

Suicide and Narcissistic Personality Traits: A Review of Emerging Studies

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Abstract: Suicide is one of the leading causes of death worldwide. According to the World Health Organization (WHO), there were 800,000 documented suicides worldwide in 2015. In Indonesia there were roughly 9,000 suicides per year. Suicide is a complex phenomenon that is commonly linked with psychiatric disorders, namely personality disorder. Evidently, emerging studies have begun to point out the role of narcissistic personality traits in suicidal behavior, with only few studies currently reviewing this phenomenon. Therefore, we aim to review the current literature to elucidate the link between narcissistic personality disorder and suicide. We selected studies published in Pubmed, Scopus, Proquest databases, using keywords 'suicid*' AND 'narcis*', 'narcissistic personality', 'narcissistic personality disorder', 'narcissistic personality trait*', focusing on narcissistic personality traits suicidal behavior, and using standardized instruments. Suicidal behavior is associated with narcissistic personality traits, especially narcissistic vulnerability. Current evidence showed that problems with perfectionism, emotion, self-dysregulation, self-esteem, shame, and anger as factors that influence the link between narcissistic personality traits and suicidal behavior. Narcissistic personality traits are associated with suicidal behavior, potentially as a marker of suicide risk. Close monitoring of this population group may be beneficial to prevent suicides in general. Future research need to elaborate contributions of culture and ethnicity.

1 INTRODUCTION

Suicide is one of the leading causes of death worldwide. According to the World Health Organization (WHO), there were 800,000 documented suicides worldwide in 2015, with more than 79% of them occurring in low- and middle income countries. Additionally, among 15-29 years old, suicide is the second leading cause of death in 2016 (World Health Organization, 2019). Due to the high burden of suicide, the World Health Organization even declared the prevention of suicide as the 2030 Sustainable Development Goal indicator (World Health Organization, 2014). Suicide is a complex phenomenon. Many studies tried to understand suicide through the approach of psychiatry disorders. Clinicians need a multidimensional approach in order to understand and determine specific suicide risk factors. The most common axis I psychiatry disorder associated with suicidal behavior is mood-related disorders. In addition, clinicians and researchers observe that personality disorders are also related to suicidal

behavior. (Boisseau et al., 2013; Pompili et al., 2004). Personality is a complex pattern of ingrained psychological characteristic. It is also intrinsic, pervasive and enduring in one's lifetime. Personality is analogous to the immune system of the mental state, it will determine how well a person cope with stressors and negative life events. Disorder of the personality will make a person susceptible to stressors that can ultimately lead to psychiatry disorders and suicidality (Millon, 2016; Millon et al., 2004). So, it is imperative to consider personality disorders and traits in the assessment of suicidality.

The association between personality disorders and suicidality suggests that personality pathology may reflect critical individual differences in predicting suicide attempts (Ansell et al., 2015). One of the well-known personality disorders linked with suicidality is borderline personality disorder. Meanwhile, many believe narcissistic personality disorder (NPD) or narcissistic personality traits (NPT) are negatively related to suicidal behavior. There is also a widespread belief that when a person with NPD or NPT said they want to commit suicide, it is only a

gesture or form of manipulation (L, 2016). Interestingly, emerging studies began to point out the role of NPD and NPT in suicidal behavior and showed that individual with NPD and NPT are vulnerable to suicidality compared to general population. Unfortunately, only a few studies are reviewing this phenomenon. Therefore, this paper aims to review the association between NPD and or NPT with suicidal behavior. We will also attempt to explain the mechanism underlying the phenomenon from the current available literature.

2 METHOD

We selected research studies published in Pubmed, Scopus, Proquest databases using keywords 'suicid*', 'suicidal' 'suicidal behavior' AND 'narcis*', 'narcissistic', 'narcissistic personality', 'narcissistic personality disorder', 'narcissistic personality trait*', 'narcissism' focusing on narcissistic personality disorder or narcissistic personality traits and suicidal behavior, including ideation, attempts or completion, and using standardized instruments. In addition we searched for the epidemiology of suicide and suicidal behavior. We also searched the reference lists of retrieved articles for additional relevant articles.

