Original Research Paper

Exploring the Impact of Parenting Style and Attachment on Self-Harm in UK and Sri Lankan Students

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ABSTRACT

Self-harm is the intentional destruction of the body tissue with or without a suicidal purpose. Self-harm is the second leading cause of death across the world and it is most prevalent among young people. Although parenting style and parental attachment have shown to have a direct impact on chronic self-harm, surprisingly there is very limited research exploring the complex interplay between these factors and cultural differences. Therefore, this study aimed to explore whether parenting style (using the Parental Authority Questionnaire) and the quality of parent-child attachment (using the Inventory of Parents and Peer Attachments) has an impact on self-harming in young people from the UK (n = 100) and Sri Lanka (n = 100), using a questionnaire-based quantitative design. Results indicated that Sri Lankan students currently self-harm more compared to the British students, although a substantial difference in the parenting style was not found between the two cultures. Irrespective of the cultural background, participants from both countries were more likely to self-harm in the absence of strong, secure attachments with parents. Authoritarian parenting style also had a direct impact on self-harm. Clinical implications highlighted the importance of awareness of the pivotal role of parenting when managing a young person who is self-harming. Furthermore, clinicians would benefit from incorporating culturally relevant treatment methods when working in multicultural settings.

Keywords: Self-Harm, Parenting Style, Attachment, Young People, British, Sri Lankan, Cultural Relevance

Self-harm is defined as any behaviour where individuals deliberately self-inflict their body tissue or cause harm to themselves generally as a method of coping with demanding situations or distressing thoughts and feelings (National Collaborating Centre for Mental Health, 2004; National Institute of Health and Clinical Excellence, 2005). Self-harming can be displayed in various forms of physical harm such as skin-cutting, head banging, severe scratching, poisoning, pinching, body carving, hitting oneself, burning or any other cause of injury (Foye, Chakkalackal, Breedvelt & Elliot, 2016). Self-harm usually occurs during

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adolescence although it is a common psychological problem among all ages with the most prevalent age category being between 11 and 25 years (Hagell, 2013).

According to the Interpersonal-Psychological Theory of Suicidal Behaviour (IPTS; Joiner, 2005), self-harm and alienation are the key mediators of suicide. This theory signifies the importance of forming secure connections with others as the theory emphasises that people who lack meaningful connections with others could be triggered with a desire to attempt suicide (Anetis, Bagge, Tull & Joiner, 2011). Horrocks, House and Owens (2002) stated that 40%-60% of those who end their lives by suicide have self-harmed in the past while Hawton, Houston, and Shepperd (1999) found that 80% of young people who committed suicide have self-harmed in the year prior to this. The World Health Organisation (2014) also reported that suicide is the second leading cause of death worldwide among 15-29-year olds while Guan, Fox, and Prinstein (2012) suggested that self-injury is the strongest predictor of suicidal attempts among young adults.

In contrast, not all people who self-harm go on to attempt suicide (Hawton & Harriss, 2008). Indeed, non-suicidal self-injury (NSSI) refers to an intentional, direct self-inflicted injury of the body tissue for socially undesirable purposes with no conscious lethal intent (Zetterqvist, 2015). Marsha Linehan's (1993) Dialectical Behavioural Therapy (DBT) Model suggests that invalidating emotional environments cause emotional dysregulation and therefore, people with poor emotional coping skills tend to attempt quick and impulsive strategies such as self-harm, to restore emotions to a bearable level (Sim, Adrian, Zeman, Cassano & Friedrich, 2009). Thus, although engaging in self-harming does not necessarily mean that everyone who self-harms intends to die (Wilkinson & Goodyer, 2011), lack of emotional regulation and poor coping skills may trigger suicidal thoughts in some people (Barzilay et al., 2015).

