Cultural Influences on Help-Seeking and Interpersonal Behaviors among Adolescents with Borderline Personality Disorder: a Cross-Cultural Perspective

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Abstract. Borderline Personality Disorder (BPD) adolescents generally experience unstable emotions, interpersonal conflicts, and self-injurious intentions, but usually avoid seeking psychological help, which increases clinical risks. Through the literature review approach and analysis of empirical research, this paper indicates that Western culture emphasizes individual expression and independence, and BPD adolescents are more likely to exhibit impulsive and high-risk behaviors, but stigma will significantly delay help-seeking behaviors. While Eastern culture values family responsibility and collective harmony, BPD adolescents tend to suppress their emotions and fall into dependence and isolation due to a shame culture context and role confusion. Research results indicate that cultural factors significantly affect the symptoms and intervention of BPD adolescents. The research findings suggest that cross-cultural comparison enriches cultural psychology theories and provides a culturally sensitive clinical diagnosis and intervention pathway. This paper emphasizes the importance of cross-cultural comparison and proposes the importance of introducing cultural sensitivity in diagnosis and intervention.

Keywords: Borderline Personality Disorder, cross-cultural comparison, help-seeking behaviors, interpersonal communication patterns.

1. Introduction

In the study of adolescent mental health, Borderline Personality Disorder (BPD) is of high concern due to its high-risk characteristics. BPD adolescents usually exhibit intense interpersonal conflicts, unstable emotions, and self-injury intentions, but generally avoid psychological help-seeking behaviors, thus missing the best intervention time. Existing research indicates that Western scholars tend to explore the help-seeking and interpersonal behaviors of BPD adolescents from the perspectives of individualism and self-expression, while Eastern researchers focus more on family structure and social judgments. However, most existing studies are limited to a single cultural context, so cross-cultural comparisons are still insufficient. Eastern culture focuses on family responsibilities and collectivism. BPD adolescents are more likely to suppress their emotions and express their needs in an implicit way, but the shame culture and role confusions worsen their isolation and dependence. From the perspective of interpersonal communication, Western BPD adolescents tend to engage in impulsive behaviors and high-risk relationships. In contrast, Eastern BPD adolescents tend to express attachment anxiety through withdrawal and silence.

Nevertheless, these studies did not completely reveal how cultural differences systematically affect the symptoms, help-seeking behaviors, and interpersonal communications of BPD adolescents. The research blank limits the universality of diagnostic criteria and intervention strategies. Different cultural values will not only affect the symptoms of BPD adolescents but also deeply shape their help-seeking behaviors and interpersonal interactions. Thus, cross-cultural comparison has both academic and clinical significance, helping to establish culturally sensitive diagnostic and intervention strategies. This article will systematically compare the help-seeking and interpersonal behavior patterns of BPD adolescents in Eastern and Western cultures through the literature review approach.

2. Core concepts

Borderline Personality Disorder (BPD), as a recognized mental disorder, shows distinct manifestations in the adolescent population. According to the diagnosis standards of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and International Classification of Diseases (ICD), the main characteristics of BPD include significant emotional instability, impulsive behaviors, and frequent changes in interpersonal relationships. The etiology is frequently related to genetic predisposition, early childhood insecure attachment, and stressful circumstances. In the adolescent life period, BPD manifests as a distinguished unstable self-identity and intensive impulsivity, which affects academic and social functions, help-seeking behaviors, and interpersonal communication.

Help-seeking behavior is an essential dimension to understand adolescent BPD patients. Such behavior is generally categorized into formal help-seeking behaviors, such as professional mental health therapy and psychiatric services, and informal help-seeking behaviors, including confiding in family and friends. Several studies indicate that many factors, for instance, family support, stigma, and self-consciousness, will affect whether and how adolescents seek help. Even though many young BPD patients already have a consciousness of self-injury or suicidal ideation, they may still avoid formal help-seeking because of the fear of being judged, which delays the best time for intervention.

