

# Co-Narcissism: How We Accommodate to Narcissistic Parents

Alan Rappoport, Ph.D.

## Abstract

*This article introduces the term “co-narcissism” to refer to the way that people accommodate to narcissistic parents. I use the term narcissism here to refer to people with very low self-esteem who attempt to control others’ views of them for defensive purposes. They are interpersonally rigid, easily offended, self-absorbed, blaming, and find it difficult to empathize with others. Co-narcissistic people, as a result of their attempts to get along with their narcissistic parents, work hard to please others, defer to other’s opinions, worry about how others think and feel about them, are often depressed or anxious, find it hard to know their own views and experience, and take the blame for interpersonal problems. They fear being considered selfish if they act assertively. A high proportion of psychotherapy patients are co-narcissistic. The article discusses the co-narcissistic syndrome and its treatment, and gives case examples of patients who suffer from this problem.*

## Narcissism

Narcissism, a psychological state rooted in extremely low self-esteem, is a common syndrome among the parents of psychotherapy patients. Narcissistic people are very fearful of not being well regarded by others, and they therefore attempt to control others’ behavior and viewpoints in order to protect their self-esteem. The underlying dynamic of narcissism is a deep,

usually unconscious, sense of oneself as dangerously inadequate and vulnerable to blame and rejection. The common use of the term refers to some of the ways people defend themselves against this narcissistic dynamic: a concern with one’s own physical and social image, a preoccupation with one’s own thoughts and feelings, and a sense of grandiosity. There are, however, many other behaviors that can stem from narcissistic concerns, such as immersion in one’s own affairs to the exclusion of others, an inability to empathize with other’s experience, interpersonal rigidity, an insistence that one’s opinions and values are “right,” and a tendency to be easily offended and take things personally.

A high proportion of people in psychotherapy have adapted to life with narcissistic people and, as a result, have not been able to develop healthy means of self-expression and self-directedness. I have coined the term “co-narcissism” for this adaptation, which has the same relation to narcissism as “co-alcoholic” has to alcoholism and “co-dependent” has to dependency. Co-alcoholics unconsciously collaborate with alcoholics, making excuses for them and not confronting them about their problem in an assertive way. The same is true of the co-dependent person, who makes excuses for the other’s dependency and fills in for him or her as necessary. The wife of an abusive husband who takes the blame for her partner’s behavior is another example of taking responsibility for someone else’s problems. Both narcissism and co-narcissism are adaptations that children have made to cope with narcissistic parenting figures. To the best of my knowledge, every narcissistic and co-

---

This article is hosted on [www.alanrappoport.com](http://www.alanrappoport.com).

narcissistic person that I have encountered has had narcissistic parents, and the parents of *their* parents are reported to have been even more highly narcissistic.

To the extent that parents are narcissistic, they are controlling, blaming, self-absorbed, intolerant of others' views, unaware of their children's needs and of the effects of their behavior on their children, and require that the children see them as the parents wish to be seen. They may also demand certain behavior from their children because they see the children as extensions of themselves, and need the children to represent them in the world in ways that meet the parents' emotional needs. (For example, a narcissistic father who was a lawyer demanded that his son, who had always been treated as the "favorite" in the family, enter the legal profession as well. When the son chose another career, the father rejected and disparaged him.) These traits will lead the parent to be very intrusive in some ways, and entirely neglectful in others. The children are punished if they do not respond adequately to the parents' needs. This punishment may take a variety of forms, including physical abuse, angry outbursts, blame, attempts to instill guilt, emotional withdrawal, and criticism. Whatever form it takes, the purpose of the punishment is to enforce compliance with the parents' narcissistic needs.

### **Co-Narcissism**

Children of narcissists tend to feel overly responsible for other people. They tend to assume that others' needs are similar to those of their parents, and feel compelled to meet those needs by responding in the required manner. They tend to be unaware of their own feelings, needs, and experience, and fade into the background in relationships.

Co-narcissistic people are typically insecure because they have not been valued for themselves, and have been valued by their parents only to the extent that they meet

their parents' needs. They develop their self-concepts based on their parents' treatment of them and therefore often have highly inaccurate ideas about who they are. For example, they may fear that they are inherently insensitive, selfish, defective, fearful, unloving, overly demanding, hard to satisfy, inhibited, and/or worthless.

