
DETERMINANTS OF PSYCHOSOCIAL ADJUSTMENT OF THE SURVIVORS OF ARSON ATTACKS IN KENYA. A CASE OF HIGH SCHOOLS IN NAIROBI COUNTY

¹ Lusambili M. ²Charles Kimamo, ³Gatumu H., ⁴ Muthami J.

¹⁻⁴University of Nairobi

Email: mlusambili@gmail.com, conkimamo@yahoo.com, hngatumu@uonbi.ac.ke, jmuthami@uonbi.ac.ke

ABSTRACT

Arson attacks, following riots in high schools, are a global phenomenon. In Kenya, school riots have a long history. The first incident was recorded in 1908 at Maseno high school. This riot was simply a boycott of classes. Ever since then, the nature of school riots have become increasingly violent including arsons that lead to death. More than a century ago, no remedy has been found. This study investigated the arson attacks of June and July, 2016. Several survivors who experienced trauma signs and symptoms remain undetermined; yet those survivors required psychological adjustment in order to return to mental health wellness and performance. The study, therefore, identified factors which would contribute towards psychological adjustment among the survivors. The persons of interest for collection of information were the students of form four in the schools which experienced arson attacks in Nairobi County. Self-revealing questionnaires were used in this exercise to gather information. The study embraced Social Support Theory because it seeks to establish relationship between social welfare and individual health.

Descriptive statistics, inferential statistics were utilized. Pearson Product Moment Correlation (r) then Stepwise regression approach was used to test correlations. The study revealed that many schools did not have safety and security measures, recreation facilities, security committees. The study also supported Social Support Theory.

Key words: Resilience, Psychological Adjustment, Arson Attacks.

INTRODUCTION

Arson attacks in high schools happen round the world. They are traumatic events and leave survivors with trails of psychological trauma. They impair the mental health-wellness and performance of the survivors, effectively rendering them powerless to work in a world of people. In order for them to return to normality, they will need psychological adjustment. In this regard, the study identified factors which lead to psychological adjustment, then, healing.

These factors include, and are not limited to, individual characteristics, personality, locus of evaluation, locus of control, organismic valuing, self-determination, culture of the survivors, social support (Family, Peer, religion) Principal's leadership style, parenting styles, parental personality and parental income.

APA (2018) defines psychological adjustment as the capacity to adapt well in the processes that will help survivors to overcome adversity and bounce back to normality. Meanwhile, Israel Traumatic Coalition defines Psychological Adjustment as mastering all odds to thrive against adversity and bounce forward (Dickens and Baun, 2020).

The Factors that determine psychosocial adjustment

Individual characteristics of a survivor in significantly reducing, mitigating, or controlling the psychological impact of arson attacks include, escaping the event, relocating to a new location as an alternative. Participation in non-competitive exercises, such as aerobics, jogging, walking, swimming, and riding a bicycle is recommended by physicians as the method of reducing tension and enhancing resilience. Individuals can also undertake relaxation exercises to reduce strain. Among these exercises are meditation, sleep, biofeedback, massage, yoga, tai chi, and music.

An appreciation of basic principles of time management, such as planning, do one thing at a time, delegating roles, learning to say no, organizing and protecting, “the part principle” that 20 percent of your time should produce 80 percent of your engagements, thinking of the expected outcome and avoiding distractions (Mcshane, 2019). According to the organizational behaviourists, individual characteristics have a direct appeal on the behaviour of their domains. One behaviourist, Mcshane (2019) asserts that each survivor is distinctive due to their backgrounds, surroundings, characteristics, and how they discern the sphere and others around them. They react differently to stressful situations. More importantly is interesting to note, however, some people advance stressful circumstances whilst others overcome (Mcshane, 2019). Mcshane advises that individual survivors of traumatic events have a personality that responds differently to stress.

Personality as a family term incorporates an individual's thoughts, attitudes, values, beliefs perceptions, behaviors, and emotions that define individuals and how they react to traumatic events. Researchers document that there are Type A and Type B personality traits. Type A individual is a person who is overly into aggression and overly bullies to acquire more and more within less timelines. They have the risk of getting heart disease.