The Affect Regulation Model (Klonsky, 2007) was developed to understand and explain the underlying motives of deliberate self-harm. According to this transactional model, people self-harm to communicate, validate and/or regulate overwhelming emotions such as pain, tension, or depression (Chapman, Gratz & Brown, 2006). Studies also demonstrated that adverse childhood experiences such as parental conflicts, abuse or parental neglect and/or loss or separation of parents are the key influences of poor emotional regulation and primary triggers of deliberate self-harm (Gratz, 2006). Increased occurrence of chronic self-harm is associated with inconsistent and weak parenting styles (Buresova, Bartosova & Cernak, 2015) with poor parent-child relationship indicated as the most prominent cause of self-injury (Suyemoto, 1998). Baumrind (1968) suggested that authoritarian parenting is the most controlling parenting style in which parents expect children to immediately abide by their rules and standards. Studies worldwide have highlighted that authoritarian parenting can increase the likelihood of chronic self-harm and trigger vulnerability towards suicide among children with authoritarian parents (Buresova et al., 2015; Lai, McBride-Chang, 2001; Martin & Waite, 1994). In Sri Lanka, many people have self-harmed when interpersonal conflicts occurred with family, especially with parents. Assault, scolding, and beating by parents were involved in many of these cases while self-harmers claimed that they have encountered severe issues with parental control and unnecessary restrictions (Marecek & Senadheera, 2012). Studies conducted in Western countries including the UK also displayed a relationship between self-harm and poor parent-child relationships (Arbuthnott & Lewis, 2015). Despite

the cultural differences, Arbuthnott and Lewis (2015) found that many parents across countries are significantly unaware that their children have been self-harming.

In support, Lee (2016) stated that poor quality of the parent-child relationship is a key determinant of self-harm among children and young people. Attachment Theory (Ainsworth & Bowlby, 1991) suggests that individuals with secure attachments with parents benefit from their parents' support during times of distress and thus, this theory emphasizes the importance of forming secure attachments with parents to avoid children from engaging in unhealthy coping strategies such as self-harm. Cuenca (2013) argued that Attachment Theory predicts that insecure parental attachments result in a precursor towards an increased likelihood of self-harming among young people. Additionally, the Cry of Pain Model (Williams, 2001) proposes that poor parent-child attachments can lead a child to self-harm as a mode to seeking escape from negative intolerable emotions which might then escalate to suicidal thoughts.

Self-harm is a highly prevalent issue around the world although, Sri Lanka has one of the highest occurrences of self-harm (Eddleston, Sheriff & Hawton, 1998). Suicide rates in Sri Lanka are five times higher than that in the UK (Eddleston et al., 1998). Sri Lanka was placed fourth among the list of countries with the highest suicide reports with 46.4 males per 100,000 and 12.8 females per 100,000 in the year 2006 (Knipe et al., 2015). On the other hand, United Kingdom has shown the highest rates of self-harm in any European country with an overall estimated self-harm rate of 400 in 100,000 people (Horrocks, House, and Owens, 2002; Schmidtke et al., 1996).

In consideration of the aforementioned, it has shown the relevance of exploring further a range of factors pertaining to self-harming in young people. Firstly, there is an apparent lack of research looking at this behaviour in university aged populations (Forrester et al., 2017). In addition, awareness of cultural differences in terms of self-harming remains limited (Sharifi et al., 2015). Furthermore, there is a lack of research exploring the impact of insecure attachments and poor parenting on self-harm (Glazebrook et al., 2016). Considering the above gaps in research, this study aimed to explore whether parents' parenting style and the quality of parent-child attachment could impact on self-harming in young people and if so, whether this could vary cross-culturally between British and Sri Lankan university students.

METHODOLOGY

Hypotheses

H_1:   Sri Lankan university students are more likely to self-harm than British university students

H_2:   Sri Lankan university students will have experienced a more authoritarian parenting style than British university students

H_3:   Individuals with insecure attachments with parents will be more likely to have experienced self-harm when compared to individuals with secure attachments with parents irrespective of their cultural background.