3 DISCUSSION

3.1 Narcissistic Personality Disorders and Narcissistic Personality Traits

The needs of admiration, validation, and self-enhancement are standard features of personality. It is common for individuals to strive a positive self-image, seek self-enhancement experience or achievements. It is normal when individuals can manage the needs effectively, behave in socially acceptable ways, and regulate negative emotions and behavior when experiencing disappointment. On the other hand, the traits became pathological when they are extreme, and the individual has an impaired regulatory capacity to satisfy the needs of admiration, validation, or recognition. It became pathological when the individual behavior is socially unacceptable and fails to regulate negative emotions and behavior when facing the unmet need (Pincus et al., 2014; Roche et al., 2013).

According to the American Psychiatric Association Diagnostic and Statistical Manual of

Mental Disorders, Fifth Edition (DSM-V), the essential feature of narcissistic personality disorder is a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins in early adulthood and is present in a variety of life's circumstances (*Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*, 2013). Although these criteria describe essential aspects of narcissistic pathology, they inadequately describe the core psychological feature of the disorder, including fragile self-esteem, feelings of inferiority, emptiness, and affective reactivity (Ronningstam, 2009). Many authors support the existence of different subtypes of narcissistic personality disorder. Some researchers suggest that narcissism might not be a single construct (Zajenkowski et al., 2018). A study from Cain et al. identified approximately 50 labels describing expressed variability of pathological narcissism, divided into two broad themes of narcissistic dysfunction: narcissistic grandiosity and narcissistic vulnerability. They concluded that there were distinctive features between the two in self-structure, difficulties in the therapeutic relationship, and maladaptive defensive strategies used to respond to stressors such as shame, trauma, unfulfilled needs, dependency, or abandonment depression (Pincus & Lukowitsky, 2010). Each dimension has its distinct characteristic yet share the same narcissistic common core such as exaggerated sense of self-importance, disagreeableness, self-centredness, entitlement, and an antagonistic manner interpersonally (Miller et al., 2017; Zajenkowski et al., 2018).

Narcissistic grandiosity is a typical presentation of narcissistic personality disorder. Individuals with narcissistic grandiosity are characterized by overt grandiosity, high self-esteem, and a tendency to overestimate one's capability (Zajenkowski et al., 2018). Interpersonally, they show the trait of attention-seeking, entitlement, arrogance, socially charming, oblivious to the needs of others, and are interpersonally exploitative (Pincus & Lukowitsky, 2010). On the contrary, individuals with narcissistic vulnerability presents defensive, avoidant, hypersensitive, hypervigilant to criticism, and insecure features. Interpersonally, they are often shy, hypersensitive to evaluations, manifestly distressed but have secret grandiosity, chronically envious and ceaselessly comparing themselves with others (Pincus & Lukowitsky, 2010). They tend to rely more on external feedback to maintain their self-esteem and experience greater shame when the expected external feedback is unmet (Besser & Priel, 2010). Individuals with vulnerable narcissism have a greater risk of psychological distress and negative emotions,

including anxiety, depression, anhedonia, and low self-esteem (Loeffler et al., 2020; Marčinko et al., 2014; Pincus & Lukowitsky, 2010). However, these features were not mutually exclusive to one another. Individuals with narcissistic personality traits were found to have a varying intensity of both dimensions of narcissism. Clinicians observed that people with a narcissistic personality disorder often show both vulnerable and grandiose narcissism in a fluctuating manner (Caligor et al., 2015; Gabbard, 2014). Gore and Widiger found that individuals with grandiose narcissism showed some aspect of vulnerable narcissism at some period. Meanwhile, an individual with vulnerable narcissism rarely showed the trait of grandiose narcissism (Gore & Widiger, 2016). Therefore, contrary to the conventional view on narcissism, this personality trait may hide a fragile inner-self which predisposes to suicidal behaviors.