People who behave co-narcissistically share a number of the following traits: they tend to have low self-esteem, work hard to please others, defer to others' opinions, focus on others' world views and are unaware of their own orientations, are often depressed or anxious, find it hard to know how they think and feel about a subject, doubt the validity of their own views and opinions (especially when these conflict with others' views), and take the blame for interpersonal problems.

Often, the same person displays both narcissistic and co-narcissistic behaviors, depending on circumstances. A person who was raised by a narcissistic or a co-narcissistic parent tends to assume that, in any interpersonal interaction, one person is narcissistic and the other co-narcissistic, and often can play either part. Commonly, one parent was primarily narcissistic and the other parent primarily co-narcissistic, and so both orientations have been modeled for the child. Both conditions are rooted in low self-esteem. Both are ways of defending oneself from fears resulting from internalized criticisms and of coping with people who evoke these criticisms. Those who are primarily co-narcissistic may behave narcissistically when their self-esteem is threatened, or when their partners take the co-narcissistic role; people who primarily behave narcissistically may act co-narcissistically when they fear being held responsible and punished for another's experience.

Narcissistic people blame others for their own problems. They tend not to seek psychotherapy because they fear that the therapist will see them as deficient and therefore are highly defensive in relation to

therapists. They do not feel free or safe enough to examine their own behavior, and typically avoid the psychotherapy situation. Co-narcissists, however, are ready to accept blame and responsibility for problems, and are much more likely than narcissists to seek help because they often consider themselves to be the ones who need fixing.

The image I often keep in mind, and share with my patients regarding narcissism, is that the narcissist needs to be in the spotlight, and the co-narcissist serves as the audience. The narcissist is on stage, performing, and needing attention, appreciation, support, praise, reassurance, and encouragement, and the co-narcissist's role is to provide these things. Co-narcissists are approved of and rewarded when they perform well in their role, but, otherwise, they are corrected and punished.

One of the critical aspects of the interpersonal situation when one person is either narcissistic or co-narcissistic is that it is not, in an important sense, a *relationship*. I define a relationship as an interpersonal interaction in which each person is able to consider and act on his or her own needs, experience, and point of view, as well as being able to consider and respond to the experience of the other person. Both people are important to each person. In a narcissistic encounter, there is, psychologically, only one person present. The co-narcissist disappears for both people, and only the narcissistic person's experience is important. Children raised by narcissistic parents come to believe that all other people are narcissistic to some extent. As a result, they orient themselves around the other person in their relationships, lose a clear sense of themselves, and cannot express themselves easily nor participate fully in their lives.

All these adaptations are relatively unconscious, so most co-narcissistic people are not aware of the reasons for their behavior. They may think of themselves as inhibited and anxious by nature, lacking

what it takes to be assertive in life. Their tendency to be unexpressive of their own thoughts and feelings and to support and encourage others' needs creates something of an imbalance in their relationships, and other people may take more of the interpersonal space for themselves as a result, thereby giving the impression that they are, in fact, narcissists, as the co-narcissist fears they are.

Co-narcissistic people often fear they will be thought of as selfish if they act more assertively. Usually, they learned to think this way because one or both parents characterized them as selfish if they did not accommodate to the parent's needs. I take patients' concerns that they are selfish as an indication of narcissism in the parents, because the motivation of selfishness predominates in the minds of narcissistic people. It is a major component of their defensive style, and it is therefore a motivation they readily attribute to (or project onto) others.

There are three common types of responses by children to the interpersonal problems presented to them by their parents: *identification*, *compliance*, and *rebellion* (see Gootnick, 1997, for a more thorough discussion of these phenomena). *Identification* is the imitation of one or both parents, which may be required by parents in order for them to maintain a sense of connection with the child. In regard to narcissistic parents, the child must exhibit the same qualities, values, feelings, and behavior which the parent employs to defend his or her self-esteem. For example, a parent who is a bully may not only bully his child, but may require that the child become a bully as well. A parent whose self-esteem depends on his or her academic achievement may require that the child also be academically oriented, and value (or devalue) the child in relation to his or her accomplishments in this area. Identification is a response to the parent seeing the child as a representative of himself or herself, and is the price of connectedness with the parent. It

results in the child becoming narcissistic herself.