Researchers (Naseen and Bibi, 2019) observe that Type A personality triggers heart diseases. A survivor of a traumatic event categorized as type A personality could well likely get the disease of a heart attack since he or she is prone to extreme pressure and anxiety. Characteristics of type A personally are among other things, compulsive in nature, forceful, competitive, aggressive, impatient, hostile, and obsessive behaviour (Naseen and Bibi, 2019). Meanwhile, type B personally is the opposite of Type A: It is calm flexible, and composed. A type B personally is, therefore, relaxed and sociable, and lean towards emotional stability. In general, they are calm and appreciated their limitation. Survivors of traumatic events of Type A personally are rarely ready to respond well to treatment and pacification. The researchers added type C as a consistent, controlled, calm cooperative, creative, and conflict-resistant personality. This type can foster resilience such as appreciation of life, relationships with others, and identifying new opportunities in life (Colier, 2016). Researchers have identified another personality, type D. This type is described as leaning towards negativity, among other things but not limited to, worry, irritability, gloom, isolation, lack of self-assurance; are easily swayed into mood swings and suicidal tendency. The letter D in this personality type is sometimes insinuated to represent disaster.

Personality, therefore, mediates survivors' response to consequences of traumatic events, such as arson (Naseem and Bibi, 2019).

Another concept that determines psychosocial adjustment is locus of control. Locus of control in cognitive psychology is often seen as an inherent personality trait. It is divided into two principles: Internal Locus of control and external locus of control. When a person has an internal locus of control, he/she will always think of prosperity as due to one's efforts and abilities. This individual ideally, is more likely to be motivated and keen to live. This becomes one's belief system, and attribute both his/ her success or failure to how they live. A person with an external locus of control will assign his achievement to sheer luck or fate and is less capable to embrace learning. These types of people experience anxiety since they believe they are not in control of their own lives. Studies further reveal that females have a higher internal locus of control than their male counterparts (Johnson, 2017).

One other personality trait known as the organismic valuing process entails making your own decision and not relying on others wants or needs, not seeking the approval or consent of others, and taking themselves just as they are. This is known as unconditional positive regard. This implies that the goals an individual sets will depend on her/his internal evaluation and purpose.

This is being a real or true self that propels and moves towards growth. Therefore, the organismic valuing process influences, behavior and human tendency to move towards beneficial goal choices. This inspires drive, initiative, and a desire to fulfil certain hope in life also known as a tendency towards self-actualization. It means confronting hindrances and achieving goals (Rogers 1951, Sheldon *et al.*, 2003).

The self-determination theory can be appropriate in a school set up and situations such as those of survivors of arson attacks. Principles learned in life come into play to alleviate suffering. Self-determination is to think in a certain way without asking anyone (Deci and Ryan, 2020).. Self determination encourages one to achieve success. It creates motivation to seek and manage the results. The school conducts tests for students and provides positive feedback when they do well and this helps to enhance competence. Also, students develop high motivation, manage their affairs such that when confronted with challenges they feel they can overcome them due to diligence, good choices, hard work, dedication, and sacrifice learned in life. Moreover, they have total responsibility for their behaviours. Thus, their goals and behaviours determine their actions. Self-determination calls for self-awareness, decision making, self-regulation, and goal setting.

Social networks, can enhance innovation and wellness and survivors will gain resilience which leads to psychological adjustment and healing (Deci and Ryan, 2020).

Culture of never giving up influences healing in the trauma-exposed individual. Schnyder *et al.* (2020) in studies on culture-sensitive psychotraumatology expressed that culture may determine the survivors' life history elements in their sickness and behaviour identification, as well as, their expectations with regards to wellness. An empathic and non-judgmental attitude, to understand the cultural standpoint of the survivor is, therefore, important. The researcher observed that some survivors might not want to talk about the trauma experienced but opt instead to write it down on a piece of paper. The researchers interpreted this as a cultural influence that prevents a victim from verbalizing a problem for fear of being considered weak. Cultural awareness is, therefore, required in handling trauma. Survivors are permitted to write down their experiences if they are unwilling to talk about them or combine both talking and writing down, even where they are willing to verbalize, bearing in mind that in low or middle-income countries, (including African countries), evidence-based therapy may be hindered due to lack of evidence coupled with paucity health infrastructure and the likelihood of stereotypical tag (Schnyder *et al.*, 2020).

In some communities, for example in Israel and Kenya, men are not supposed to express weakness by crying or show defeat emotions even when they are hurting. A professional must be cognisant of this cultural bias in counselling in order to win resilience and impart psychological adjustment (Wanjala,2013 and Hermendinger – Edwards et al, 2011).

