

Steven V., a 27-year-old college student, had been suffering from a crippling and severe bout of depression. Fifteen months earlier, Steve's friend, Linda, had broken off her relationship with him. However, Steve's long psychiatric history had begun well before he first sought help from the therapist at the university's psychological services center. Steve had been in and out of psychotherapy since kindergarten and had been hospitalized twice for depression when he was in high school. His case records, nearly two inches thick, contained a number of diagnoses, including labels such as *schizoid personality disorder*, *schizophrenia (paranoid type)*, and *bipolar mood disorder*. Although his present therapist did not find these labels particularly helpful, Steve's clinical history did provide some clues to the causes of his problems.

Steven V. was born in a suburb of San Francisco, California, the only child of an extremely wealthy couple. His father, who is of Scottish descent, was a prominent businessman who worked long hours and traveled frequently. On those rare occasions when he was at home, Mr. V. was often preoccupied with business matters and held himself quite aloof from his son. The few interactions they had were characterized by his constant ridicule and criticism of Steve. Mr. V. was greatly disappointed that his son seemed so timid, weak, and withdrawn. Steve was extremely bright and did well in school, but Mr. V. felt that he lacked the "toughness" needed to survive and prosper in today's world. Once, when Steve was about ten years old, he came home from school with a bloody nose and bruised face, crying and complaining of being picked on by his schoolmates. His father showed no sympathy but instead berated Steve for losing the fight. In his father's presence, Steve usually felt worthless, humiliated, and fearful of doing or saying the wrong thing.

Mrs. V. was very active in civic and social affairs, and she, too, spent relatively little time with her son. Although she treated Steve more warmly and lovingly than his father did, she seldom came to Steve's defense when Mr.

family decisions. In reality, Mrs. V. was quite lonely. She felt abandoned by Mr. V. and harbored a deep resentment toward him, which she was frightened to express.

When Steve was a child, his mother at times had been quite affectionate. She had often allowed Steve to sleep with her in her bed when her husband was away on business trips. She usually dressed minimally on these occasions and was very demonstrative—holding, stroking, and kissing Steve. This behavior had continued until Steve was twelve, when his mother abruptly refused to let Steve into her bed. The sudden withdrawal of this privilege had confused and angered Steve, who was not certain what he had done wrong. He knew, though, that his mother had been quite upset when she awoke one night to find him masturbating next to her.

Most of the time, Steve's parents seemed to live separately from one another and from their son. Steve was raised, in effect, by a full-time maid. He rarely had playmates of his own age. His birthdays were celebrated with a cake and candles, but the only celebrants were Steve and his mother. By age ten, Steve had learned to keep himself occupied by playing "mind games," letting his imagination carry him off on flights of fantasy. He frequently imagined himself as a powerful figure—Superman or Batman. His fantasies were often extremely violent, and his foes were vanquished only after much blood had been spilled.

As Steve grew older, his fantasies and heroes became increasingly menacing and evil. When he was fifteen, he obtained a pornographic videotape that he viewed repeatedly on a video player in his room. Often, Steve would masturbate as he watched scenes of women being sexually violated. The more violent the acts against women, the more aroused he became. He was addicted to the *Nightmare on Elm Street* films, in which the villain, Freddie Kruger, disemboweled or slashed his victims to death with his razor-sharp glove. Steve now recalls that he spent much of his spare time between the ages of fifteen and seventeen watching X-rated videotapes or violent movies, his favorite being *The Texas Chainsaw Massacre*, in which a madman saws and hacks women to pieces. Steve always identified with the character perpetrating the outrage; at times, he imagined his parents as the victims.

At about age sixteen, Steve became convinced that external forces were controlling his mind and behavior and were drawing him into his fantasies. He was often filled with guilt and anxiety after one of his mind games. Although he was strongly attracted to his fantasy world, he also felt that something was wrong with it and with him. After seeing the movie *The Exorcist*, he became convinced that he was possessed by the devil.

BIOLOGICAL MODELS

Steven V. is a biological being, and his mental disorders are caused by some form of biological malfunctioning. Environmental influences are important but probably secondary to the manifestation of psychopathology. believe that the causes of Steve's problems reside in a possible genetic predisposition to mental disorders, an imbalance of brain chemistry, or, perhaps, in structural abnormalities in his neurological makeup. The fact that he suffers from paranoid schizophrenia and a bipolar affective disorder (disorders that have an increased probability of being present in blood relatives) seems to support such an explanation. The most effective way to treat this disorder is through drug therapy or some variation of somatic therapy.

PSYCHODYNAMIC MODELS

At the core of Steve's problems are his early childhood experiences, his inability to confront his own intense feelings of hostility toward his father (fears of castration), his unresolved Oedipal longing toward his mother, and the unconscious symbolism he draws between his mother and his own former friend, Linda. As a psychodynamically oriented therapist, I believe that, at crucial psychological stages, Steve did not receive the love and care a child needs to develop into a healthy adult. He was neglected, understimulated, and left on his own. As a result, he felt unloved and rejected. Therapy should be aimed at uncovering Steve's unconscious conflicts, letting him relive his early childhood traumas, and helping him to attain insight into his motivations and fears.