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|Research Article |

Suicidal Ideation among Individuals with Borderline and Narcissistic Trends: A cross-cultural study of Chinese and Pakistani adolescents and young adults

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Abstract

Suicide is a major public health problem, among adolescents and young adults. In this study, we aimed to examine the relationship between the traits of Borderline personality disorder (BPD), narcissistic personality disorder (NPD), and suicidal ideation and behaviors. Adolescents and young adults mean age of 23.6 (SD = 6.1) were screened with standardized questionnaires 1, Scale for Suicidal Ideation (SSI-19), 2, Borderline Personality Inventory (BPI-53), and 3, Narcissistic Personality Inventory (NPI-16) assessing suicidal ideation, traits of Borderline personality disorder and Narcissistic personality disorder. Descriptive statistics, parametric tests, Pearson correlation coefficients, and reliability analysis were utilized for differences in the population mean scores. Pakistanis have a significantly lower mean score of 5.1 than Chinese (mean score of 6.9) on NPI-16 ($t = -7.22$, $p < 0.001$), indicating a substantial difference between the two populations. Similarly, Pakistani participants have a lower mean score of 4.2 than Chinese participants' mean score of 7.6 on BPI-53 with inverse significant differences ($t = -15.61$, $p < 0.001$), and large effect size ($d = 1.02$). However, Pakistanis have a significantly lower mean score (5.5) than the Chinese mean score of 7.7 for suicidal ideation with an inverse statistically significant difference ($t = -5.25$, $p < 0.001$) and a modest effect size ($d = 0.37$). These findings emphasize the importance of considering cultural context when interpreting psychological assessments and designing interventions aimed at addressing suicidality and mental health issues.

Keywords: Suicide, Suicidality, Borderline Personality Disorder, Narcissistic Personality Disorder and Psychological assessment

Introduction

Suicide is a major public health problem, among adolescents and young adults. According to recent reports by the World Health Organization, about 800,000 people worldwide die by suicide (World Health Organization, 2019). The estimated male standardized ratio is twice as high than females, however, as compared to China (5.6 vs 2.8), Pakistan (19.1 vs 6.7) has alarmingly high rates of suicide reported among adolescents and young adults (WHO, 2019). Suicidality with personality disorders is a complex phenomenon, however, several demographic factors and clinical factors have been consistently associated including being single, having low educational attainment, and socioeconomic status (Abdullah, Khalily, Ahmad, & Hallahan, 2018), psychopathology symptoms ie. depression and anxiety, and impulsive behavior (Abdullah, Khalily, Ruocco, & Hallahan, 2023). Borderline personality disorder (BPD) and narcissistic

personality disorder (NPD) are two distinct personality disorders that share overlapping features and a heightened risk of suicidal ideation and behaviors (Yen et al., 2021; Gabbard, 2022).

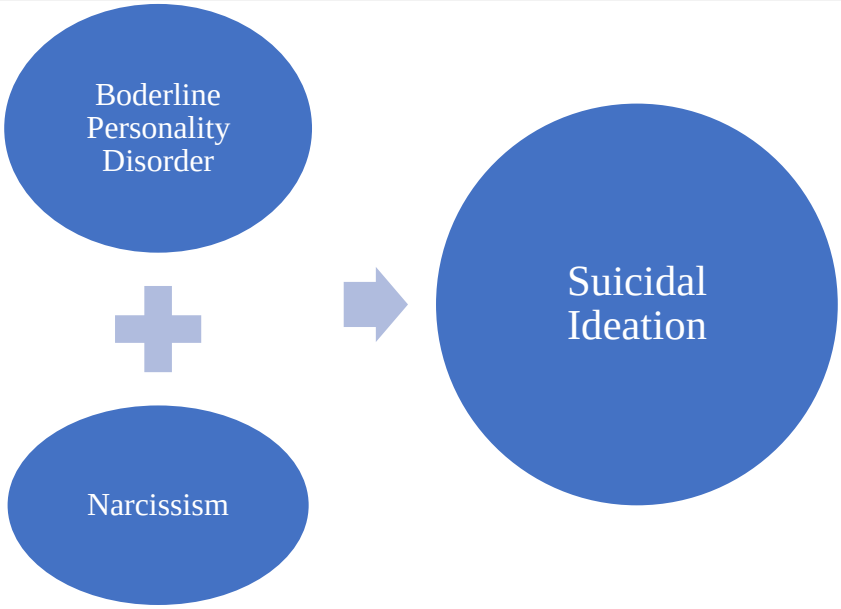
Previous studies have shown that individuals with borderline personality disorder (BPD) and narcissistic personality disorder (NPD) are at a higher risk of suicidal ideation and behaviors (Paris, 2019; Coleman et al., 2017). Borderline personality disorder (BPD) is characterized by instability in relationships, self-image, and emotions, as well as impulsive behavior (American Psychiatric Association, 2013). NPD is marked by grandiosity, need for admiration, and a lack of empathy (Gabbard, 2022). The prevalence of BPD and NPD varies across different cultural landscapes, shaping the manifestation and expression of suicidal ideation (Hedemann, 2023).