The significance of family, peers and religion in social support:

Social support, among others, can be expressed as the relief, help, or advice an individual or group of individuals receives from official or unofficial contacts to alleviate suffering. These contacts are referred to as social networks; among them, family, peers support, and religious institutions. Studies affirm that a relationship exists that connects social support and individual resilience which leads to mental health wellness and functioning (Sippel *et al.*,2015; APA, 2018).

Since Dr. Murray Bowen introduced the family system theory in the late 1960s a lot has been done to revamp it. The latest update on 16th January 2020 reflects on the family definition as a homogeneous emotional unit whose members are strongly interconnected. Members, therefore, interact with each other and respond to one another in certain situations. Each member's behaviour affects the other expectedly to maintain equilibrium.

This means that the family still has an important role to play in the emotions and deeds of the members. A change in one individual is expected to trigger a positive or negative reaction in how other members of the family unit feel as well. This underscores the level of interdependence, cooperation, and dynamism. In this regard, it can also be argued that what affects one member of the family, happens to everyone in the family in that it cuts across the whole unit (Devline,2020).

In this regard, a family is best suited at encouraging survivors of arson attacks in high schools, most of them teens. The family will encourage them for example, to openly express their feelings. However, care should be exercised so that they do not dwell on the footage of the events. A simple exercise in routine such as hugging, speaking of the future, making plans oblivious of their suffering, and keeping promises, reassure them of the future are important. This also helps in strengthening their resolve and enhances resilience.

Families may dedicate a colossal amount of quality time and strength in helping members to cope with traumatic events, especially, when a survivor leans to unsound coping methods, such as drugs or alcohol abuse.

In the USA at least two-thirds of the population experience trauma before the age of 18 and, family becomes the most important link in survivors' journey to recovery (Bowen, 1974)

The U.S.A National Center for Diseases Controls stated on the 25th-anniversary celebrations on 21 August 2015 that an individual knowing that someone else is also suffering like him/her, is the first step towards wellness. Peer support initiative, to reach out to others and benefit from the experience of those who have been there and it motivates the individual survivor to follow up on their treatment plan (National Center for Disease Control, 2015). Wortman (2014) advises that the survivor of arson attack should be helped to will understand that consequences of psychological trauma should help them to rediscover their strength of having withstood the stress.

The study also emphasizes that though peer support is not a substitute for the treatment of psychological consequences of trauma it is significant. According to Mental Health Foundation (2020) peer support refers to people in similar situations supporting each other either by sharing personal experiences, knowledge, or emotional support. This perspective significantly helps individuals labelled with psychological disorders to escape becoming victims of social and cultural ostracism.

In Australia, for example, peer support services when applied together with in-patient amenity helped to reduce hospitalization by 300 bed days in 3 months with substantial cost saving on the patient (lawn et al, 2008). Meanwhile, in the U.S.A an outpatient peer support service helped to save readmission and hospitalization by 50 percent occupation (Chair Dr. Program in health promotion 2006). New Zealand is another success story with peer support services financial cost savings ranging from f180-£259 per day. Results from persons with mental health conditions and or addiction show that peer support increases self-esteem and self-confidence, a sense of purpose, a sense of well-being, better outcomes where other services have failed, resilience and better quality of life (Basset *et al.*,2010).

METHODOLOGY

This research is a case study and applied a descriptive survey design to execute it. The survey design helped the researcher to meet the study objectives by collecting, measuring and analyzing data. The design used the description to organize data into patterns that emerge during analysis. This analysis is the form of the structure of the research and availability of diverse information (Orodho, 2013).

POPULATION OF THE STUDY

The population of interest was the form four students who completed their studies towards the end of 2019 in the high schools that experienced arson attacks during the months of June and July, 2016 within Nairobi County. They are a total of 853 students. They were four schools, 2 public boys boarding, 1 private boys boarding and 1 mixed boys and girls public with girls boarding while boys as day students. They were among over 130 secondary schools which experienced arson attacks in Kenya in June and July, 2016.

DATA COLLECTION

Data both primary and secondary was used in the study. Primary data was collected on self-administered questionnaires. A questionnaire helped the respondents to answer questions on safety awareness and preparedness, manifestation of symptomatology management of symptomatology and psychological adjustment which are the variables of the study. In order to explore more unknown thoughts from respondents, the researcher employed both structured and unstructured questionnaire. Questionnaires for data collection were preferred in this type of research due to time saving. Questionnaires are easily dispensed to respondents spread across a large area. This helped the respondents to attempt to answer every question (Spasford,2006; Phellas,2011).