Sample

The study sample comprised 200 participants with 100 British and 100 Sri Lankans recruited through purposive sampling. The sample size was decided based on previous related

researches (e.g., Kumar et al., 2017). To participate in this study, participants had to meet the inclusion criteria of being either British or Sri Lankan nationals, within the age range of 18 to 25 years. There was no significant difference in age between the British and Sri Lankan participants, $t(187)=-1.35$, $p=.178$. UK participants were voluntarily recruited from the University of Southampton undergraduate psychology classes for course credit (4 credits each) and Sri Lankan participants were voluntarily recruited from the undergraduate psychology classes of the International College of Business and Technology (ICBT Campus) in Sri Lanka via email. Sri Lankan participants did not have a credit system and therefore, no credits were offered to them. Data collection took place from April 2018-June 2018.

Instruments

1. Demographic Questionnaire: The first measure was used to obtain demographic information such as age, gender, and nationality.

2. Parental Authority Questionnaire (PAQ: Buri, 1991): Next, a modified version of the PAQ was used to yield parenting styles; permissive, authoritarian and authoritative from the young person's perspective. Each parenting prototype escalates as the scores increase from a range of 10-50. The PAQ used for this study includes 30 statements about perceived parenting styles that are measured on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). Good test-retest reliability (e.g., $\alpha = .86$ for mother's authoritarianism, $\alpha = .85$ for father's authoritarianism), internal consistency reliability ($\alpha = .85$ for mother's authoritarianism, $\alpha = .87$ father's authoritarianism) and validity scores (.56 for mothers and .68 for fathers) for this scale were observed from psychometric assessments conducted on a large diverse sample (Reitman, Rhode, Hupp & Altobello, 2002). Although the original scale was repeated for fathers' and mothers' parenting styles separately, the modified version used for the present study combined the two sections (questions were raised about 'parents' instead of for the father and mother separately) to keep the survey short and simple. Buri (1991) recommended the use of PAQ among both female and male young adults.

3. Inventory of Parents and Peer Attachments (IPPA: Armsden & Greenberg, 1987): This scale was used to explore trust, communication and alienation dimensions of parent-child attachments. Attachment theory (Ainsworth & Bowlby, 1991) underpinned the development of this measure. There are 25 statements on perceived attachments with parents ranging from 1 (never true) to 5 (always true) where higher scores represent greater attachment quality and higher attachment security (Glazebrook, Townsend & Sayal, 2016). IPPA is scored reversely and has obtained excellent test-retest reliability ($\alpha = .97$ for parent attachment) and validity scores (Armsden & Greenberg, 1987).

4. Self-Harm Questions: Upon completion of the above scales, participants were directed to the final part of the online survey where two questions were posed with regard to self-harming behaviour. These two questions included 'yes' or 'no' responses regarding whether the participants currently self-harm (meaning that they have engaged in self-harm within a month prior to taking part in the study) and if they have engaged in self-harming in the past.

Procedure

This research project was approved by the ethics committee of the University of Southampton. After obtaining ethical approval, students undertaking psychology

undergraduate degrees were recruited via an online survey with permission from their respective universities. The University of Southampton participants were approached via 'survey', an online student recruitment website. A study advert was published on the website with the option to sign up and complete the survey. Sri Lankan university students were advised of the study using an undergraduate student email list. The email included a link to the survey which they could access anytime and from anywhere they wished. Once participants entered the survey, an information sheet and a consent form were provided. All participants gave informed consent and after obtaining consent, participants were directed to a series of questionnaires starting with a demographic measure, PAQ, IPPA, and self-harm questionnaires respectively. Finally, a debriefing sheet was provided after the completion of the survey. The debriefing sheet also provided information and links to self-help guides and other help-lines. Participants were thanked for their participation and two participants randomly selected from each group (the UK and Sri Lankan) were given a £25 Amazon gift voucher each. Most participants completed the survey within 10-15 minutes.