*Compliance* refers to the co-narcissistic adaptation described earlier, wherein the child becomes the approving audience sought by the parent. The child is complying with the parent's needs by being the counterpart the parent seeks. All three forms of adaptation (identification, compliance, and rebellion) can be seen as compliance in a larger sense, since, in every case, the child complies in some way with the needs of the parent, and is defined by the parent. What defines compliance in this sense is that the child becomes the counterpart the parent needs from moment to moment to help the parent manage threats to his or her self-esteem.

*Rebellion* refers to the state of fighting to not accept the dictates of the parent by behaving in opposition to them. An example of this behavior is that of an intelligent child who does poorly in school in response to his parent's need that he be a high achiever. The critical issue here is that the child is unconsciously attempting to not submit to the parent's definition of him despite his inner compulsion to comply with the parent's needs. He therefore acts in a self-defeating manner in order to try to maintain a sense of independence. (If the pressure for compliance had not been internalized, the child would be free to be successful despite the parent's tendency to co-opt his achievements.)

### **Psychotherapy**

Co-narcissistic people automatically and unconsciously assume that everyone is narcissistic. They have the same fear about the therapist, but are able to enter treatment because they also believe that the therapist may be different. The most significant aspect of co-narcissistic patients' work in therapy consists of determining to what degree the therapist is narcissistic. We might even say that the therapy consists of helping the patient develop confidence that the

therapist is not narcissistic. It is powerfully healing for the patient to experience a relationship that is not based on narcissism. Co-narcissistic people are therefore greatly helped by the therapist's embodiment of Carl Rogers' principles of accurate empathy, interpersonal warmth and positive regard, and personal genuineness. These behaviors by the therapist provide a direct contradiction to the experiences that have caused their problems. Patients will seek to determine how safe they are not to accommodate their behavior to the therapist's imagined needs, but to be able to experience and express themselves freely. The patient will carefully observe the therapist's behavior and make judgments about how much the therapist is able to consider the needs of the patient and how open he or she is to the patient's experience. The patient will also want to see that the therapist is not co-narcissistic, so that the patient can use the therapist as a model who shows by example that she or he believes it is safe to be assertive and not to orient oneself around another's needs. The patient will therefore observe the therapist for signs of how assertive he or she is, and also pay attention to examples the therapist may provide from his or her own life to assess how free of co-narcissism the therapist may be.

In addition to the beneficial effect of the relationship between therapist and patient, a major part of the therapy process involves understanding how events and experiences in patients' early lives resulted in their current fears, inhibitions, and orientation towards others. I find it very helpful in my work as a therapist to explain narcissism and co-narcissism to my patients. Having an intellectual understanding of the nature of the problem goes a great distance towards helping them make sense of their lives and why their relationships take on the characteristics that they do. It also gives us a framework within which we can discuss the issues of concern to them, and helps them understand what to work on to free themselves from these problems. A

description of my own theoretical approach can be found in the books, *Transformative Relationships* (Silberschatz, 2005) and *How Psychotherapy Works* (Weiss, 1993).

Narcissistic people seek therapy much less frequently than those who are primarily co-narcissistic, and are more difficult to help. Their deep-seated conviction of their own worthlessness, and their strong defenses against the therapist discovering this “truth” about them, makes it difficult for them to feel safe with the therapist and to benefit from the therapeutic relationship. The therapist also has to cope with the patient’s poor ability to empathize with the therapist. This lack of empathy is manifest in a variety of inconsiderate behaviors, and can challenge the therapist’s ability to maintain a good sense of self-esteem. Narcissistic people, compared to co-narcissistic people, are therefore less personally satisfying for the therapist to work with when they do seek treatment. They are also less professionally rewarding to work with because of their difficulty in engaging in the therapeutic process. Treating them empathically, helping them to feel safer to empathize with others, not losing self-esteem in the face of inconsiderate behavior by the patient, and expressing one’s own experience as appropriate are all important elements in working with narcissistic people. (Once, when I told a narcissistic patient of mine that her criticisms of me were hurting my feelings, she was astonished. She said that she had no idea that her behavior had any effect on anyone. She became much kinder towards me following that interaction.) As with the co-narcissistic person, helping the person to gain an understanding of the origins of their problems (usually identification with a narcissistic parent) can also be very useful.

