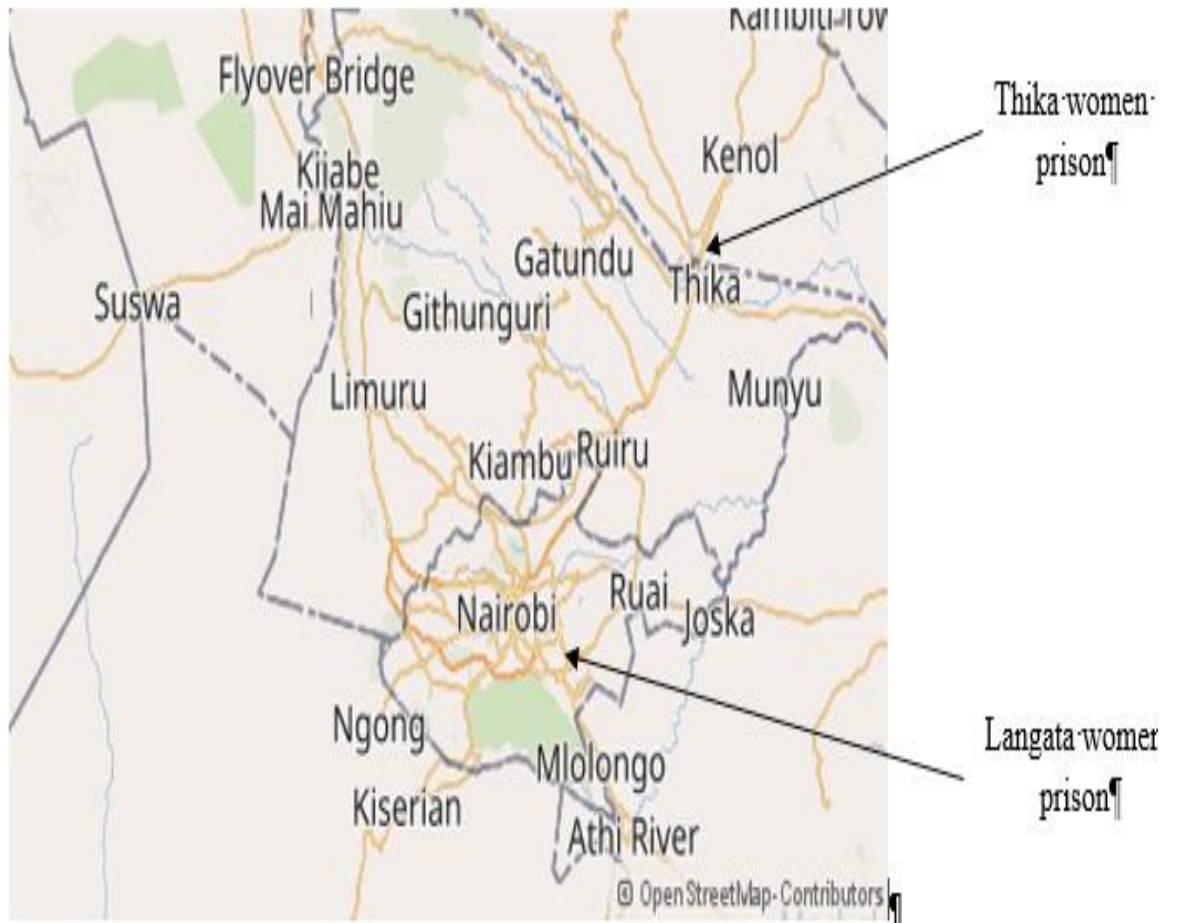
A. The following is IED criterion according to DSM5 312.34(F63.81)

1. impulsive and aggressive acts with physical or verbal acts- not premeditated
2. Outburst, rage, irritability triggers not proportionate to the cause of the stress, resulting to violence which not accounted for any other disorder with destruction of property or life; happening twice a week for at least three months in a year leading to social impairment.
3. Commodity disorders such as depressive disorder with substance abuse, post-traumatic stress disorder, personality disorders: borderline, antisocial.

B. psychological evaluation and history

1. History of treatment on: mood disorders, persistent depressive disorder, anxiety, deviance, dysfunctional distress and dangerous acts of aggression not accounted for by another disorder.
2. Family history with members suffering from above symptoms.

Appendix XX: Study Area



Mount Ken

Appendix XXI: Similarity Index

Hellen Makena

INFLUENCE OF COGNITIVE STRATEGIES ON EXPLOSIVE DISORDER AMONG FEMALE INMATES TOWARDS MALE ...



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Research



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