3.2 Narcissistic and Suicidal Behavior

Studies suggest that both narcissistic personality disorders and narcissistic personality traits are associated with suicidal behavior. A 15-year follow-up study of patients admitted to a psychiatric ward showed that patients with NPD or NPT were more likely to die from suicide compared to individuals without NPD or NPT (Stone, 1989). Brioschi et al. (2019) investigated the role of narcissistic personality trait in suicidal behavior of admitted psychiatric patients with mood disorders. This study categorized NPT to grandiose narcissism and vulnerable narcissism with Five-Factor Narcissism Inventory-Short Form (FFNI-SF) to measure both narcissism traits, and used the Beck Scale for Suicide Ideation (SSI) to assess the level of suicidal ideation. The study found that narcissistic grandiosity had a significantly negative association with the number of previous suicide attempts. Meanwhile, the narcissistic vulnerability had a significant positive association with the total SSI score, reflecting higher suicidal behavior. The author concluded that grandiose aspects of narcissism such as a sense of superiority, arrogance, and dominant behavior were a protective factor against repeated suicide gesture. The study also argued a susceptibility to self, and emotional dysregulation in narcissistic vulnerability led to suicidal ideation (Brioschi et al., 2019). Another study tried to investigate the role of shame in the association between narcissistic personality traits and suicidal behavior. Individuals with narcissistic vulnerability showed a moderate to a strong positive association with the experience of shame, particularly characterological and bodily shame. The study also

found that narcissistic vulnerability was positively associated with acute suicidal ideation (Jaksic et al., 2017). One study examined the association between narcissistic personality disorder and suicidal behavior through dysfunctional belief. They define the narcissistic dysfunctional belief as believing that oneself is special and manifesting self-aggrandizing and manipulative behavior. Interestingly, they found that individuals with narcissistic dysfunctional beliefs were more likely to attempt suicide (Ghahramanlou-Holloway et al., 2018). All things considered, narcissistic personality disorder and narcissistic personality traits are associated with suicidal behavior, particularly narcissistic vulnerability.

Nevertheless, a study conducted by Coleman et al. (2017) found a different result. They found that people with NPD were less likely to make a suicide attempt, but the author recognized some limitations from their study, such as the modest sample size and the cross-sectional data. The measurements of narcissistic personality disorder were done by Structured Clinical Interview for DSM-IV Axis 2 (SCID-II), which did not distinguish NPD dimensions into narcissistic grandiosity and narcissistic vulnerability (Coleman et al., 2017). Therefore, perhaps their negative results were due to the heterogeneous group of individuals with NPD being evaluated.

Narcissistic personality disorder also has a distinct and unique suicidal behavior characteristic. Individuals with NPD were less impulsive in having suicide gestures but had a higher incidence of a lethal suicide attempt (Blasco-Fontecilla et al., 2009). Heisel et al. (2007) found the severity of suicidal behavior was significantly higher with older people having NPD or NPT. The study concluded that pathological narcissism makes them susceptible to negative feelings due to diminished intellectual capacities, social roles, and body-related limitations and imperfections (Heisel et al., 2007). Study by García-Nieto et al (2014) showed that patients with NPD had a distinct suicidal behavior characteristic among other cluster B personality disorder. The suicidal behavior in which individuals with NPD engage are characterized by higher expected lethality with reported motivation such as "To stop bad feelings" (García-Nieto et al., 2014). This study also strengthened by Giner et al (2013) who investigated factors determining suicide completion from suicide attempter and found that NPD was a significant factor associated with completed suicide (Giner et al., 2013). One research in military sample showed that individuals with stronger narcissistic feature were associated with a greater number of suicide attempts

and may have serious intention to act upon their suicide thoughts (Ghahramanlou-Holloway et al., 2018). Another study also found and discussed abrupt suicide without self-disclosure in the individual with NPD without a major DSM-IV mental illness (Ronningstam et al., 2008). These findings give us the illustration that individuals with pathological narcissism are less likely to make suicide threats and random non-lethal suicide attempts. They are also at high risk for completed suicide without warning signs or self-revealing. Therefore, identifying narcissistic personality disorder or narcissistic personality traits in patients is critical to predict these group's behavior of suicide gesture.