RESULTS

Table 1. Descriptive Statistics for British and Sri Lankan Participants

British Participants (*N*=100)				Sri Lankan Participants (*N*=100)			
Age	*M*		*SD*	Age	*M*	*SD*	
	20.51		1.32		20.80	1.68	
Gender	Male	Female	Other	Gender	Male	Female	Other
N%	18%	82%	0%	*N*%	21%	78%	1%

Nationality and Self-Harm

Sri Lankan students currently self-harm significantly more than UK students, χ^2 (1, *N*=200)= 6.44, *p* =.011 although there was no difference in the history of self-harming between the two groups, χ^2 (1, *N*=200)= 2.01, *p* =.156.

Table 2. Current Experience of Self-Harm

		Currently self-harm	
		Yes	No
Nationality	British (*N*=100)	5	95
	Sri Lankan (*N*=100)	16	84

Note. All the current self-harmers have also self-harmed in the past except one Sri Lankan participant who currently self-harms and has not self-harmed in the past.

Table 3. Previous Experience of Self-Harm Nationality and Parental Authority

		Self-harmed in the past	
		Yes	No
Nationality	British (*N*=100)	51	49
	Sri Lankan (*N*=100)	41	59

There was no significant difference between the parenting style (particularly authoritarian parenting) among the British and Sri Lankan university student groups, *t*(198)= -1.68, *p* =.096.

Parental Attachment and Self-Harm

Individuals who have self-harmed in the past (*M*=85.52, *SD*=23.522) have experienced insecure attachments with their parents when compared to those who have not previously engaged in self-harm, *M*=94.71, *SD*=20.781, χ^2 (198, *N*=200) = 2.93, *p* =.004).

Exploratory Analysis

Although authoritarian parenting style was not prominent in either of the nationalities, parental attachment revealed a significant relationship with self-harm. Therefore, a correlation analysis was conducted to explore whether there is a relationship between parents' parenting style and parental attachment regardless of the participants' nationality or likelihood of self-harm.

Table 4. Correlations between Different Parenting Styles and Attachment Scores

	Parenting Style		
	Authoritarian	**Permissive**	**Authoritative**
Attachment: Pearson Correlation (*r*)	-.645*	.481*	.670*

Note. *= Correlation is significant.

Results indicated a negative correlation between secure attachment and authoritarian parenting style (*M*= 31.70, *SD*= 8.59), *r* = -.65, *n* = 200, *p* < .05, a weak positive correlation between secure attachment and permissive parenting style (*M*= 26.45, *SD*= 7.27), *r* = .48, *n* = 200, *p* <.05 and, a strong positive correlation between secure attachment and authoritative parenting style (*M*= 33.41, *SD*= 7.82), *r* = .67, *n* = 200, *p* <.05. In other words, when parenting style was authoritarian (strict), participants experienced weak/insecure attachments with parents and when parenting style was authoritative (ideal), participants experienced the strongest and most secure attachments with parents. Further investigations were conducted to explore if parenting styles are impacting on self-harm. Participants were most likely to have self-harmed when their parents were authoritarian (*M*=30.26, *SD*= 8.52), *t*(198)= -2.23, *p*=.027 and least likely to have self-harmed when parents were permissive (*M*=27.20, *SD*=6.65), *t*(177)= 1.46, *p*= .145.

DISCUSSION

Around 1/5th of the Sri Lankan participants indicated that they were currently self-harming, although it is also interesting to note that approximately 50% of participants from each country had experienced self-harming in the past. Even though both Sri Lankan (Knipe et al., 2015) and British (Schmidtke et al., 1996) studies indicated high incidences for self-harm for both countries independently, Sri Lankan rates persist to be alarmingly higher (Eddleston, Sheriff & Hawton, 1998). The main concern raised from these results is what makes nearly half of the Sri Lankan and British students to have self-harmed in the past and Sri Lankan students to continue self-harming more currently. Apart from the parenting component, there is a possibility that specific events occurred during the timeframe of data collection may have affected the participants' answers. In other words, self-harm could be triggered by situational and environmental factors (Althoff et al., 2012) such as exam and study periods (Hawton et al., 2003), natural disasters (Rezaeian, 2008) and stressful home environments (Althoff et al., 2012). Furthermore, during the time of data collection (April-May 2018), Sri Lanka was affected by floods impacting 46,000 families and resulting in 24 deaths of civilians (UN