DATA ANALYSIS

Analysis of gathered information began with editing the questionnaire for accuracy, cleaning and coding. The information was entered on the spread sheet and analysed by using Statistical Package for Social Sciences (SPSS). Quantitative data was analysed by applying descriptive statistics, such as frequencies, percentages and measures of central tendency. The hypothesis were tested using Pearson product moment correlation(r). Meanwhile, qualitative data was cleaned and organized into specific codes according to research questions and directives and grouped into various themes from which conclusions was drawn (Yadutta and Ngau, 2006). The researcher applied inference rules to draw out conclusion.

RESULTS

The goal of the study was to determine the relationship between safety awareness, preparedness and psychological adjustment of the survivors of arson attacks in high schools in Kenya and to establish the manner in which this relation is influenced by safety awareness, preparedness, manifestation of symptomatology, management of symptomatology and psychological adjustment. Findings based on various determinants of psychosocial adjustment of the survivors of arson attacks in Kenya are presented. Table 1 shows the individual characteristics of the respondents.

TABLE 1: INDIVIDUAL CHARACTERISTICS

	N	Minimum	Maximum	Mean	Std. Deviation
I respect others and their property	161	1.00	5.00	1.1739	.57625
I can start a fire if annoyed	160	1.00	5.00	1.3875	.80866
I keep away from drugs and alcohol because they can lead me to start a fire	159	1.00	5.00	1.6289	1.02224
I approach my studies more seriously than others	161	1.00	5.00	1.4099	.75392
In conflict situations	161	1.00	5.00	2.1304	1.26556
I speak my mind	161	1.00	5.00	2.0807	1.18836
I can control my anger	161	1.00	5.00	2.0807	1.18836
Valid N (listwise)	158				

From the respondents' revelation, it was noted that most of them admitted that they would never set a fire if annoyed as indicated by a mean score of 1.3876 and a standard deviation of 0.8086.

Moreover, from the findings most participants indicated they kept away from drugs and alcohol because they can lead them to start a fire. This was indicated by a mean score of 1.6288 and standard deviation of 1.022.

In addition, outcome indicated majority of the study participants conceded that they did not approach studies more seriously than others ($M=1.4099$ $SD = .7539$). From the findings, most participants indicated they rarely got in conflict situations as indicated by a mean score of 2.1034 as well as standard deviation of 1.2656.

Facilities in The School That Facilitate Quick Recovery

The study sought to determine the respondents' perception on facilities in management of symptomatology.

TABLE 2: FACILITIES

	N	Minimum	Maximum	Mean	Std. Deviation
School has training on fire prevention	161	1.00	5.00	1.8509	1.13033
School has installed fire protection equipment	159	1.00	5.00	1.6730	1.22989
School has a fenced compound	160	1.00	5.00	1.9375	1.38131
School employs a counsellor	161	1.00	5.00	1.5528	1.10057
School has a chaplaincy	161	1.00	5.00	1.1925	.58647
The school provides recreational halls	159	1.00	5.00	1.4654	.84778
The school provides extra-curricula activities	160	1.00	5.00	1.4813	.82395
The school has clubs for students e.g scouting	161	1.00	5.00	2.2609	1.33474
Valid N (listwise)	155				

From the findings, it was established that majority of the participants rarely got training on fire prevention (M= 1.8509 SD = 1.1303).

Also noted from the respondents was that majority conceded that the school rarely installed fire protection equipments. The views had a mean score of 1.6730 and standard deviation of 1.2289. In addition, most participants indicated that the school rarely had a fenced compound as shown by a mean score of 1.9375 and standard deviation of 1.3813 indicating minimal deviations from the mean. Similarly, it was observed that the school rarely employed a counsellor (M=1.5528 SD=1.1006).

It was found out that the school did not have a chaplaincy as shown by a mean score of 1.925 and standard deviation of 0.5865; indicating a consistency in responses from participants. The study further established that most participants indicated the school did not provide recreational halls with a mean score of 1.4813 and standard deviation measures of 0.8478. It was found out that some schools did not provide extracurricular activities as shown by a mean score of 1.4813 and standard deviation of 0.82395.

The findings further indicated that the school rarely had clubs for students. This was indicated with a mean score of 2.2609 and standard deviation of 1.3347. Also noted from the findings was that majority of respondents conceded that the schools rarely employed counsellors (M=1.5528 SD = 1.1006). Majority of the respondents indicated that the schools did not have a chaplaincy.