### Case Examples

Mario is the son of two narcissistic parents. His parents divorced when he was ten, and, thereafter, he spent half the week in each parent’s home. The difficulties this

arrangement caused for him went unrecognized by either parent. Mario’s father was so isolated and self-centered that, during the times they were together, Mario was often completely ignored by his father and learned to endure long hours of loneliness without complaint. Mario’s mother was more able to engage with her son, as long as he was careful to attend to her emotional needs and not to make demands on her. Both parents moved frequently, making it hard for Mario to form friendships and develop a sense of connectedness, interpersonal security, and good self esteem outside of his immediate family. What proved of immense value to Mario in preventing more severe psychological damage than he might otherwise have suffered was that he spent summers with members of his extended family in Spain. These people were much healthier psychologically, and the relationships he had with them were supportive and rewarding.

Some of the effects of Mario’s upbringing were: a diminished awareness of his own feelings, needs, and point of view; a tendency to feel isolated and a difficulty connecting emotionally with others; a tendency to accept blame, control by others, and mistreatment without complaint and often without awareness that it was happening; and a loss of a sense of direction and purpose in life. He could also be moody and irritable.

As a teenager, Mario formed a relationship with Jill, whose parents were psychologically healthier, but whose mother was somewhat narcissistic. Her familiarity with narcissism and co-narcissism helped her relate to Mario, and Mario benefited by spending time with Jill’s family who were warm and accepting towards him. Mario and Jill eventually married and had two children. Mario did not finish college despite his high intelligence, but was successful in his career in business. He came to therapy at the insistence of his wife, who was troubled by his difficulty in forming good relationships

with the children and his tendency to be interpersonally disconnected and insensitive. She was also troubled by the degree of influence his parents had over him. Mario had some appreciation for the validity of Jill's concerns, and was distressed by the problems that occurred in his relationship with Jill.

Mario made good use of therapy. He initially discussed his wife's concerns, and the problems these created for him. Her concerns primarily centered around his tendency to isolate himself, to go about his affairs without considering his effect on others, and not to maintain or value a close emotional connection with his children. She was also concerned about his tendency to idealize his parents, particularly his mother, and to make excuses for her behavior and not to recognize her self-centeredness with regard to himself or his family members. But Mario soon was able to understand how the experiences he had with his parents made it difficult for him to relate to others in a way that was satisfying to himself or to the other person. He appreciated the therapist's interest in him, his ability to think about things from Mario's point of view, and the value there was in understanding how his past experiences affected his current view of himself and others. In addition to spending time analyzing Mario's past and current relationships, many of the sessions consisted of Mario's describing his daily activities and his plans for the future. It was very beneficial to him to have someone who was interested in listening to him and who enjoyed learning about him and sharing his life. Other than in his relationship with Jill, this was a new experience for him, and it greatly helped him to have a better sense of self-esteem. The key for Mario, and for most people who suffer from the narcissistic/co-narcissistic dilemma, was to experience a relationship in which neither person has to sacrifice himself for the other, and each can appreciate what the other has to offer. While the therapy relationship is focused on the patient, it is important that the therapist engage in it as a real relationship, so that the

patient can benefit from the experience of a healthy relationship in which both participants can express themselves and find value and satisfaction in their experience with each other.

As the therapy progressed, Mario reported enjoying his children more, feeling less co-opted by his mother and seeing her more clearly, isolating himself less, and experiencing a greater enjoyment of his life and the people in it.