In Pakistan and China, two countries with diverse cultural and socioeconomic contexts, the incidence of suicidal ideation and suicidal acts is a growing concern. In Pakistan, the prevalence of suicide attempts is high, with underreported cases in two years across three provinces (Imran et al., 2023). In China, the intersection of traditional values and rapid modernization adds complexity to the understanding of suicidal behaviors (Yan, & Gai, 2022).

The present study aimed to investigate the relationship between suicidal ideation and the traits of borderline personality disorder i.e. impulsivity and narcissistic personality disorder in Chinese and Pakistani populations. By exploring the cultural and psychological factors that contribute to suicidal ideation in these populations, this study seeks to inform comprehensive research and intervention strategies to address this critical public health issue. Furthermore, to examine the relationship of suicidal ideation with borderline personality disorder and narcissism among Pakistani and Chinese individuals, we compared the prevalence of suicidal ideation among individuals with borderline personality traits and narcissistic personality traits in Chinese and Pakistani populations. Also, examining suicidal ideation, borderline personality, and narcissistic personality traits by gender differences among Pakistani and Chinese individuals. Thus, we hypothesize as follows

- There will be a positive relationship between suicidal ideation and borderline personality disorder (BPD) and narcissistic personality disorder among Pakistani and Chinese individuals.
- The prevalence of suicidal ideation will be higher among individuals with borderline personality traits than those with narcissistic personality traits in both Chinese and Pakistani populations.
- Female will score high on suicidal ideation, borderline personality disorder (BPD), and narcissism among both Pakistani and Chinese individuals.

Conceptual Model



The relationship between Borderline personality disorder, narcissistic personality disorder, and suicidal ideations (Figure 1)

Methodology

Study Design and Participants

Male female students (n = 730) from six educational institutions (colleges and universities) aged 15-26 years in Peshawar, Khyber Pakhtunkhwa, Pakistan, and Guangzhou, China were screened for the study. Heads of departments were briefed, permissions were obtained, and participants were provided with detailed information about the study objectives and procedures. Written informed consent was obtained from participants 18 and above years, however, parental consent was obtained on collecting data from ages 17 and below.

Data were collected via self-report questionnaires from participants of different institutional backgrounds in China and Pakistan. The data was attained from Chinese and Pakistani populations, from Pakistan a total of 207 participants were included in the sample, with 100 identified as male and 107 as female. On the other hand, the Chinese sample consisted of 523 participants, comprising 167 males and 356 females. Combining both samples, the overall count reveals 267 male participants and 463 female participants, totaling 730 individuals.

Instruments

Narcissistic Personality Inventory (NPI-16)

The scale comprises of 16 items aimed at assessing the current intensity of an individual's behavior, personality trends, and attitudes. Each item presents three response options, rated on a 2-point scale from 0 to 1, with "A" indicating narcissistic trends and "B" indicating non-narcissistic trends. The scale measures narcissistic personality traits, grading each item based on the intensity of these traits with a reliability coefficient of .84, ensuring its consistency and accuracy in evaluating narcissistic tendencies (Ames, Rose, & Anderson, 2006).

Scale for Suicidal Ideation (SSI-19)

The SSI-C is a 19-item scale for assessing the persistence and intensity of individuals' risky behaviors, self-harm tendencies, attitudes, and suicidal ideation. It encompasses various aspects of personality traits and behaviors, such as the Wish to Die, Wish to Live, Reason for Living or Dying, Active Suicidal Desire, and Passive Suicidal Desire, among others. Each item presents three response options on a 3-point scale ranging from 0 to 2, with ratings corresponding to the degree of persistence and intensity of self-harm behaviors and suicidal ideations. The total score of the scale ranges from 0 to 38, derived from summing the ratings of the 19 items. Notably, items 4 and 5 serve as initial indicators of suicidal tendencies, while items 6 to 19 assess actual suicide attempts. The scale exhibits high internal reliability, with a Cronbach coefficient alpha ranging from .83 to .89, as demonstrated in studies involving hospitalized patients (Beck et al., 1979).

