

Examination Of The Influence Of Problem Solving On Intermittent Explosive Disorder Among Female Inmates' Violence Towards Male Partner In Selected Women Prisons, Kenya.

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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 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 guides from the prison key informants. Target population 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. 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. 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.

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I.Introduction

Women's Intermittent Explosive Disorder (IED) among various communities and families has long been dismissed as a ridicule, non-effective and hysterical state of expression especially towards men. Women IED takes place when unable to control aggressive impulse resulting into assaultive crime in a relationship. Mati (2022), citing (Banarjee, 2014), on women criminality; the role of the criminal justice societal norms influences women to be victims or perpetrators.

Tshone, Olutola, Bello and Mofokeng (2020), carried a study on the Domestic violence against men in South Africa. The findings indicated that men were emotionally abused than physical. Men experience verbal, financial and physical abuse from their spouses. Men were timid to report this violence since is culturally assumed men are the culprit

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 towards male partners in relationship. As a result of prolonged silence, male partners develop low self-control, low emotional control and lack of problem-solving abilities that are likely to inspire violent action. The study revealed that women with hidden anger lacked agreeableness, commitment, intentions of maintaining and protecting their relationship without incidents of violence.

Mongare et al. (2018) carried out a study on female violence towards men in Kiambaa, a sub county Kiambu county Kenya. The study found that men were abused due to lack of economic resources, inability to provide to the family. To solve issues related to violence in the family, Kiambu County authorities suggested problem solving, thought reframing and emotional regulation as guidance to avert women violence against men in the family. According to findings of this study, emotional regulation among women was paramount in anger and violence control among partners in Kenya Monagare et al.(2018).

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 feelings to defend and sustain their own power and control over women in the society. Men pretend to be strong; giving silent treatment to avoid further judgment

and harm (Phoenix, 2019). Although under the Universal Declaration of Human rights, United Nation Organization and Kenya Bill of rights profess protection and equality; this is mostly skewed towards men seen as perpetrators. In many communities, women are viewed as innocent, requiring protection against men.

II.Literature Review

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 to improve and solve problems related to depression, anxiety, stress, PTSD and 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), analyze 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 working on what is working, how the client would like her life to be; void focusing on the past and the origin of the question. 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 questions towards client to prompt therapeutic imaginative state that the problem at hand has either been solved or improved. The miracle question explores the clients hidden feeling and thoughts in the existing problem(Dobson, 2024).

According to Nezu A., Nezu C , Damico and Gerber (2023), deficit of efficient 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, group and guided self-help different types of groups such as children, adolescents , elderly and patient with comorbid medical disorders.

According (Nezu A.et al,2023; Brostorom et al.,2021) 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. Use open discuss among the adolescence. On a similar study ,Iretor-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, Abad, etal. (2021), on study evaluated bipolar disorders in relationship using CRS on use of psychoeducation group training; problem solving among women abused by

bipolar spouse. The intervention was based on self-monitoring, functional thinking, sharing, self-assertiveness, and navigating daily stressors of life. The conclusion was that problem-solving skills training interventions can help decrease experience of bipolar spouse abuse.

Use of problem solving would be important to medical practitioners in Kenya to reduce costs of treating depression and stress through use of pharmacological treatment when necessary

III. 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 using questionnaires. An Ex Post facto research design was used in this study because the independent variable Cognitive Restructuring Strategies (CRS) and the dependent variable Intermittent Explosive Disorder (IED) are already manifested in the inmates. The researcher conducted the study in two women prisons in Kenya, Langata and Thika women prisons, Kenya. 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 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. The study employed a stratified random sampling technique where a proportionate sample size was used to determine the inmate sample size. Convenience sampling was used by the researcher to recruit the key informants, this was according to the duty roster of the day. Data collection tools for the study were questionnaire for the inmates and an interview schedule for the prison constable, chaplains and counsellors. The data collection instruments were a questionnaire for the sampled female inmates. The questionnaire gathered information on independent and dependent variables indicators according to the study objectives.

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. The researcher sought approval from the school of Social Sciences, Mount Kenya University and National Commission for Science, Technology and Innovation (NACOSTI).

IV. Research Findings And Discussions

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 1: 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 2: 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 and implement them, evaluate the action plan to be undertaken. Therefore, the relationship between problem solving and intermittent explosive disorder could be caused by personality disorder and not a 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 3.

Table 3: Problem-Solving on Intermittent Explosive Disorder

			Intermittent Explosive Disorder Indicators							Total
			Rage	Irritability	Racing thought	Violence	Aggression	Yelling	Intimidation	
Problem Solving Indicators	Problem definition	Count	0	0	4	11	7	3	5	30
		% within Problem Solving Indicators	0.0%	0.0%	13.3%	36.7%	23.3%	10.0%	16.7%	100.0%
		Count	6	4	29	39	45	13	21	157

	Development of plan implementation	% within Problem Solving Indicators	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 Problem Solving Indicators	10.0%	2.9%	17.1%	11.4%	21.4%	24.3%	12.9%	100.0%
		Count	13	6	45	58	67	33	35	257
Total		% within Problem Solving Indicators	5.1%	2.3%	17.5%	22.6%	26.1%	12.8%	13.6%	100.0%
		Count	13	6	45	58	67	33	35	257

Source: Researcher, 2023

Table 3 indicates that 13.3% of participants with 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 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.

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 4.

