THE SOLIPSIST PATIENT

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ABSTRACT: The aim of this paper is to widen the clinician's understanding of a narcissistic type, the solipsist (one "alone with the self") who is treatable because he or she is the healthiest of narcissists yet a challenge to psychotherapy because the solipsist allows no one to be with him or her. Countertransference is discussed as a primary factor for the therapist to understand and control. The handling of the transference is seen as the key to therapeutic success and is illustrated by case examples.

INTRODUCTION

The word solipsist, derived from the Latin solus, alone, and ipse, self (the self alone), is defined by Webster as "the theory that the self can be aware of nothing but its own experiences; the theory that nothing exists or is real but the self." Bertrand Russell sees it as "the belief that I alone exist, that all my data, in so far as they are matters of fact, are private to me, and that inferences from one or more matters of fact to other matters of fact are never logically demonstrative. These conclusions suggest that it would be rational to doubt everything outside my own experience, such as the thoughts of other people and the existence of material objects when I am not seeing them." (Russell, 1948, p. 175)

Often in clinical practice the therapist will have patients who fall within the solipsist category. Such patients have a singular unawareness of what lies beyond themselves. Almost dreamlike, they walk about with objects and persons perceived in some subliminal way but never in their full immediacy and substance. The background of their lives is hazy, the foreground filled with shadow forms as if both background and foreground were in some ultimate way unnecessary. The solipsist patient exists within a container, a sort of psychic astrodome with nurturant needs supplied, for the most part, from within the surrounding structure. There are linkages with outer structures that maintain vital and mostly practical relationships to existence such as traffic signals, work requirements, store locations, names necessary to remember and the like, but the issues of emotion and being are worked out within an elaborately
exclusive framework of self-protection. In therapy, the solipsist patient presents himself or herself as one who operates within a closed behavioral system. While acknowledging the therapist on some level, the solipsist patient does not really acknowledge the therapist. The patient looks beyond, through, above, and beneath the therapist, but never at him or her as a person who is there, much less there in a possibly nurturant way. The therapist senses that he or she is being rendered invisible by the patient. The therapist knows that he or she is not really seen. His or her name is rarely, if ever, mentioned. The therapist might as well be a piece of office furniture for all the difference it makes. A workable transference is impossible under such conditions, the possibilities of countertransference immense.

The Hopefulness of the Solipsist Patient

It should not be thought that the solipsist patient is beyond reach or hope. To the contrary, he or she is customarily bright, talented, and verbal with vocational achievements that can be quite impressive. The solipsist patient conforms closely to Kernberg’s description of the narcissistic personality. “What distinguishes many of the patients with narcissistic personalities from the usual borderline patient,” says Kernberg, (1975, p. 229) “is their relatively good social functioning, their better impulse control, and what may be described as a ‘pseudo-sublimatory’ potential, namely, the capacity for active, consistent work in some areas which permits them partially to fulfill their ambitions of greatness and of obtaining admiration from others.”

Kernberg’s retention of the word “narcissistic” for this type of patient is unfortunate because of the many varieties of pathology to which the term narcissism can be applied, ranging from the extremes of autism to psychopathy. Such an inclusive category, while helpful in bringing numerous pathological phenomena together in an overall typology, can, at the same time, cause a blurring of the parts. The term “solipsist” tends to differentiate one particular pattern within narcissism’s total range. The patient, within this pattern, is “alone with the self” as all other narcissistic people are, but he or she seems to have more “self” to be alone with, that is, has more of a “given” quality by way of native endowment, more intellect, talent, and promising background that forms a basis for surviving the narcissistic wound and maintaining touch with creative projects. Many teachers, industrial leaders, artists, and members of helping professions exhibit the solipsist character structure. The solipsist patient is the most hopeful product of narcissism.

Too, the self-nurturing processes of the solipsist patient seem less pathologically complicated than those of other narcissistic people, thus rendering them more amenable to therapeutic observation and correc-