This was seen from the mean calculated 1.1925. The standard deviation .5865 indicated that there was uniformity in the responses from the respondents. The study also established that majority of schools did not provide recreational halls. This was indicated by the mean calculated 1.4813. The standard deviation calculated was 0.8478 showing uniformity in the responses. Also noted from the findings, was that majority of the respondents conceded that the school did not provide extra curricula activities (Mean 1.4813 and standard deviation of 0.82395). The study also noted that majority of the respondents recorded that the schools rarely had clubs for students. As shown by a mean score of 2.2609 and standard deviation of 1.3347.

RELIGION

The research sought to find out participants’ perception with regards to religion in management of symptomology. Table 3 presents the results.

TABLE 3: RELIGION

	N	Minimum	Maximum	Mean	Std. Deviation
I attend religious services and activities frequently to gain voluntary control of my behavior to avoid setting fire	161	1.00	5.00	1.6211	.95488
I read my spiritual sacred book to avoid misbehavior which can lead to setting fire	161	1.00	5.00	1.7888	1.16410
I pray to God to help not set fire in school	159	1.00	5.00	1.4403	1.03478
My spiritual life helps to manage stress	161	1.00	5.00	2.3540	1.37573
I can only set school on fire if annoyed by students	161	1.00	5.00	1.5466	.85110
I can only set school on fire if annoyed by teachers	161	1.00	5.00	2.3602	1.31126
Valid N (listwise)	159				

From the findings it was established that the majority of the participants indicated they attend religious services and activities frequently to gain voluntary control of their behavior (M= 1.6211 SD = .9549). Also noted from the respondents was that majority conceded that they rarely read their spiritual sacred book to avoid misbehavior such as setting a school on fire (mean score of 1.789 and standard deviation of 1.164). Moreover, recorded out the findings, most participants indicated they never prayed to God to help not set fire in the school. Furthermore, majority of the respondents conceded that their spiritual life rarely did help them to manage stress (M=2.354 SD = 1.376). However, most participants disclosed that they can rarely set the school on fire when annoyed by teachers (mean score of 2.3602 and standard deviation of 1.311).

COMMUNITY SUPPORT

The study sought to establish the respondents’ perception on community support in management of symptomatology. Table 4 presents the results.

TABLE 4 COMMUNITY SUPPORT

	N	Minimum	Maximum	Mean	Std. Deviation
How often do you get money when in need	161	1.00	5.00	1.5901	.91837
I receive help and advice from my community	161	1.00	5.00	2.1739	1.27262
How often do you see the community you come from?	159	1.00	5.00	1.6101	1.13579
I receive advice from my community regarding school	161	1.00	5.00	2.0932	1.35463
When I ask the community questions its glad to receive them	160	1.00	5.00	1.2750	.85377
My community listens to me	161	1.00	5.00	1.6335	1.12744
Valid N (listwise)	158				

From the findings, most participants (M=1.5601 SD= 9184) indicated that they rarely got money when in need. In addition, most of them conceded they rarely received help and advice from the community as indicated by a mean score of 2.17389 and standard deviation of 1.273. In addition, it was established that most of the respondents rarely saw the community they came from as a source of solace (M=1.6101 SD=1.1358). Moreover, most of respondents conceded that rarely did they receive advice from their community regarding school (M=2.0932. SD=1355). The study moreover, established that for most participants the community rarely listened to them (mean score of 1.6335 and a standard deviation of 1.234).

FAMILY SUPPORT

The study sought to establish the respondents’ opinion on family support in management of symptomatology. Table 5 presents this information.

TABLE 5: FAMILY SUPPORT

	N	Minimum	Maximum	Mean	Std. Deviation
My family cares for me when am sick	159	1.00	5.00	1.4025	.79651
My family provides material help	161	1.00	5.00	1.4845	1.00066
My family helps me feel loved	160	1.00	5.00	1.4750	.85377
My family is an example in solving my problems	161	1.00	5.00	1.6087	1.10212
My family listens to my problems when I talk to them	161	1.00	5.00	1.3665	.84919
My family follows my progress in school	157	1.00	5.00	1.5414	.94388
Valid N (listwise)	154				

It was established that majority of the study participants (M= 1.4025 SD = .7965) indicated that their families never cared for them when they were sick. In addition, most claimed that their families never provided material help (mean score of 1.4845, with a standard deviation of 1.0000).