3.3 Contributing Factors in the Association between Narcissistic Personality Traits and Suicidality

We notice some factors which play an essential role in suicidality and narcissistic personality traits.

3.3.1 Association with Other Psychiatric Disorder

According to DSM-5, narcissistic personality disorder may be associated with depressive symptoms, persistent depressive disorder (dysthymia), hypomanic mood, and substance abuse disorder (*Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*, 2013). Some studies stated that narcissistic vulnerabilities significantly associated with depressive symptoms and intrusive negative emotions (Kealy et al., 2020; Marčinko et al., 2014). Factors such as emotion dysregulation, preoccupation with self-image, mistrust, and negative view of the future made this group vulnerable to depressive symptoms (Kealy et al., 2020).

3.3.2 Perfectionism

Many studies suggest narcissism is linked with perfectionism. Theoretically, perfectionism is a style of thinking, behaving, and relating in individuals with narcissistic traits, enhancing self-esteem and grandiose self-image. On the other hand, perfectionism has a role in suppressing negative feelings of self-criticism, inadequacy or inferiority, and feelings of shame (Fjermestad-Noll et al., 2020; Smith et al., 2016). Perfectionism is a personality trait that has rigid standards for performance, overly critical self-evaluation, and concerns about receiving negative evaluation from others (Robinson et al., 2020). When individuals high in perfectionism fail to

meet their unrealistically high standard, they tend to experience intense agony and depression (Fjermestad-Noll et al., 2020). This trait can also mediate the relationship between narcissistic and depressive symptoms (Marčinko et al., 2014).

There are three dimensions of perfectionism based on its interpersonal aspect: self-oriented, other-oriented, and socially-prescribed perfectionism. Self-oriented perfectionism is setting an unrealistically high standard upon oneself and the tendency to be self-critical when these expectations are not met. Other-oriented perfectionism is placing perfectionism upon others and a tendency to be highly critical if others do not meet these expectations. Socially prescribed perfectionism believes that others put an unrealistically high standard on oneself and that others will be highly critical on oneself if one fails to meet the expectations (Fjermestad-Noll et al., 2020). A meta-analysis found self-oriented and other-oriented perfectionism was positively related to narcissistic grandiosity. On the other hand, self-oriented and socially prescribed perfectionism proved to be common traits in individuals with vulnerability narcissistic, where they tend to pursuit other's approval and validation. These individuals have a defensive and insecure preoccupation with performing imperfectly (Fjermestad-Noll et al., 2020; Smith et al., 2016). Socially-prescribed perfectionism has been related to chronic depression because it is related to high rejection sensitivity (Fjermestad-Noll et al., 2020). It is also associated with high levels of suicidal behavior in adolescents (Freudenstein et al., 2012). Another meta-analysis investigating the association between perfectionism and suicidal behavior found that socially prescribed perfectionism acts as a risk factor and could predict a longitudinal increase in suicidal ideation. Perfectionistic concerns (socially-prescribed perfectionism, concern over mistakes, doubts about actions, and perfectionistic attitudes) were related to suicidal ideation and attempts. Meanwhile, perfectionistic strivings (self-oriented perfectionism and personal standards) lead only to suicidal ideation. These findings strengthen the hypothesize that narcissistic vulnerability is more at risk for more destructive suicidal behaviors (Smith et al., 2018). Perfectionism is also related to shame and aggression, mainly when high perfectionistic standards are impossible to achieve. In addition, perfectionism with hypervigilance to criticism and fear of failure also relates to narcissistic vulnerability (Fjermestad-Noll et al., 2020).

3.3.3 Fragile Self-esteem

One of the key feature in narcissism is self-esteem regulation. According to Rosenberg self-esteem is an attitude, either positive or negative, toward oneself (Rosenberg, 2015). As stated in DSM-5, individuals with narcissistic personality disorder have a vulnerable self-esteem that make them very sensitive to “injury” from criticism or defeat. They may be preoccupied with how well they perform and regarded by others, and need a constant attention and admiration (*Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*, 2013). An injury to the image of themselves and their self-esteem often called narcissistic injury (Goldberg, 1973).