Office for the Coordination of Human Affairs, 2018). Rezaein (2008) explained that exposure to natural disasters such as floods is directly linked with mental distress and, mental distress, therefore, could trigger self-harming and suicidal tendencies in victims of these natural disasters. Although these situational factors were not considered in the present study, it is plausible that some of these factors may have had an impact on the overall results of the survey for some participants. However, on the other hand, more people to have self-harmed in the past and relatively less people continuing the self-harming behaviour in the present could be because self-harming peaks during adolescence (Hawton, Rodham, Evans & Weatherall, 2002) and becomes less prevalent with age (Peterson, Freedenthal, Sheldon & Anderson, 2008).

One interesting ad hoc finding from this study was that the data collected from nineteen Sri Lankan participants were removed from the analysis, due to leaving incomplete answers. These participants completed all the questionnaires except the two statements that raised questions about current and previous self-harming behaviour. This only occurred in Sri Lankan participants implying uncertainty of whether stigma associated with self-harm in the Sri Lankan community has influenced the participants (Marecek, 2006). The Sri Lankan society including not just the public, but also health care professionals such as doctors and nurses, refer to self-harming as a 'foolish act' (Marecek & Senadheera, 2012). Given that many people treating self-harmers as being foolish or irrational, it is quite evident why some participants chose not to answer the self-harm related questions regardless of being aware of the confidentiality policy of the study. Thompson, Powis, and Carradice (2008) stated that negative and judgmental attributions regarding self-harm from clinicians can be very damaging in the treatment process and prevent young people from disclosing self-harming acts. Marecek (2006) also demonstrated that Sri Lankan families conceal acts of self-harm by family members as admitting to self-harming could bring shame to the individual and family. Social norms and stigma add a cultural component to self-harm and elucidates why prevalence is extremely high and yet self-harming is relatively unidentified in Sri Lanka (Knipe et al., 2015).

There was no significant difference between the parenting style identified by the Sri Lankan and British participants, although it was expected that Sri Lankan students may have experienced a more authoritarian parenting style (Marecek & Senadheera, 2012). However, it is important to acknowledge that parenting style was determined based on the participants' perceptions only and not on the parents' understanding of their parenting. Since this study was conducted among individuals from two completely distinct cultural backgrounds, participants' individual perceptions may have been altered by their cultural upbringing. Therefore, it seems fair to propose that the British participants' perception of strict parenting maybe different to how Sri Lankan participants would define strict or authoritarian parenting. In support, Gardner, Gabriel and Lee (1999) stated that individual perceptions of those who come from collectivistic cultures (e.g., Sri Lankan culture: Pathirana, 2016) are different to that of those who are raised in individualistic cultures (e.g., Western cultures such as the British culture: Gardner, Gabriel & Lee, 1999). Furthermore, Furnham and Cheng (2000) stated that all retrospective parental questionnaires in which children determine their parent's parenting style are problematic, as participants' perceptions maybe altered by individual biases such as age of the participant (McCrae & Costa, 1993), individual characteristics of the

child/young person for instance anxiety and impulsivity (Plomin, Defries & Lochler, 1977) and social desirability, which causes participants to only give answers that they perceive to be socially accepted (Furnham & Cheng, 2000). Thus, a more reliable understanding of parenting style and cultural differences in parenting would have been obtained, had the study incorporated the parents' views of their parenting style as well (Furnham & Cheng, 2000).