Borderline Personality Inventory (BPI-53)

The Borderline Personality Inventory (BPI) introduced in this study is a concise self-report instrument comprising 53 true-false items. The BPI includes scales targeting key dimensions such as identity diffusion, primitive defense mechanisms, reality testing, and fear of closeness. It proposes a cutoff score facilitating BPD diagnosis and exhibits robust psychometric properties, with Cronbach's alpha ranging from .68 to .91 for internal consistency and retest reliability values from .73 to .89 (Leichsenring, 1999).

Procedure

The study procedure involved briefing department heads about the study's aim, obtaining informed consent, and securing ethical clearance. Ethical approval for data collection was obtained from relevant institutionalized authorities sited in China and Pakistan. Participants were informed about the study's purpose and provided voluntary consent. Data collection included administering demographic sheets, the Narcissistic Personality Inventory (NPI-16), the Borderline Personality Inventory (BPI), and the Beck Scale for Suicidal Ideations (SSI).

Statistical analysis

Statistical analysis was conducted using Statistical Package for Social Sciences (SPSS Inc., IBM, New York, United States) Version 23.0, involving descriptive statistics, parametric tests, Pearson correlation coefficients, and reliability analysis for each scale with significance set at $p < 0.01$. This process ensured systematic data collection and rigorous analysis across both populations.

Results

The current study tended to examine suicidal ideation among individuals mean age 23.6 (SD = 6.1) exhibiting borderline and narcissistic trends across Chinese and Pakistani populations. Through the comprehensive analysis of self-report questionnaires and robust statistical methods, the findings offer valuable insights into the complex dynamics underlying suicidal ideation.

Table 1. Descriptive statistics

		Pakistani *(n=207)*		Chinese *(n=523)*	
Variable	Category	*N*	*%*	*N*	*%*
Gender	Male	100	48.3	167	31.9

	Female	107	51.6	356	68.1
Marital Status	Single	122	58.9	468	89.4
	Married	85	41.1	55	10.5

Descriptive statistics for the Pakistani and Chinese samples are detailed in the distribution of participants across different categories of gender and marital status (see Table 1). The Pakistani sample, comprising 207 individuals, gender distribution reveals a relatively balanced representation, with 48.3% males and 51.6% females. However, in the Chinese sample, consisting of 523 participants, there is a notable gender disparity, with a higher proportion of females (68.1%) compared to males (31.9%). Regarding marital status, the majority of Pakistani participants identified as single, accounting for 58.9% of the sample, while a smaller proportion reported being married (41.1%). In contrast, the Chinese sample exhibits a strikingly different marital status distribution, with a significantly higher percentage of single individuals (89.4%) compared to those who are married (10.5%).

Table 2. Descriptive statistics and Correlation for NPI-16, BPI-53 and SSI-19 (n=730)

Variables	*M*	*SD*	*1*	*2*	*3*
Narcissistic Personality	6.4	3.2	-	-.33**	.01
Borderline Personality	6.5	3.1		-	.06
Suicidal Ideation	7.1	5.3			-

**. Correlation is significant at the 0.01 level (2-tailed).

The relationships between NPI-16, BPI-53, and SSI-19 within a sample of 730 individuals (see Table 2). The narcissistic personality was significantly negatively correlated (r = -.33**), suggesting an inverse relationship between narcissistic personality and borderline personality. However, borderline personality traits were not significantly associated with suicidal ideation (r = .06). Also, there was no significant correlation between narcissistic traits and suicidal ideation (r = .001), implying that the presence of narcissistic traits does not necessarily predict higher levels of suicidal thoughts in this context.

Table 3. Mean differences across countries on NPI-16, BPI-53 and SSI-19 (n=730)

	Pakistani *(n= 207)*		Chinese *(n=523)*				
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	*Cohens' d*
Narcissistic Personality	5.1	5.1	6.9	1.9	-7.22	<.001	0.48
Borderline Personality	4.2	3.4	7.6	2.4	-15.61	<.001	1.02
Suicidal Ideation	5.5	7.7	7.7	3.9	-5.25	<.001	0.37

Chinese participants have a higher mean score of 6.9 than the Pakistani participant's mean score of 5.1 on NPI-16, indicating an inverse significant difference between the two populations (t = -7.22, p < 0.001) with a smaller effect size d = 0.48. Similarly, Pakistani participants have a lower mean score of 4.2 than Chinese participants' mean score of 7.6 on BPI-53 with inverse significant differences (t = -15.61, p < 0.001), and large effect size (d = 1.02). However, Pakistanis have a significantly lower mean score (5.5) compared to the Chinese mean score of 7.7 for suicidal ideation with an inverse statistically significant difference (t = -5.25, p < 0.001) and a modest effect size (d = 0.37).