In addition, most participants indicated that their families did not make them feel loved as indicated by a mean score of 1.475 and standard deviation measure of 0.8538. Similarly, most participants claimed that their families were not role models at solving problems (M=1.6087. SD=1.102). It was also found out that most families did not listen to their problems (mean score of 1.3665 and a standard deviation of 0.8492). Finally, most participants indicated that their families rarely followed their progress in school (mean score of 1.5414 with a standard deviation of 0.94388).

PEER SUPPORT

The study sought to establish the respondents’ opinion on peer support in management of symptomatology. Table 6 presents the results.

TABLE 6: PEER SUPPORT

	N	Minimum	Maximum	Mean	Std. Deviation
I feel my friends often understand me	160	1.00	5.00	1.4438	.77498
I get along well with my friends	161	1.00	5.00	3.2981	1.31741
My peers encourage me when I am down in spirit	161	1.00	5.00	1.6770	.97213
My peers will contribute money to support when I am in need	161	1.00	5.00	1.8882	1.21960
My peers are my counsellors	157	1.00	5.00	1.4713	1.10105
When my friends do not see me they get concerned	161	1.00	5.00	3.3665	1.43914
Valid N (listwise)	156				

From the analysis, most respondents indicated that they did not feel understood by their friends ($M=1.4438$ $SD=.77478$). Moreover, most respondents did not get along well with their friends as shown by a mean score of 3.2981 and a standard deviation of 1.317.

In addition, that most participants indicated their peers rarely encouraged them when they were low in spirit ($M= 1.677$ $SD=0.97213$). Furthermore, most participants accepted that rarely did their peers contribute money to support them when they were in need ($M=1.888$ $SD=1.2196$); and their peers were not good counsellors ($M=1.4713$. $SD= 1.101$). It was, further, determined that most participants got concerned when their friends did not visit them as indicated by a mean score of 3.360 and standard deviation of 1.439.

DISCUSSION AND CONCLUSION

The general goal of the study was to determine the relationship between safety awareness, preparedness, and psychological adjustment of the survivors of arson attacks in high schools in Kenya and to determine how this relationship is influenced by the manifestation of symptomatology, management of symptomatology, and psychological adjustment. Researchers have established that arson attacks are traumatic events that leave survivors to experience the manifestation of symptomatology which is

debilitating to an individual survivor. It impairs mental health wellness and functioning. These survivors will need psychological adjustment to regain their normal function in a world of people (Seaton, 2009). The results of the study revealed that indeed arson attacks in high schools are traumatic events and cause mental health concerns. These views affirm what some of the previous researchers (Seaton, 2009, De Wolf 2004 and Vaux 1988) have established. The findings also corroborate the views of other researchers (Sippelet *et al.*,2015, & APA, 2018) that social support from social networks enhances individual healing as it builds resilience which leads to psychological adjustment and finally healing (Seaton, 2009). The findings too agreed with the study of Kipngeno and Kyalo (2009) that safety awareness and preparedness in high schools is key to significantly reduction or mitigating arson attacks.

The study agrees with Shibusse *et al.* (2014) that arson attacks in high schools require all units employed to work harmoniously in order to effectively control fires in high schools. The findings supported the general system theory (Von Bertalanffy 1966) that a system must have all its integral parts working together harmoniously in order to have an effective and successful operation.

In addition, internal locus of evaluation in the study underscored the creation of awareness among the survivors of this vital inherent and cognitive resource. This helps to influence the manner the survivors think about the traumatic events and how this resource helps them to cope by protecting them from harmful consequences of stress. This cognitive resource is also a lending base for cognitive behavior therapy and helps to overrun negative thoughts during counseling, and enhances resilience, leading to psychological adjustment and healing (Cohen *et al.*, 1985).

RECOMMENDATIONS

This article presents a contribution in the understanding of the relationships between the survivors of arson attacks in high schools and the need for psychological adjustment. It also demonstrates the factors that influence this relationship. Consequently, upon the findings of this study, the researcher provides the following suggestions for further investigation:

Future research, commissions of inquiry, and task-forces may consider undertaking longitudinal work to profile a potential arson attack survivor. This may bring out more knowledge on how arson attacks influence the future of mental health wellness and functioning among survivors, several years after the traumatic event.

Similarly, longitudinal research design concerning how arson attacks are debilitating would demonstrate a more meaningful picture of the consequences. This will provide additional knowledge in predicting other effects of health impairment among survivors. It is also suggested that later studies may include other moderating variables, such as internal locus of control, type of school, school category, gender and principal's leadership style, parenting style, personality style since they have an impact on attempts at reducing harmful effects of arson attacks.