---

Jane is the daughter of a narcissistic father and a co-narcissistic mother. Jane's father was domineering with the family and with his employees in the highly successful business he built, although, interestingly, he was quite co-narcissistic in relation to his own father. Jane's father was highly critical of her, her sister, and her mother. Jane's mother had been severely rejected and criticized as a child and, as a result, she developed a strong sense of worthlessness, a loss of inner-directedness, and a tendency to accommodate to the expectations of others. Jane's mother twice tried to divorce her husband, but her low self-esteem prevented her from doing so; nevertheless, she did decide to go to graduate school while raising her children, earned a Ph.D. in art, and taught at the college level. However, the criticism and denigration she received from her husband reinforced her low sense of self-esteem and prevented her from recognizing her talents or respecting herself. Jane, despite her high intelligence and independent spirit, did not do well either in school or socially. She seemed to lack the motivation to succeed, although while in college she started a home design business and consulted in graphic design. None of her efforts brought recognition or approval from her father, who was relentlessly disparaging. As a result of the constant undermining by her father, and the co-narcissistic model presented by her mother, Jane came to believe that she was unable to succeed in a career and could not form satisfying, stable relationships. Her relationships were marked

by self-sacrifice, and she had no direction in her life.

Jane made good use of her therapy. Initially, she described the ways in which her family was dysfunctional, and she gained confidence in the accuracy of her views by the therapist's agreement with her assessment. She also tested whether the therapist needed to criticize her by characterizing herself as inadequate in a variety of ways, but the therapist showed, by expressing a more positive and realistic view of her, that he had no wish to put her down. He explained these inadequacies as a compliance with her father's characterizations of her and her identification with her mother. The therapist also pointed out her many talents, her creativity, initiative, and intelligence. Jane was able to make use of this support by doing better at school, becoming less enmeshed with her family, and starting a new graphic design business. Jane was late for a number of sessions, thereby again testing the therapist's wish to be critical or disparaging of her, as her father would have done. Instead of being critical, the therapist interpreted these latenesses as an inhibition against acting in her own interests by getting the full benefit of her therapy, and therefore a compliance with her father's view of her. Jane took heart from the therapist's reactions by continuing to develop healthier personal relationships, being less subservient to her father, and becoming more assertive and successful in the pursuit of her education.

### Conclusion

All of us are narcissistic, and co-narcissistic, to varying degrees. When our self-esteem varies in relation to how others think and feel about us, we are experiencing a narcissistic vulnerability. When we feel guilty or anxious because we fear that we are not meeting someone else's needs or expectations, we are being co-narcissistic. These ordinary experiences are problematic the more they interfere with our ability to be successful and enjoy our lives. It is often

helpful in overcoming narcissistic anxieties to realize that the other person's behavior is a result of their own views and experience, is not a reflection on oneself, and one's self-esteem does not have to be affected by their behavior. For co-narcissistic people, who experience strong feelings of guilt and blame, recognizing that they are not responsible for another's experience is a great relief. It is important for people with either narcissistic or co-narcissistic problems to come to believe that they have intrinsic value, independent of their accomplishments or what others may think of them.

The reader is referred to Elan Golomb's book, *Trapped in the Mirror* (1992) for a variety of examples of narcissistic/co-narcissistic parent-child relationships. Another discussion of narcissism can be found in *Children of the Self-Absorbed* (Brown, 2001).

### References

Brown, Nina W. (2001). *Children of the Self-Absorbed*. Oakland, Ca: New Harbinger

Golomb, Elan PhD (1992). *Trapped in the Mirror*. New York: Morrow

Gootnick, Irwin MD (1997). *Why You Behave in Ways You Hate: And What You Can Do About It*. Roseville, Ca.: Penmarin Books.

Silberschatz, George, PhD, Ed. (2005). *Transformative Relationships*. New York: Taylor & Francis.

Weiss, Joseph, MD. (1993). *How Psychotherapy Works: Process and Technique*. New York: Guilford

---

Alan Rappoport, Ph.D., has practiced psychotherapy in San Francisco and Menlo Park, Ca. for twenty-five years. He has written several articles on psychotherapy

and has a strong interest in teaching. He teaches CE courses on psychotherapy and supervision and leads case conferences and teleconferences for therapists. Dr. Rappoport is affiliated with the San Francisco Psychotherapy Research Group ([www.sfprg.org](http://www.sfprg.org)) and is a proponent of Control-Mastery theory. His writings, and more information, are available at [www.alanrappoport.com](http://www.alanrappoport.com). He may also be reached at 1010 Doyle St., Ste. #13, Menlo Park, CA 94025. Phone: 650-323-7875.