Tabe 4. Means, Standard Deviations, and Two-Way ANOVA Statistics of NPI-16, BPI-53 and SSI-19 (n=730)

Gender	Country	NPI-16		BPI-53		SSI-19		*p*	*N*
		M	*SD*	*M*	*SD*	*M*	*SD*		
Male	Pakistani	4.9	5.1	4.3	3.5	6.4	8.5	<.001	100
	Chinese	7.1	2.1	7.4	2.4	8.3	3.9	<.001	167
	Total	6.3	3.7	6.3	3.2	7.6	6.2	<.001	267
Female	Pakistani	5.3	5.1	3.9	3.4	4.6	6.8	<.001	107
	Chinese	6.9	1.8	7.6	2.3	7.5	3.8	<.001	356
	Total	6.6	2.9	6.7	3.0	6.8	4.8	<.001	463

Means, standard deviations, and two-way ANOVA statistics for narcissism, borderline personality, and suicidal ideation scores, categorized by gender and country, within a sample of 730 individuals are presented in Table. 4.

The table reveals notable variations across gender and country on Narcissistic personality disorder traits. Male Chinese participants have a higher mean score (M = 7.1, SD = 2.1) on NPI-16 than Pakistani participants (M = 4.9, SD = 5.1). Similarly, female Chinese participants also have a higher mean score (M = 6.9, SD = 1.77) than Pakistani participants (M = 5.21, SD = 5.05) on NPI-16 ($p < 0.001$).

Male Chinese participants have a higher mean score (M = 7.4, SD = 2.4) than Pakistani participants (M = 4.3, SD = 3.5). Female Chinese participants also have a higher mean score (M = 7.6, SD = 2.3) than Pakistani participants (M = 3.9, SD = 3.4) on BPI-53 ($p < 0.001$).

However, male Chinese participants have a higher mean score (M = 8.3, SD = 3.9) than Pakistani participants (M = 6.4, SD = 8.5). Female Chinese participants also have a higher mean score (M = 7.5, SD = 3.8) than Pakistani participants (M = 4.6, SD = 6.8) on SSI-19 ($p < 0.001$).

Discussion

Our findings revealed significant differences in gender and marital status distributions between Pakistani and Chinese samples, providing insights into potential cultural and societal influences. While the Pakistani sample demonstrates a relatively balanced gender distribution, with nearly equal percentages of males and females, the Chinese sample exhibits a distinct gender disparity, with a significantly higher proportion of females. The gender discrepancy in the Chinese sample may reflect broader societal norms or demographic trends within the respective populations. Furthermore, marital status reveals contrasting patterns between the two samples, with Pakistani participants identifying as single, whereas the Chinese sample predominantly comprises single individuals. These findings emphasize the importance of considering cultural context and societal factors when interpreting research outcomes and designing interventions, as they may significantly impact participant demographics and study outcomes.

The relationship between narcissistic and borderline personality traits aligns with existing literature highlighting the contrasting nature of these constructs (Miller et al., 2011). This inverse

relationship may stem from the distinct behavioral tendencies associated with each trait, with narcissistic personality characterized by grandiosity and a lack of empathy, while borderline personality traits involve emotional dysregulation and unstable self-image (Paris, 2018; Ronningstam et al., 2014). Individuals high on narcissistic traits may suppress or deny vulnerability, whereas those with borderline traits may openly exhibit emotional distress (Ronningstam et al., 2014).

Conversely, the lack of a significant correlation between borderline personality traits and suicidal ideation contradicts some previous research suggesting a positive association between these variables (Klonsky et al., 2003). This discrepancy could be attributed to methodological differences or the heterogeneity of borderline personality features within the sample, as suicidal behavior is multifaceted and influenced by various factors beyond personality traits alone (Selby, Yen, & Spirito, 2013). Moreover, the complexity of suicidality is influenced by innumerable factors including psychological, social, and environmental factors beyond personality traits alone. Furthermore, the absence of a significant correlation between narcissistic personality and suicidal ideation assumes linking narcissistic traits to increased levels of suicidality (Ronningstam, 2011). The finding explained the adaptive nature of narcissistic traits, which may serve to protect against suicidal tendencies by bolstering self-esteem and maintaining a facade of invulnerability (Ronningstam, 2009). Additionally, it accentuates the importance of considering other risk factors and protective factors that may mediate the relationship between narcissism and suicidal ideation, such as social support, coping strategies, and access to mental health resources (Yen et al., 2023).