Moreover, cultural backgrounds constitute a critical determinant shaping help-seeking behaviors and interpersonal patterns as well. In Western culture, adolescents are more likely to express mental distress in public and seek help through social media and professional therapy. However, in Eastern culture, stigma and family pressure frequently cause adolescents to evade instead of asking for help. This cultural difference not only affects whether adolescents can receive timely intervention but also further shapes their communication style and attachment patterns in interpersonal interactions.

From an interpersonal behavior perspective, BPD adolescents exhibit unique behavioral patterns, including alternating between idealization and devaluation, repeated interpersonal conflict, unstable attachment patterns, overwhelming emotional dependence, and extreme fear of abandonment. These behavioral tendencies frequently lead to a vicious cycle in interpersonal communication or intimate relationships, largely due to difficulties in emotion regulation and attachment insecurity, which exacerbate their mental suffering and gradually hinder their long-term social adaptation.

3. Help-seeking across cultures

In Western culture, help-seeking behaviors of adolescents are deeply affected by individualistic values, which emphasize individual expression, self-awareness enhancement, and an open help-seeking culture. Compared to Eastern culture, Western society encourages individuals to directly express psychological distress and seek help through formal and informal channels. Cultural atmosphere not only appears in educational and medical systems, but also reflects on international platforms like social media.

Empirical studies have revealed that Western social media plays a positive and effective role in reducing the stigma of adolescent mental diseases and promoting help-seeking behaviors. Amsalem et al. used Instagram to develop a short video intervention program for adolescents. The result demonstrated that all five videos reached a total of approximately 808,000 viewers, and 4,148 viewers clicked on the link to learn more about mental health. Among all, videos featuring authentic personal narratives were the most effective and popular, significantly increasing viewers' willingness to learn more about mental health knowledge and services [1]. Further reviews have indicated that adolescents tend to be anonymous and use convenient channels to get mental health support, revealing the unique role of digital platforms in helping adolescents overcome barriers of shyness to seek help in Western culture.

Although in general, Western culture encourages an open help-seeking environment, the practical help-seeking process of BPD adolescents still experiences significant delay. Lustig et al. found that adolescents with BPD took significantly longer to seek professional help after first experiencing

suicidal consciousness than adolescents without BPD ($t(365) = -3.70$, $p < .001$); same tendency appeared in non-suicidal self-injury behaviors ($t(391) = -2.55$, $p = .011$) [2]. The delay may worsen symptoms and significantly increase the risk of suicide. Thus, even though the culture encourages openness, the etiology of BPD, such as impulsivity and emotional instability, may still become an important factor that obstructs timely help-seeking.

Moreover, stigmatization within the Western medical system further exacerbates the difficulties of BPD adolescents seeking help. Some medical staff keep a passive or even hostile attitude toward BPD patients, frequently describing BPD as manipulative and untreatable, and also avoiding long-term treatment responsibility [3]. The negative perception creates a double dilemma for BPD adolescents when seeking help from the healthcare system: BPD patients have no choice but to ask for help, but they worry about being labeled and discriminated against. To get a more empathetic treatment, some BPD patients even choose to reframe personal experiences as post-traumatic stress disorder, to avoid discrimination against BPD [3].

To sum it up, Western culture fosters an openly help-seeking atmosphere at the macro-level, particularly through social media platforms, which promote the dissemination of mental health knowledge and pathways for seeking help. However, for BPD adolescents, the cross effects of unique psychological characteristics and stigma still delay the progress of getting help. The phenomenon reveals the tension between social support and individual-level difficulties in Western cultural backgrounds, offering a fresh perspective and an important reference for cross-cultural comparative studies.

Different from Western culture, which emphasizes individual expression and open help-seeking, Eastern culture emphasizes group harmony and family responsibilities. Under the Eastern value framework, adolescents' psychological worries are frequently suppressed or expressed indirectly instead of being expressed directly. As part of the Chinese traditional culture, filial piety underlines that children must obey, respect, and love their parents. Filial piety renders parental psychological control more justifiable and socially acceptable to some extent, even though such control may bring negative influences to adolescents' mental health. Studies have indicated that Eastern values like filial piety make adolescents more likely to accept or even rationalize parents' strict control, which worsens their mental state and increases the risk of non-suicidal self-injury [4].