Researchers can also look at employing other data collection methods, such as interviews. This is likely to help researchers in obtaining additional information that is guided by free response. Interviews avail the researcher the opportunity to allay anxiety, fears and concerns that the interviewee may have. Moreover, researchers have the chance to provide any clarification wherever necessary and help the interviewee to go through difficult issues with success. Focus group discussions aimed at gathering respondents' direct expression of their experiences would also aid in getting genuine views and feelings about the subject matter. Focus groups are generally not expensive and provide reliable information within a short time. Finally, the burning of schools in June and July 2016 was unprecedented, sporadic, and historic.

Forensic investigation into its planning, organization, and execution is essential.

The study expresses the need to understand trauma, its consequences, and how it impairs normal mental health wellness and functioning of an individual survivor. It highlights the urgent need for programs for schools that will entail logistics of safety awareness, preparedness, and that of psychological impact or resolve among the survivors. These aspects will enhance psychological adjustment and help survivors in returning to normalcy.

The recommendations have informed policy and practice for education management. The government, and other agencies, such as Kenya National Union of Teachers, Kenya Union of Post Primary education, Central Organization of Trade Unions and other stake holders in education should use this study as a platform for policy and further research. The literature reviewed has highlighted the debilitating effects of arson attacks among survivors. Arson attacks can cause loss of life, cost colossal sums of money in repairs, reconstruction of facilities, replacement of lost items, relocation of survivors to other facilities, and lots of health complication issues that may linger for a long time. Consequently, arson attacks should be prevented at all costs.

The theoretical implication of this research presents an argument that traumatic events have their benefits.

In her paper “Psychology Today”, Susanna Newsonen (2016) in her topic “How Trauma can lead to positive change’ observes that survivors of traumatic events stop thinking about the event when it becomes part of life. When there is no more grieving, then positive thinking fills the vacuum and thus, redefining happiness. According to Susanna, the changes bring a greater appreciation of life, more self-esteem, and connectedness to others, with a renewed sense of meaning and purpose for life. This apparent growth can counter adverse effects of trauma and in some cases overcome some lingering negative impacts of traumas (Newsonen, 2016)

BIBLIOGRAPHY

1. American Psychological Association (2018) managing depression symptoms: a review of
a. literature.
2. Basset, T. Faulkner A. Repper, J and stamou, E. (2010) Lived and experience loading the:
a. Peer support in mental health. Journal of Mental Health Training Education and Practice ISSN 1755-6228
3. Baumarind D., (1967) Child Care Properties and Ceding three Patterns of Preschool Behavior,
a. genetic psychology monograph 1967. 75:43-88
4. Bowen, M. (1974) Family Therapy and clinical practice. Amazon.com.
5. Buri, 1991 Parental Authority Questionnaire. Journal of Personality Assessment 1991
a. 57(1)110-119.
6. Chelotti, K. Obae, R.N. and Karori, E.N. (2014) Principles Management Styles and Unrest in
a. Secondary Schools in Kenya. Journal of Education and Practices. ISSN 1735-1735 vol 29 5 29 2014.
7. Cherry K (2017) Parenting Styles: The four styles of parenting
a. <http://psychology.about.com/od/nundex/g/naturalistic.htm>
8. Chevalier, A. Harmo, C. Oscillivon, V And Walker, I (2005) The Impact Of Parental Income And
a. Education On The Schooling Of Their Children Discussion Paper No. 1406 ,Library 2005 Institute For The Study Of Labor Germany. Iza@Iza.Org
9. Colier . (2016) growth after trauma ;way are some som people more, resilient than others and
a. can be taught ? November 2016, vol47, no. 10 prent version pg 48
10. De Wolf. D (2004) *Mental health response to mass violence and terrorism*
a. <https://www.mentalhealth.samhsa.gov/publications/allpubs/5MA-395/default.asp> 173-89
11. Deci, E and Ryaner R.M (2020) organisonic theory of human behaviour <https://doi.org/10.1016/j.cedpsych.2020.101860>
a. contemporary educational psychology.
12. Devline (2020) positive outlook predicts less moniony decline association of psychological
a. science zoz psychology and psychiatry. International Journal of psychological science (2020) Doc:10.11TY/0956797620953883
13. Dickson, M and Baum ,N.L (2020) How Israel mastered the art of resilience to thrive against all
a. odds. “bouncing forward under adversity.”
14. Eshiwani, G (1993) Education in Kenya since 1963. East African publishers. Book point.
a. Nairobi. Eye Movement Desensitization and Reprocessing
15. Friedman, H.S (2012) The oxford handbook of Heath psychology first published march
a. 9,2015
<https://doi.org/10.1177/1475725714565278>
16. Goldberg J.S and Carlson, M.J (2014) Parents relationships Quality and Children’s Behavior.
a. In stable married and cohabiting families August 2014 Journal of Marriage and Family 76(4) DOI: 10.11/jomf.12120.
17. Johnson, D (2017) Key to effective decision making: constructive controversy. Psychology

