

**B. Tentor**<sup>1</sup>, M. ?aric<sup>2</sup>, Z. Verzotti<sup>2</sup>

<sup>1</sup>Department of Psychiatry, University Hospital Centre Zagreb, Zagreb, Croatia ; <sup>2</sup>Department of Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia

---

The objective of this work is to discuss the problem of a suicidal crisis associated with pathological narcissism. Individuals with strong narcissistic traits often seek psychiatric help for the first time when they are in an acute crisis which occurs after a failure, embarrassment or significant loss. Narcissistic individuals do not possess support of good internal objects, and their self-cohesion is solely dependent on the outside world in the sense of merging with selfobjects which maintain archaic grandiose self-image. After experiencing injury to their self-esteem, people who function in this manner may manifest auto-aggressive behaviour, vulnerability, depressive feelings and dysphoria under which often lie intolerable affects such as rage, shame, envy and desire for revenge. Therefore, in an emergency setting a therapist might overlook pathological narcissism of such patients. However, careful observation of transference and countertransference can identify grandiose features of a narcissistic individual in the form of domination, omnipotent control, seeking special treatment, or through devaluation of the therapist.

We present an acute suicidal crisis of a young female patient with strong narcissistic traits who had sought psychiatric help at the Crisis Intervention Centre after breaking up an emotional relationship. We describe early psychotherapeutic interventions and transference/countertransference issues and discuss different psychodynamic meanings of suicidal behaviour and incapability for mourning which is inherent in narcissistic individuals.