There are two forms of high self-esteem: secure and fragile. Individuals with secure high self-esteem have a positive attitudes toward oneself that are realistic, solid and resistant to threat. On the other hand, fragile self-esteem reflects feeling of self-worth that are vulnerable to challenge and need constant validation. There are four ways to distinguish secure and fragile high self-esteem: defensive self-esteem, unstable self-esteem, contingent self-esteem, and discrepancies between implicit and explicit self-esteem. (Zeigler-Hill, 2006).

Implicit self-esteem is consist of nonconscious and automatic self-evaluation, derived from the experiential system and holistic processing of affective experiences. While explicit self-esteem is a by product of the cognitive system through logical analyses of self-relevant feedback and information (Gawronski & Payne, 2010).

Study by Vater et al (2013) found that individuals with NPD have a lower explicit self-esteem and a discrepancies between implicit and explicit self-esteem (Vater et al., 2013). Di Pierro et al (2016) found that narcissistic vulnerability have a low explicit self-esteem. They concluded that individuals with narcissistic vulnerability consciously evaluate themselves as worthless (Di Pierro et al., 2016). Explicit self-esteem negatively associated with depressive symptom, suicidal ideation and loneliness. Discrepancies between implicit and explicit self-esteem, particularly a higher implicit self-esteem than explicit self-esteem, positively associated with depressive symptoms and suicidal ideation. Individuals with discrepant implicit-explicit self-esteem prone to adopt perfectionism trait which in turn can be a predispose factor for suicidal behavior (Creemers et al., 2012).

Another way to predict fragile self-esteem is through the assessment of contingent self-esteem, which represents what an individual believes one

must have or do or be in order to have value and worth as a person. This is a vulnerable way to gain self-worth because it needs constant validation (Kernis & Goldman, 2006). Zeigler-Hill et al (2008) found that narcissistic vulnerability associated positively with contingent self-esteem at several domains: physical appearance, outdoing others in competition, academic competence, other’s approval, family love and support, and being a virtuous or moral person. On the other hand, narcissistic grandiose only associated with outdoing others in competition domain. This result illustrate that individuals with narcissistic vulnerability has a fragile self-esteem (Rasmussen et al., 2018; Zeigler-Hill, 2006). Level of self-esteem in individuals with narcissistic vulnerability is fluctuative following interpersonal daily events which represent its fragility (Zeigler-Hill & Besser, 2013).

Several studies found low self-esteem could predict suicidal behavior at all ages (Bhar et al., 2008; Jang et al., 2014). Those findings were duplicated in metaanalysis study by Soto-Sanz et al (2019) that concluded low self-esteem as a risk factor for suicide attempt. One study found entrapment as a mediator between low self-esteem and suicidal ideation (Ren et al., 2019).

3.3.4 Self-regulatory Dysfunction

Self-regulation is a process to initiate, maintain and control the thought, emotions and behaviors, with the intention of producing a desired outcome or avoiding an undesired outcome (Strauman, 2017). Ronningstam et al (2018) stated the sense of subjective internal control and sense of agency are central feature of self-regulatory in narcissistic individuals. Threats or loss of those agency can escalate self-enhancing efforts to avoid overwhelming emotions such as loss of control. Efforts to maintain the sense of control and agency may include intense suicidal preoccupation or ideation. For narcissistically injured patient, suicide is perceived as an escape from a feeling of helplessness caused by intense subjective distress or intense negative emotion. Individuals with NPD associating suicide to the glorification of either the self and the suicidal act (Ronningstam et al., 2018).