Family pressure and interpersonal concerns from Eastern culture are essential factors that hinder BPD adolescents from seeking psychological help. A few adolescents worry that seeking professional mental therapy may cause them to be isolated by their peers. Meanwhile, they gradually believe that receiving mental treatment will bring economic and time burden to the family, which further weakens their willingness to seek help [5]. Under an emphasizing family and group responsibilities cultural atmosphere, it is more possible for BPD adolescents to consider family harmony than their individual mental requirements, then delay or give up professional help-seeking. Moreover, studies have revealed that Chinese adolescents experience direct domestic violence and emotional abuse more frequently than adults, especially in academic settings [6]. Heavy academic pressure and intensive peer competition not only worsen BPD symptoms but also significantly increase the likelihood of experiencing conflict and isolation from peers [6]. In such an environment, mental problems are often attributed to insufficient effort or failure to meet family expectations, rather than seen as a mental disorder that needs professional interventions. Thus, feelings of shame and self-blame, affecting adolescents, fall into a dilemma where they are "not brave enough to seek help, and unable to escape."

Meanwhile, stigma is also an obstacle in Eastern cultural backgrounds. Chen et al. discovered, based on a survey of Chinese adolescents, that stigma surrounding mental health services was one of the most significant obstacles preventing them from using mental health resources [7]. This phenomenon is similar to Western culture, but more significant in Eastern culture, because collectivist values increase the influence of social evaluation. Thus, personal psychological distress can easily be seen as a shame for the family, especially among BPD patients. Furthermore, BPD is often neglected in Chinese psychiatric practices, and there are significant absences in clinical assessment and

diagnosis [6]. The neglect worsens the stigma of BPD and makes it tough for BPD adolescents to receive timely and accurate diagnosis and interventions.

In summary, Eastern culture emphasizes family responsibilities and group harmony in value level, but notably inhibits the help-seeking behaviors of BPD adolescents. Crossed effects like filial piety, family pressure, social stigma, and educational burden constitute the main obstacles hindering BPD adolescents' help-seeking behaviors. To effectively improve the accessibility of adolescent mental health services, it is necessary to re-examine the intervention strategies, reduce stigma, and relieve family pressure under the framework of cultural sensitivity, in order to establish a safe path of help-seeking.

Overall, Western culture emphasizes individual expression, self-awareness, and an open atmosphere that encourages help-seeking. Social media plays a positively effective role in reducing stigma and promoting help-seeking behaviors. However, BPD adolescents still may delay seeking help due to impulsivity, emotional instability, and negative attitudes within the healthcare system. Compared to Western culture, Eastern culture places a greater emphasis on family responsibilities and group harmony. It is common for adolescents to choose to endure BPD to avoid burdening families or damaging interpersonal relationships. Meanwhile, academic competition and social stigma further worsen BPD adolescents' self-blame and shame, obstructing the path to seeking help. Thus, Western culture provides a macro supportive atmosphere for seeking help, but BPD traits and medical stigma create obstacles; Eastern culture directly restricts help-seeking behaviors at the fundamental value level and family structure.

4. Interpersonal relationships across cultures

Under a Western cultural background, the interpersonal relationships of BPD adolescents often exhibit high instability and complexity. Compared to the general adolescent population, BPD adolescents are more likely to experience repeated conflicts in their intimate relationships, friendships, and social interactions. Existing studies have documented that fluctuations in relationships, intimacy, conflicts, and criticism of BPD females are significantly more intense than that of the control group in a six-month follow-up. This result indicates that adolescents with BPD have markedly unstable interpersonal relationships, which frequently alternate between idealization and devaluation [8]. This pattern of communicating increases the risk of relationship breakdown, leading to adolescents with BPD maintaining a long-term unstable state in social adaptation.

