The Borderline Syndrome and Affective Disorders: A Comment on the Wolf-Man

by David Abrahamson

Abstract

The famous Wolf-Man case described by Freud is re-examined. Evidence of a recurrent affective disorder, which appears to have been neglected in previous assessments, is presented. The evidence is derived from the patient's own memoirs, comments by therapists and others, and from the family history. A plea is made for a multidimensional conceptualization of this and other complex and influential cases.

One of the contemporary trends evident in the recent Schizophrenia Bulletin devoted to borderline conditions (Vol. 5, No. 1, 1979) is increasing interest in their possible relationship to affective disorders. It may therefore be worthwhile drawing attention to aspects of a particularly famous and frequently discussed case relevant to this relationship which appear to have been neglected in the past.

The so-called Wolf-Man case has been described as the most famous of all Freud's case histories: one among a handful of classic cases used in the teaching of analysts from generation to generation (Freud 1973). Yet the diagnosis of a borderline state suggested by Blum (1974) on the basis of Kernberg's (1967) criteria has been widely accepted, without at any time adequate presentation of the massive evidence of a recurrent affective disorder with classical symptomatology.

In his own memoirs (1973) the Wolf-Man describes very clearly his first depressive episode, following his sister's suicide when he was 19 years of age. In a chapter significantly entitled "Unconscious Mourning," he sets out vividly his sense of desolation, loss of interest in his normal activities, indecisiveness and "tormented brooding," and thoughts of suicide—symptoms which he endured over the course of several years and which brought about three admissions to sanitariums. The episode finally remitted very suddenly, before his first analysis with Freud, "as though a good fairy with her magic wand had dispelled my depression and everything connected with it." This may account for Freud's rather cursory dismissal of the diagnosis of a manic-depressive disorder, which had been made by no less an authority than Kraepelin: "I was never able, during an observation that lasted several years, to detect any changes of mood which were disproportionate to the manifest psychological situation either in their intensity or in the circumstances of their appearance" (Freud 1955).

It is noteworthy that this assessment apparently does not mean that mood changes were absent during the period of observation, as may seem to be the case on first reading; rather, it suggests that such changes did occur but were unimportant because "understandable." It is interesting to speculate on the possible relationship of mood changes to some of the problems encountered in the analysis, including the patient's reported prolonged attitude of "obliging apathy," his "incessant vacillation which proved to be incompatible with the acquisition of a stable character," and perhaps most significantly his masochism and self-reproach, which Blum (1974) in fact describes as " depressive."

Four years after the termination of his second analysis with Freud, the Wolf-Man, then aged 38, developed a crippling hypochondriacal preoccupation with a supposed injury to his

Reprint requests should be sent to Dr. Abrahamson at Goodmayes Hospital, Barley Lane, Goodmayes, Ilford, Essex IG3 8XJ, England.
nose by electrolysis. This lasted in all over 3 years and led to a period of 5 months' further analysis by Ruth Mack Brunswick, a protegé of Freud. The nature of this episode has been much debated, and one senses dissatisfaction with Brunswick's (1973) claim that it was 'typical for those cases known as the hypochondriacal type of paranoia,' an entity which by her own admission figured more prominently in textbooks of the period than in clinical practice.

Nonetheless, remarkably little attention has been paid to the episode's obvious affective features, even by commentators such as Offenkrantz and Tobin (1973) who connected it with circumstances likely to precipitate depression: the Wolf-Man's awareness of Freud's illness, the threat to his self-esteem due to doubts about his importance to Freud, and his wife's illness. In fact, the symptoms described by Brunswick included typically depressive despair, agitation, and restlessness, and such deterioration in the patient's appearance and personality that he seemed a different person to the one described by Freud. Furthermore, as in the case of his first illness, recovery involved a sudden lifting of mood: "All at once he found he could read and enjoy novels. . . . From that moment on he was well." His recovery was also complete: "Again his character changed, this time reverting to the normal in a manner as striking as that in which his delusions disappeared." It is of interest that the Wolf-Man (1973) noted similarities between this episode and a much later one in which he developed ideas of reference and intense guilt feelings after being held for questioning in the Russian zone of Vienna: "It was like that time with my nose when I went to Dr. Brunswick—only then I feared a physical deformity and this time a moral deformity."

Guilt feelings were also a major feature of his reaction to his wife's tragic death by suicide in 1938. Although the information available is incomplete, it seems likely this was at the level of clinical depression. He comments that 'The most dreadful moment was always when I awoke in the morning, when the horror of what had happened suddenly broke through into my consciousness with complete clarity,' and Gardiner (1973) stresses the intensity of his despair and self-questioning: "he was in as much danger of destruction from within as were my Jewish friends from Nazi brutality and the concentration camps." She felt justified in obtaining a scarce visa for him to go to Paris for a further period of analysis by Brunswick, and on his return to Vienna he needed continuing support and encouragement to resume normal interests.

After the World War Gardiner (1973) kept regular contact with the Wolf-Man by correspondence and meetings. She reports: "During all these years . . . his depressions have been frequent and sometimes severe . . . they have of course taken all joy out of life. At times they last a few weeks, at other times for months." About Christmas 1954, he 'became so depressed that he sometimes spent the whole day in bed except for a short walk when he had the strength. By summer he felt 'a new man' and was painting again." An episode of depression lasting "many months" is reported as late as 1970, when he was in his eighties.

There would thus seem to be evidence of episodes of significant depression at every stage of the Wolf-Man's life: from late adolescence to old age. It is much less clear whether he also experienced mood changes in the direction of mania, although there is a suggestion of euphoria and loss of self-control following the sudden remission of his first depressive episode, during the sanatorium admission when he met his future wife; and Brunswick refers to very uncharacteristic dishonest and spendthrift behavior before his hypochondriacal illness.

The diagnosis of a recurrent affective disorder, whether unipolar or bipolar, is given added conviction by the extraordinary family history on his father's side, which extended through at least three generations. The Wolf-Man's paternal grandmother suffered depression, culminating in suicide, after the death of a daughter; his father was also diagnosed manic-depressive by Kraepelin, a diagnosis accepted in this case by Freud; one of his paternal uncles was hospitalized when he became a paranoid recluse, his previous personality having been unusually cheerful; and finally, his sister committed suicide in the context of a conviction that she was ugly and unattractive.

If this evidence is accepted, there would seem to be need to revise the very extensive theoretical and practical conclusions that have been drawn from the Wolf-Man case in the past, without any recognition of the importance—or even the existence—of an affective dimension.

The aim of this commentary is not, however, the substitution of a new one-dimensional interpretation of this complex case for the traditional one. It is clearly logically possible for an individual to be both borderline and subject to recurrent episodes of an affective psychosis, if the first term is used in Kernberg's (1967) sense of a particular personality structure rather than a clinical entity or syndrome. The challenge is to avoid the confusion between enduring personality
characteristics and temporary illness states that is evident in much of the literature on borderline, and to explore and delineate the nature and results of the inevitable interaction between the two.

Ellenberger (1970) has drawn attention to the influence of a small number of celebrated cases on the history of dynamic psychiatry. It is possible that others of these would repay reassessment in the same terms as the Wolf-Man case, since the split between dynamic and descriptive frames of reference, which it illustrates so clearly, has been a general and enduring one.

References


The Author

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