Results inferred that secure attachments with parents are vital for the psychological wellbeing of young people. In a similar study, Claes, Raedt, Walle, and Bosmans (2016) found that individuals with insecure attachments with their mother are less likely to trust their mother which results in lack of communication between the young person and their mother. Authors further elaborated that children who do not communicate with their parents effectively are more likely to engage in life-long-non-suicidal self-injurious behaviour. Likewise, Bowlby's Attachment theory suggests that weak parent-child relationships could trigger long-term behavioural complications such as self-harm in young people (Ainsworth & Bowlby, 1991). The Cry of Pain Model further demonstrates that children experiencing weak parental attachments release the distress caused by parental conflicts through engaging in unhealthy coping strategies such as self-harm (Williams, 2001). An exploratory analysis revealed a strong negative relationship between secure attachments and authoritarian parenting style, indicating that children with strict/authoritarian parents were least likely to form secure attachments with their parents. Results also indicated a weak positive relationship with permissive parenting style and a strong positive relationship between authoritative parenting style (ideal parenting style) and secure attachments with parents. This indicates that young people are most likely to form strong, secure attachments with their parents when their parents' parenting style is authoritative which displays acceptance, flexibility and disciplining through reasoning (Baumrind, 1971). Further, participants were most likely to have self-harmed in the past if they had authoritarian/strict parents and participants with permissive parents were least likely to have attempted self-harm. Baumrind (1971) explained that permissive parents have very few requirements for their children and this parenting type makes children feel more comfortable and less pressurised by their parents. Lack of parental control and demands also infer less parent-child interpersonal conflicts (Furnham & Cheng, 2000), while many young people who self-harm have claimed that interpersonal conflicts with parents precipitated their self-harming behaviour.

Weaknesses and Strengths
Requiring participants to complete the measures considering their parents in general instead of for the mother and father separately was one main limitation. This may have confused the participants as it is conceivable that there would be differences between the two parents which may, in turn, have affected the overall results of the study. However, authors of the IPPA scale stated that results indicated for mothers and fathers separately were not significantly different from the results obtained in the original version for parents together (Armsden & Greenberg, 1987). Another shortcoming was that the measures generally raised questions for 'parents', disregarding participants who may have been raised with only one parent. Hawton et al. (2002) stated that participants living with one parent were more likely to deliberately self-harm.

Notwithstanding the limitations, on a positive note, this study also contained many strengths that contributed to the success of the overall research. Firstly, the present study recruited a

similar number of participants (100 from each country) who were all psychology undergraduate students living in their home countries, to keep the sample as balanced and unbiased as possible. The study ensured that there were not any Sri Lankan students living in the UK or British students living in Sri Lanka included in the sample to avoid answers or parents' parenting styles being influenced due to cultural adaptation (Guillemin, Bombardier & Beaton, 1993).

Future Implications

Prospective researchers may replicate the current study in a clinical setting with a sample of all self-harmers. Eliminating any participants who have been diagnosed with any psychiatric conditions is also suggested. Future studies may also incorporate parents' responses to the measures on perceived parenting and attachment. This will enable researchers to see if parents perceive their parenting styles similarly to how their children would, and obtaining parents' understanding of self-harming behaviour, in general, is also suggested. It would be interesting to see if parents have any clue as to whether their children self-harm or not as, Arbuthnott and Lewis (2015) found that most parents around the world are surprisingly unaware that their children engage in self-harm. Moreover, the National Institute for Health and Clinical Excellence guidelines on self-harm treatment (NICE: 2005) suggested that parents' perspectives of child's self-harming should be accounted for when developing interventions.

CONCLUSION

Regardless of the multifaceted nature of self-harm, self-harming is a critical public health concern that needs serious clinical evaluations. A significant amount of Sri Lankan and British university students have experienced self-harming in the past and Sri Lankan participants continued to do so more in the present. While poor attachment with parents is linked with authoritarian parenting, participants from both countries were self-harming more in the absence of secure attachments with parents. Participants who identified their parents as authoritarian were more likely to self-harm when compared to participants with permissive and authoritative parents. The key message delivered from this study is that despite the cultural background, all young people require secure and strong attachments with parents for improved psychological wellbeing. Therefore, clinicians should consider the role of parents of young self-harmers and incorporate parents as valuable resources when implementing treatment and conducting awareness programmes. Mental health professionals should also acknowledge that cultures have canonical narratives of self-harm and therefore, treatments and clinical interventions should be adapted with cultural appropriateness.

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