Moreover, findings revealed significant mean differences between Pakistani and Chinese participants across narcissistic, borderline personality traits, and suicidal ideation, which explains potential cultural variations. Consistent with prior research highlighting cultural differences in personality traits (Cheung, van de Vijver, & Leong, 2011), Pakistani participants exhibit significantly lower levels of narcissistic and borderline personality traits compared to their Chinese counterparts. These findings suggest that cultural norms and societal values may influence the expression and prevalence of certain personality traits, with collectivist cultures like Pakistan potentially fostering lower levels of individualistic traits such as narcissistic personality. Additionally, the observed differences in suicidal ideation, although smaller in effect size, echo previous studies indicating cultural variations in mental health outcomes (Klonsky & May, 2015), emphasizing the need for culturally sensitive interventions and mental health policies tailored to diverse populations.

The findings also indicated the significance of considering cultural variations when examining psychological traits and mental health outcomes, aligning with previous research in the field. Studies exploring cultural differences in personality traits have consistently found that individualistic cultures, such as China, tend to exhibit higher levels of narcissistic traits compared to collectivist cultures like Pakistan (Cheung et al., 2011). This cultural divergence may stem from societal values and norms that emphasize self-enhancement and assertiveness in individualistic cultures, while collectivist cultures prioritize interpersonal harmony and group cohesion

(Triandis, 2001). Additionally, research on cultural differences in mental health outcomes has highlighted disparities in suicidal ideation between Eastern and Western cultures, with higher rates reported in Western countries (Klonsky & May, 2015). These findings underline the complex interplay between cultural context, psychological traits, and mental health outcomes, emphasizing the need for culturally sensitive interventions and mental health policies tailored to diverse populations.

Conclusion

The study findings highlighted a significant difference between cultural context, psychological traits, and mental health outcomes in Pakistani and Chinese individuals. Significant, variations in narcissistic and borderline personality traits, and suicidal ideation across gender and country, highlight potential cultural effects on these psychological constructs. Chinese participants reflect potential cultural differences in the manifestation of psychological traits and mental health outcomes. These findings emphasize the importance of considering cultural context when interpreting psychological assessments and designing interventions targeting mental health issues. Future research should explore the underlying mechanisms driving these cultural disparities and their implications for clinical practice and cross-cultural understanding. Additionally, culturally sensitive interventions require mental health policies tailored to diverse populations are warranted to address the unique needs of individuals within varying cultural contexts.

Limitations and Future Recommendations

The study provides valuable insights into cultural variations in psychological traits and mental health outcomes, but several limitations warrant consideration. Firstly, the sample primarily comprises individuals from Pakistan and China, limiting the generalizability of the findings to other cultural contexts. Future research should include participants from a more diverse range of cultural backgrounds to enhance the external validity of the findings. Additionally, the study relies on self-report measures, which are subject to response biases and may not fully capture the complexity of psychological constructs. Utilizing multiple assessment methods, such as clinical interviews or observer ratings, could provide a more comprehensive understanding of participants' psychological profiles. Furthermore, the cross-sectional design of the study precludes causal inferences about the relationships observed between cultural factors, psychological traits, and mental health outcomes. Longitudinal studies tracking participants over time would enable a more nuanced examination of these dynamics.

Several recommendations can inform future research and clinical practice in this area. Firstly, researchers should prioritize collaboration across cultural and disciplinary boundaries to foster a more comprehensive understanding of the cultural influences on psychological well-being. Additionally, efforts should be made to develop culturally sensitive assessment tools and interventions tailored to the unique needs and values of diverse cultural groups. This could involve adapting existing measures to better reflect cultural nuances or developing novel interventions that incorporate culturally relevant strategies for promoting mental health and well-being. Furthermore, fostering cross-cultural competence among mental health professionals

is crucial for providing effective and culturally responsive care to individuals from diverse backgrounds. Training programs and continuing education initiatives should emphasize the importance of cultural humility, awareness, and sensitivity in clinical practice. By addressing these limitations and implementing these recommendations, future research and clinical efforts can contribute to a more inclusive and culturally informed approach to understanding and promoting mental health across diverse populations.

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