Table 4: Correlations of Problem-Solving and Intermittent Explosive Disorder

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

Source: Researcher, 2023

Table 4 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 (problem definition, development of plan implementation, evaluation of the action plan), 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 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 is a cognitive behavioural intervention strategy, focusing on solving problems caused by stress and mental pain in life. It is self-directed cognitive behavioural 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 and improve thoughts to overcome and manage challenges in life. Problem solving requires identification of the problem, developing the solution, put up strategy and allocate the mental cognitions and physical resources for solving the problem. Although the use pharmacology may provide relieve to mental disorders; problem-solving therapy alone without use of drugs has been used to

relieve mental distress by analyzing causes of the problem, attempt to seek solution and make observation of self-regulation rules 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 without giving advice. The therapist empathizes with the client; remains nonjudgmental, to allow the implementation of the plan. 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 problems 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 and a working memory to identify and develop solutions towards the required target. Therefore, individual intellectual abilities provide avenues of solutions, setting goals to and how execute them. However, not all problems are challenging, when necessary, steps are followed to arrive to viable solutions.

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 more 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:” I have the ability to solve this problem; I will tackle one piece of the problem at a time”. However, lack of knowledge and inaccurate information, fixated ideas may negatively affect the implementation of problem solving in a situation. Therefore, the process of problem solving requires individual commitment and confidence. 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.

To evaluate the action plan in problem solving therapy, Nezu, et al. (2012), indicated that client should view the problem as an opportunity to change situations, acquire new experiences and stand above the challenges by finding solutions. This requires a sense of efficacy, time and effort to achieve results. Poor decision making is bound to take place among irritable, intimidating, violent people.

According Keilholt and Spencer (2022), irrational reasoning hinders solving of a problem efficiently and systematically. Stages to solve a problem would be considered as: defining the problem, generating a solution, brainstorm, strategize, evaluate the solutions, choose the solution and implement it. For example, having a plate of chips without a fork to use; may denote that lacking a fork is a problem requiring solution. Strategizing on using immediate available tools; like a tooth pick, to pick chips from the plate would solve the problem. Working heuristically provides simple approach of narrowing down options of new ideas and solutions in state of mental calmness. This creates actions of solving problems fully engaging the cognitive abilities to manage the situation at hand.

Mehmet Eskin (2012), on problem solving among patients in a clinical practice concurs with the findings of this study individuals displaying violence acts, yelling and aggressive are likely to experience deficit of individual perceptions interpretations towards partner relationship; leading to strained relationships. 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 them. 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, this requires selecting the right moment and environment to proactively generate new ideas to solve problems to 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. The patients lacked the ability to appreciate, regulate emotions to adhere to the action plan on how to be assisted by the nurses. The mentally sick patients lacked attention, commitment to execute instructions given to carry out the action plan as provided 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 using problem solving therapy and behavioural activation, the results indicated both therapies completely relieved depression. However, Cuijper et al.(2018), found that use of both problem solving and pharmacology were more effective when the patients and the therapist made problem solving plan with the patient.

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 by exploring solutions from the underlying psychoanalytical causes. 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, 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, the presence of anger, violence and intimidation towards other people hampered the achievement and implementation of the actions to solve problems. Therefore, 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 solution in a relationship. Individuals with low intelligence, abuse of drugs and maladjusted behaviour interfere with the process of identifying, analyzing and implementing of a plan to solve issues. 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 making assumptions, negative thoughts and harboring irrelevant information that is focused on hindering possibilities

A study using problem solving therapy among prisoners in Netherlands, on how to modify anger, moral development and mindfulness concluded that the inmates came up with solutions on how to overcome prison loneliness and anger by engaging in physical activities in the prison compound, such as (Brouwer, 2020).

From DSM 5; relationship between irritability and depressive disorders are usually common with comorbidity of maladaptive behaviour. Such behaviour are likely to interfere with individual abilities in decision making and relationships. Therefore, the findings of this study indicate that the inmates with intermittent explosive disorders suffered poor judgmental skills towards the male partners. The presence 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 intermittent explosive disorder indicators cause lack of confidence to choose course of action, alternative problem solutions in strained partner relationship (Comack, 2021).

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 from 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]

V.Summary, Conclusions And Recommendations

Summary

It was also revealed that there was a statistically non-significant negative relationship between problem solving and intermittent explosive disorder, [$r(257) = -.029, p = .639$] with increase in intensity of problem-solving skills, lowering the severity of intermittent explosive disorder take place. The more the use of problem-solving strategies, the less the impact of intermittent explosive disorder among the female inmates. This means, when the problem solutions are in place, the less the impact of IED symptoms in behaviour. This concurs with Ireto-oscar and Bamidele (2020), indicated that problems are solvable when thoughts are refocused, avoid violence and aggression behaviour by defining the problem clearly, generate alternatives by selecting solutions and interventions.

In counselling therapy, problem solving is a technique used by therapist to guide the client on how to solve problems by establishing positive therapeutic relationship that encourage optimism and self-awareness. 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, when the client is guided by therapist on how to replaces negative thoughts with positive ones, by saying: "I can cope with the situation; I will take a part of problem at a time": This reduces the incidences and impact of mental health disorders and improves the wellbeing of the client. To do this, the client is encouraged take time to examine the root cause of the problem, take steps to devise the plan to solve the problem. The client is also encouraged be optimistic that problems are part of life and there is a solution to every challenge (Leahn et al.2012; Wallen et al. 2021). Use of restructuring techniques such as relaxation exercises, meditation and managing stress are important to simulate the brain to allow memory retention and retrieval of information in decision making. (Kaltsouni et al.,2021).

Conclusion

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.

Recommendation

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.

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