3.3.5 Emotion Dysregulation

Emotion regulation is a part of self-regulation. Many studies point emotion dysregulation as a risk factor for suicidal behavior. Patients with NPD often have alexithymia, the inability to recognize or describe one’s own emotion (Ronningstam, 2017). Study by

Kealy et al (2017) found alexithymia significantly associated with aggression, risky behavior and suicidal ideation. Individuals with NPT have emotional intolerance that led to the act of self-silencing. They have compromised emotional processing, often seen in their hypervigilance style and low tolerance of negative feelings such as hopelessness, abandonment, and self-hatred (Ronningstam et al., 2018). The need to attain perfectionism can contribute to the emergence of these negative emotions (Fjermestad-Noll et al., 2020). Emotions affect self-esteem with the resulting feelings of worthlessness and primitive guilt that lead to feelings of inferiority, and insult that made psychic injury. Therefore, to avoid negative emotions, individuals with NPT have a strong need to control their internal states using self-silencing and self-distancing through suppression and compartmentalization defense mechanism. Self-silencing often leads to the feeling of loneliness and isolation and tend to cause suicidal crises (Ronningstam et al., 2018). The act of suppression also leads individual with NPD to avoid self-disclosure which interfere with help-seeking behavior, thus increasing suicide risk (Ronningstam & Weinberg, 2013). Another impact of self-silencing and self-distancing is the feeling of emptiness. According to the study conducted by D'Agostino et al. (2020), individuals with NPT often experience the feeling of emptiness and loneliness. The feeling of emptiness could be felt in two types in narcissistic personality disorders: primary and secondary narcissistic emotions. The first was described as chronic, intense envy, rage, and aggression that belong to the more profound and split-off personality level. The latter was the emotion that occurred when there was an interruption in the feeding of the grandiose self and experienced as an acute, intense, overwhelming, and disturbing emotion that usually not last long (D'Agostino et al., 2020).

3.3.6 Shame

Shame has been described as a central emotion in narcissism. Shame results from a negative evaluation of the global and stable self, elicited by perceived failure (Ritter et al., 2014). Another literature described shame as an intense negative emotion involving negative feelings of inferiority, self-consciousness, and desire to hide or disappear (Jaksic et al., 2017). Individuals with NPT can experience two aspects of shame: explicit shame and implicit shame. Explicit shame is defined as a reflected emotional response towards a negative evaluation of

self that is deliberate and can be assessed with direct self-report measures. On the contrary, implicit shame is an automatic, non-conscious emotional response and is assessed indirectly. A study showed that patients with NPD had a high level of explicit shame and the highest level of implicit shame. One shame regulation strategy is reported to be perfectionism (Ritter et al., 2014). Together with perfectionism, shame has been found to be the underlying mechanism of maladaptive responses to negative emotions, especially anger, self-directed hostility, resentment, and irritability (Fjermestad-Noll et al., 2020). Shame also put the individual at risk of sudden suicidal crises, an acute negative cognitive and emotional states that occurs before a suicide attempt, unrelated to periods of mood-related disorder. Patients with shame proneness also often become withdrawn and does not communicate their risk for suicide. Together with emotion dysregulation, shame may make patient to do lethal suicide attempt with the intent to "self-obliterate" (Links, 2013; Schuck et al., 2019). These mechanisms led to lethal suicidal crises, the hallmark of NPT patients.

3.3.7 Anger, Aggressivity and Hostility

Self-silencing can also be seen as a way for individuals with NPT to have a sense of agency and internal mastery. Threats or perceived loss of such sense generate shame and humiliation. The sense of failure to do self-silencing also led to anger, hostility, and rage toward self. Self-directed rage and aggression tend to lead the way to intense suicidal preoccupation and determined suicidal intent (Ronningstam et al., 2018). The association between anger and suicidality has been studied by Lewitzka et al. (2017) that found patients who had attempted suicide had a significantly higher anger frequency, angry temperament and often express their anger more aggressively. On the other hand, patients who had not attempted suicide had significantly lower scores in self-aggression (Lewitzka et al., 2017). This theory of anger and narcissistic is similar to a study by Krizan and Johar (2015) that found anger and hostility often arise from threats to the narcissistic self-image, especially in individuals with narcissistic vulnerability traits. They were prone to internalize and externalize anger as well as poor anger control. The study also found that vulnerable narcissism as a strong indicator of shame and aggressiveness (Krizan & Johar, 2015). Perfectionistic traits in patients with NPD also cause feelings of shame and thus provoke expressions of anger (Fjermestad-Noll et al., 2020). They concluded that the interaction between

perfectionism, shame, and aggression could challenge self-esteem and escalate vulnerability, therefore increasing their susceptibility to depression (Fjermestad-Noll et al., 2020).