Regarding impulsivity and risky sexual behaviors, the data indicated that approximately 12% of adolescents reported impulsive sexual behavior outside of a relationship; they engaged in more frequent and severe impulsive sexual behaviors and tended to have sex with non-committed partners [9]. The group has significantly higher BPD features compared to the general adolescent population, which means that it is difficult for BPD adolescents to maintain loyalty and attachment in romantic relationships and satisfy requirements through complicated and unstable relationships. The interaction pattern of BPD in adolescents weakens the stability of their relationships and increases the likelihood for them to engage in high-risk behaviors, leading to more psychological and social challenges.

From the perspective of companionship, psychiatric clinical data showed that about 69.7% of adolescent inpatients with BPD satisfied the diagnostic criteria for "unstable and intense interpersonal relationships characterized by alternating idealization and devaluation". In comparison, the proportion of the non-BPD group was only 11.1% [10]. This result indicates that it is common for BPD adolescents to experience more extreme and dramatic mood swings in friendships and peer interactions, frequently changing from intimate to devaluation, which triggers continuous tension and conflicts. A comparative quantitative analysis found that the correlation coefficient between BPD traits and peer attachment problems was as high as $r = 0.65$, $p < .001$, which is significantly higher than the correlation between BPD features and adolescent-parent attachment problems ($r = 0.50$, $p < .001$) [10]. The higher correlation coefficient in peer relationships may reflect that during the

adolescent period, individuals gradually shift emotional focus from family to peer group. In other words, BPD adolescents are more easily led to interpersonal conflict because of the unstable attachment pattern. When BPD adolescents encounter rejection or ignorance, they generally exhibit intense emotional responses and uncontrolled behavior, which fuels the cycle of idealization and devaluation. The cycle further weakens their ability to establish a stable relationship, forming a vicious cycle, making peer relationships both a major source of dependence and a major cause of psychological distress.

Compared to BPD features like impulsivity, risky sexual behaviors often occur in Western culture; BPD adolescents in an Eastern cultural background tend to suppress emotional expression in interactions. The behaviors of Eastern BPD adolescents show more implicit attachment patterns, but have stronger emotional dependence. In traditional Chinese culture, which is deeply influenced by Confucianism, group cohesion, collectivism, self-control, and stoicism are highly valued, and the cultural atmosphere generally does not encourage impulsive behaviors and outward emotional expression [11]. Thus, even though many BPD adolescents exhibit self-harm or suicidal intentions, it is more likely for them to express their needs through hidden protest attachment indirectly. For example, they may seek attention through performing indifference, withdrawal, or emotional silence. Through such indirect emotional expression, BPD adolescents generally fail to obtain an effective response, which further strengthens their emotional dependence and fear of abandonment, leading them to be repeatedly stuck in an insecure attachment cycle.

Meanwhile, family role confusion is one of the essential causes of BPD adolescents' interpersonal relationship problems under Eastern culture. Among the young with repeated suicide or self-harm behaviors, up to 40% performed significant role confusion or "caregiving interaction" patterns, while only 16% of the group without a history of suicide have performed similar behaviors [11]. In the relationship of role confusion, adolescents are often expected to take on the role of "caregivers" to satisfy parents' emotional or practical needs, instead of being individuals who are taken care of. This role confusion breaks the normal boundaries of the parent-child relationship. Moreover, it prevents BPD adolescents from establishing clear self-boundaries during their growth, which makes it easier for them to experience an excessive sense of responsibility, emotional involvement, and identity loss.

Moreover, the shame culture and social evaluation mechanism in Eastern society make BPD adolescents tend to conceal real emotions and relationship needs. When asked if they have a clear intention of suicide, many patients choose to answer "unsure" because admitting "yes" may bring legal complications, while answering "no" may trigger social shame or stigma and bring them further troubles, which in turn complicates accurate clinical diagnosis [12]. The feeling of shame makes it difficult for BPD adolescents to express pain and seek emotional support directly. It makes them more likely to withdraw, blame themselves, and suppress emotions in relationships, which makes it difficult to establish equal and healthy interaction patterns.