- a. Today .Instagram.
com/psychology today
18. Kinyanjui, K. (1976) Secondary School Strikes. Institute London in Development studios
a. U.O.N I.DS Pen Docs
19. Kipngeno, R. A and Kyalo W. B (2009). *Safety Awareness and Preparedness in Secondary Schools in Kenya*. Educational Research and Review Vol (8) PP, 179-384
20. Lawn, S, Smith, A Hunter, K. (2008) Mental Health Peer support for hospital avoidance and
a. early discharge; an Australian example of consumer driver and operated service journal of mental health vol 17, 2008.5.
21. McFarlane, (2007) creating culturally safe schools for Maori Students. Glynn, T.
a. Cavanagh, Bateman. S. Permanent Research Commission
<https://hdl.handle.net/10289/3297>
22. Naseen and Bibi (2019) role of stress Prone type a personality and anxiety among heart
a. patients journal of psychology and behavioral science med docs publisher
23. Newsonen, S. (2016) Happiness is a choice (And a Pretty Smart tone) psychology today the
a. path to passionate happiness and here in how to make it. June 30, 2016
wwwpsychologytoday.com
24. Rogers. C (951) Client Centered Therapy Till the case of Mrs. Oak- a research analysis
a. psychological service center Journal 3(1-2) 47-165 4
25. Sheldon, K.M, Arndt, J. and Houser-Marko, L (2003) In search of organismic valuing
a. process:
26. Sippel, L.M, Patrick R.H. Cherny, D.S, L.c and Southwick S.M (2015) ?How does social support enhance resilience in the trauma exposed individual? Ecology and society, (2014)
27. Reutter B (2006) Effects of switching between leftward and rightward pro- and anti scclodes.
a. Biological psychology vol 72 issue 1 April 2006 pg. 88-95
28. Orodho, J.A (2013). *Essentials of Educational and Social Science Research*, Africa Journal
a. of Industrial Psychology. 4(1) 64-69
29. Phellas C.N (2011) *Structured Methods: Interviews, Questionnaire and Observations*. SAGE
a. publications, University of Nicosia, Cypress 46 Makedonities
30. Spasford, G.R (2006). *Data Collection and Analysis* 2nd Ed S age Books Standard Digital
31. Seaton, C. L. (2009) Psychological Adjustment: *The encyclopaedia of positive psychology*
a. psychology 1.111/6.978140516 1251. 2009x
32. Sippel, L.M, Patrick R.H. Cherny, D.S, L.c and Southwick S.M (2015) ?How does social support enhance resilience in the trauma exposed individual? Ecology and society, (2014)
33. Shibusse, P.M China S and Omuterema S. (2011). *Causes of fire disasters in Secondary Schools in Kenya*: Journal of Research on Humanities Vol 4 25 (2014)

34. Taylor, D and Cook, J. (2018) Reflective Practice in the Art and Science of Counseling: A
a. scoping review. Psychotherapy and counseling journal of Australia 155N:2201-7089.
35. Tull. M (2020) How stress Inoculation Training Treats PTSD University of Toldol
a. www.verwellmind.com.
36. Vaux, A (1988) social support theory, research and interventions
a. <https://www.questia.com/library/./publisher Praeger>
37. Von Bertalanffy., L. (1968) General systems theory. www.mewlink.com/-don clark/history
a. (- isd/bertalanfy – html)
38. Wong. K.L (2011) 22 years from 1997- City of riverside fine department, Los Angeles city
a. fine department. National Fallen Firefighter's Foundation Annual Report. U.S.A.
39. Wortman F.J (2011) nonlinear viscoelastic stress reduction behavior anamize fibres
a. macromolecular symposia vol issue 1-2 March 2011 10-1007.
40. Yadutta,T and Ngau, P (2004), Research Design, Data Collection and Analysis. *A Training*
a. *manual for United Nations for regional development, Africa Office, UNCRD textbook series No.12*