3.3.8 Life Events

Blasco-Fonticella et al (2010) explored certain life events precipitating suicidal behaviors in patients with NPD. They found that narcissistic personality disorders significantly attempted suicide after being fired at work, increasing arguments with spouse, personal injury or illness, and problems related to mortgage or loan. In other words, domestic, financial, and health problems often preceded attempted suicide. The author argues that the association between “being fired at work” or “increasing arguments with spouse” may reflect the fragile personality structure of narcissism (Blasco-Fonticella et al., 2010). A qualitative study by Ronningstam, Weinberg, and Maltzberger (2008) discussed a case of a man with NPD who faced financial losses and divorce that killed himself without apparent warning. This case illustrated the emotion dysregulation phenomenon in NPD patients (Ronningstam et al., 2008). Loses of persons or individuals of specific importance to the person’s self-esteem, and sense of affiliation (self-objects) can precipitate rage and aloneness, and worthlessness and generate the

perspective of suicide as a means to escape (Ronningstam et al., 2018). Therefore, understanding the stressor and the following dysregulation emotion that characterize narcissism is vital to prevent suicide in patients with narcissistic traits.

Figure 1 represent key factors between narcissistic personality trait or disorder and suicidal behavior. Perfectionism, notably socially-prescribed perfectionism and self-oriented perfectionism, and fragile self esteem, particularly discrepant implicit-explicit self-esteem and contingent self-esteem, are the predispose factors that make individuals vulnerable to do suicidal behavior. If those individuals met certain significany life events, predispose factor prone to make these individuals feel negative emotion such as shame, feeling of emptiness or depressive symptom. Dysfunction of self-regulation and emotional regulation worsen negative emotions toward the feeling of entrapment and anger. Perception of suicide as an escape, false belief of indestructibility and glofication of self and suicidal act move these individuals from the feeling of entrapment and anger to adopt suicidal behavior, consist of suicidal ideation and attempt (D’Agostino et al., 2020; Fjermestad-Noll et al., 2020; Freudenstein et al., 2012; Jaksic et al., 2017; Jang et al., 2014; Loeffler et al., 2020; O’Connor & Kirtley, 2018; Ronningstam et al., 2018).