In general, whether in a Western or Eastern cultural background, BPD adolescents exhibit unstable relationships, strong emotional attachment, and abnormal attachment patterns in interpersonal relationships, but the manifestations vary significantly due to differences in cultural values. Western culture emphasizes individualism and self-boundaries, which BPD adolescents tend to express overtly, such as impulsivity, frequent interpersonal conflicts, and high-risk sexual behaviors. Meanwhile, Eastern culture focuses on collectivism, group harmony, and self-restraint, which makes BPD adolescents frequently suppress their emotions with stronger emotional attachment. Family role confusion and shame culture weaken their self-boundaries, making it easy for them to fall into an excessive sense of responsibility in interpersonal interactions. The difference in cultures reveals a deep role of culture in shaping interpersonal behavior patterns in BPD patients.

5. Discussion

This research overview indicates that cultural differences can profoundly affect BPD adolescents' help-seeking behaviors and interpersonal behavior patterns from a cross-cultural perspective. In

Western culture, emphasis on individualism and self-boundaries awareness makes adolescents tend to overtly express emotions and actively seek formal or informal psychological support. However, the impulsivity and instability in BPD features, together with stigmatizing attitudes among healthcare professionals, frequently delay BPD adolescents' help-seeking processes. While in Eastern culture, pressures of collectivism, family responsibilities, and shame culture lead BPD adolescents to suppress emotional expression, making it more difficult to establish healthy relationships due to family role confusion and ambiguous self-boundaries. The cultural difference leads to cultural barriers in psychological services and significantly affects the presentation of symptoms and the recovery path. Ignoring cultural differences may cause misdiagnosis, delayed intervention, or ineffective intervention. Thus, cultural factors should be considered a core intervention and diagnosis variable.

Based on these findings, future intervention practices should prioritize introducing a cultural sensitivity framework. First, to systematically measure the degree of adolescents' cultural identity, family norms, and values, a cultural fit assessment tool is needed in order to accurately understand BPD adolescents' motivation to seek treatment and resistance to intervention. Then, the mental health education curriculum should include cross-cultural awareness and family involvement modules. Through improving mental health awareness of family members, it is possible to reduce the stigma of BPD, create a supportive environment for adolescents, and reduce their feelings of shame and isolation while seeking help. Moreover, schools or communities should include culturally sensitive group intervention programs, such as peer-support workshops and culturally tailored counseling sessions. With training in peer interaction, interpersonal conflict management, and emotion regulation, BPD can re-establish interpersonal relationship patterns in a safe communication environment, and further reduce the idealization-devaluation cycle in relationships.

Future investigation should focus more on data collection under the Eastern cultural background. At present, empirical research on BPD adolescents is still mainly based on Western samples, while Eastern society has its unique aspects in family structure, education competition, and social evaluation. Lack of local data limits the suitability of theoretical models and the effectiveness of intervention strategies. Thus, it is necessary to expand empirical research in Eastern backgrounds and systematically record BPD adolescents' help-seeking path, features of interpersonal interactions, and reactions to treatment. At the same time, future research should also focus on BPD adolescents who grew up in a cross-cultural background and explore the impact of cultural conflict, bicultural or multicultural identity, and value internalization on their psychological development and symptom manifestations. These efforts will help enrich cultural psychology theories and clinical practices and provide a firm experience and empirical base for an individualized BPD intervention plan.

6. Conclusion

This article uses a literature review method to systematically analyze BPD adolescents' help-seeking behaviors and interpersonal communication patterns in Eastern and Western cultural backgrounds. The comparison indicates that Western culture emphasizes individualism and self-expression with a relatively open social atmosphere, which encourages young people to seek help. However, the impulsivity, unstable emotions, and stigma of BPD individuals may still lead to delays in seeking professional help. Eastern culture focuses on family responsibility and collective harmony. Shame culture and role confusion lead BPD adolescents to suppress their emotions, which further hinders the development of healthy relationships.

The contribution of this article is to build a bridge between cultural psychology and clinical practice. On one hand, this article reveals a significant influence of cultural backgrounds on BPD adolescent symptoms and relationship patterns, enriching theoretical understanding. On the other hand, the article proposes introducing cultural sensitivity in diagnosing and intervening with BPD. Emphasizing cultural sensitivity can help reduce misdiagnosis and stigma, improve intervention effects, and establish a more supportive environment for BPD adolescents.

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