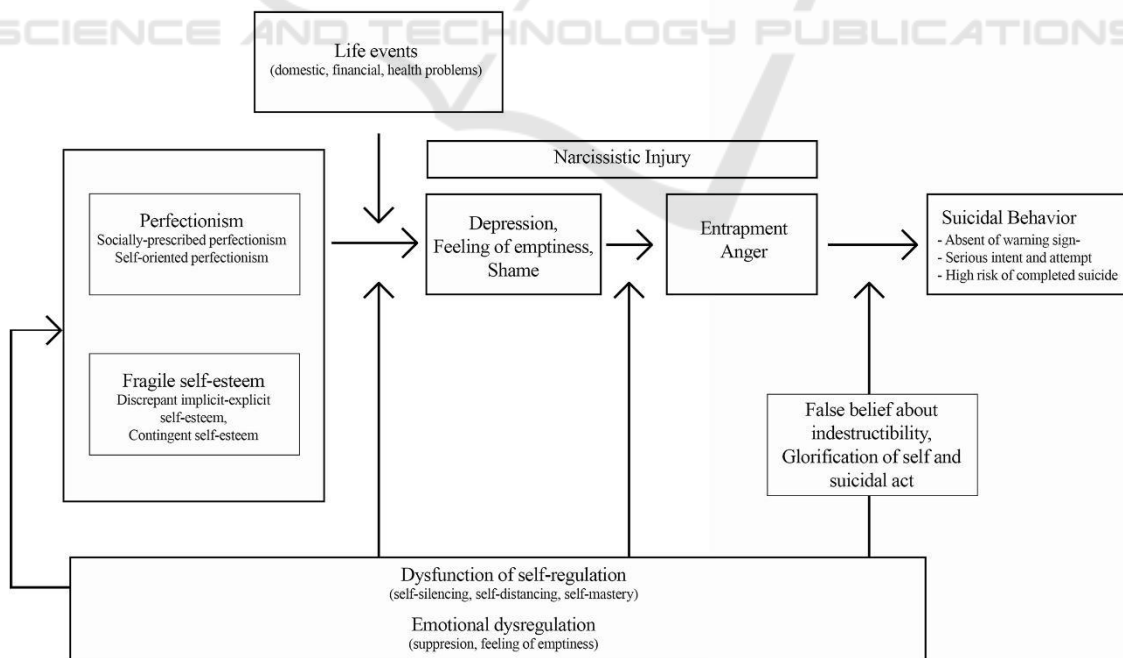


Figure 1: Suicidal behavior and narcissistic trait.

3.4 Practical Implications for Managing the Risk of Suicidal Behavior

There are some clinical relevances and practical implications that can be drawn from this study. First, it is helpful for clinicians to assess the personality profile of patients with suicidal behavior and mood disorders. It is also helpful if clinicians could assess which dimension of NPD or NPT patients had, considering both dimensions have each distinct characteristic (Pincus et al., 2014). Considering the distinctive characteristic of suicidal behavior in patients with NPT, clinicians should take any sign of suicidal gesture seriously. Next, alliance building with patients with NPT is a slow, gradual but an essential process. Clinicians should create a sense of safety within the therapeutic relationship to encourage patients to learn how to regulate their emotions and improve their ability to have a healthier sense of agency. A good rapport between clinician and patient can promote the behaviour of self-disclose (Links, 2013). Considering the role of shame, clinicians can implement psychotherapeutic interventions to handle shame proneness, such as paying particular attention to avoid shaming words or phrases during the therapy session. Clinicians must avoid confronting or criticizing their grandiosity directly. At the same time, clinicians must tend to their insecurity and vulnerability (Jaksic et al., 2017; Links, 2013).

Shame and perfectionism can give rise to dysfunctional narcissistic beliefs. Targeting these beliefs can be a part of psychosocial intervention for patients with NPT. Cognitive-behavioral therapy for suicide prevention can be considered in the treatment conceptualization and planning (Ghahramanlou-Holloway et al., 2018). Clinicians should routinely monitor the evidence of narcissistic injury in NPT patients because they tend to hide their emotions through self-silencing. Clinicians have to be sensitive to the sign of withdrawal, missed sessions, sudden guardedness, or defensive anger in NPT patients (Links, 2013).

4 CONCLUSION

Narcissistic personality traits are associated with suicidal behavior. Emergent studies showed that there are two big dimensions of NPT: narcissistic grandiosity and narcissistic vulnerability. Although suicidality was found to be associated with the two

dimensions of narcissistic, many studies found narcissistic vulnerability to be more closely linked with suicidal behaviour. Additionally, patients with NPT also showed a distinctive character in their suicidal behaviour, such as lower impulsivity, higher lethality, abrupt suicide gesture, and a higher probability of successful suicide. Factors contributing to the association between individuals with narcissistic personality traits with suicidality are shame, perfectionism, loneliness, isolation, feeling of emptiness, emotion dysregulation, narcissistic injury and anger. Understanding the nature of NPT and contributing suicidal factors could help clinicians in managing risk of suicidal behavior. Therefore, profiling personality in patients especially NPT is an imperative step in suicide prevention. Studies of suicidal behavior in persons with narcissistic personality traits in Indonesia are necessary for a comprehensive suicide prevention strategy.

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