

Crazy for you

TRULY, madly, deeply. If you haven't actually said those words, you've probably thought them – and they are very revealing. They suggest that, as a society, we consider 'madness' to be as significant an indicator of love's authenticity as honesty and depth. We do not expect love to be rational – we expect it to be overwhelming, improvident and unpredictable. We expect to 'go crazy'.

The similarities between passionate love and mental illness have been noted since classical times. The ancient Greeks employed the term *theia mania* (or madness from the gods) to describe the sudden overthrow of reason associated with falling in love, and the principles of Hippocratic medicine provide a mechanism that explains why lovers are prone to emotional distress. According to the humoural model, if love becomes too 'heated', vital fluids evaporate creating a cold, dry state known as love melancholy (Babb, 1951; Burton, 1621/2001). The symptoms of love melancholy (or lovesickness) have been celebrated by poets and songwriters from classical times to the present day.

Although we now associate



FRANK TALLIS asks whether psychologists should take lovesickness more seriously.

lovesickness with adolescent crushes and romantic fiction, it is in fact one of the most successful of all psychiatric diagnoses. Lovesickness was used by doctors for nearly two thousand years (compared with current ICD-10 or DSM-IV diagnoses, most of which are less than a hundred years old). It wasn't until the collapse of the humoural model in the 18th century that the diagnosis finally fell out of favour among medical practitioners (see Porter, 2002).

The idea that love is somehow a close cousin of mental illness was never decisively rejected, and it resurfaced again in the work of many contemporary psychologists. Indeed, most extant typologies of love, theories of love and descriptions of love acknowledge at least one feature or mechanism that might be described as 'psychopathological'. Think for example of John Lee's (1973) mania, Dorothy Tennov's (1979) limerence and Robert Sternberg's (1986) infatuation, all of which are characterised by obsession, irrational idealisation, emotional instability or emotional dependency.

More recently, the taxonomic approach to love has been simplified, with many

theorists favouring a single distinction – that made between passionate love (experienced at the beginning of a relationship) and companionate love (experienced after the passion subsides). Yet, this simplification has not excluded or attenuated the role of pathological components. On the contrary, they have now been fully consolidated.

Passionate love is generally described as a state of intense longing for the beloved. When reciprocated, passionate love is associated with joy, euphoria and ecstasy; however, these feelings are almost invariably shadowed by darker emotions such as anxiety, jealousy and sadness (Hatfield, 1988). Therefore, it is difficult to experience passionate love in the absence of at least some psychological pain. When unrequited (or frustrated), passionate love will reliably engender a sense of emptiness – and even despair.

When people fall in love, they frequently exhibit symptom clusters that appear under several DSM-IV and ICD-10 diagnostic headings – mania, depression and obsessive compulsive disorder (see box opposite). Moreover, some contemporary diagnoses comprise symptom clusters that

WEBLINKS

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were originally subsumed under the ancient rubric of love melancholy (e.g. delusional disorder – erotomanic and jealous types).

The similarity between lovesickness and certain types of mental illness may not be superficial. For example, Italian psychiatrist Donatella Marazitti found that when people fall in love their estimated serotonin levels drop to levels found in patients with OCD (Marazitti *et al.*, 1999). Further, in a brain scan investigation conducted by Semir Zeki and Andreas Bartels, people who profess to be ‘truly, deeply and madly’ in love, show activity in several structures implicated in the neuroanatomy of OCD, for example the anterior cingulate cortex and caudate nucleus (e.g. Bartels & Zeki, 2000). Such findings bear interesting comparison with the writings of the 10th-century Iranian physician Ibn Sena (known more commonly in the West as Avicenna), who identified obsession as the principal symptom and cause of lovesickness.

The relentless poetic linkage of love and madness often raises a knowing smile and moment of embarrassed self-reflection; however, perhaps it deserves more than cynical dismissal. The historical success of lovesickness as a diagnosis, the findings of contemporary psychologists, and recent biological evidence, all suggest a phenomenon worthy of more serious scientific scrutiny. If the state of being in love often resembles a mental illness, then we must surely ask the question why?

Nature's dirty trick?

To discover why we can fall so head over heels in love we must look to the burgeoning science of evolutionary psychology. Human babies are born uniquely weak and vulnerable, requiring a massive amount of care from two committed parents. Unfortunately, our large brains allow us to rebel against our reproductive instincts, permitting us to avoid the labour of raising children (and sharing resources) in order to pursue more selfish goals (Dawkins, 1999). It is a sobering thought that marital satisfaction falls with the arrival of children and does not improve again until they have left home (Rollins & Feldman, 1970). Love necessarily overthrows reason to ensure evolutionary objectives. Writers have long suspected that love's madness might have something to do with Darwinian principles. For example, W. Somerset Maugham ruefully observed: ‘Love is only the dirty

trick played on us to achieve continuation of the species.’

The conflict between intellect and evolutionary objectives does not arise in animals for obvious reasons. Animals simply follow their instincts. When it comes to sexual reproduction, they are simply automata. And to a very large extent, so are we; however, the very fact that we can self-reflect, and rebel, has perhaps necessitated the evolution of a safety mechanism – an emotional swamping of the mental apparatus to ensure that fundamental evolutionary objectives are met. We call this safety mechanism love.

Love must be – by its very nature – the antithesis of reason. This is probably why it is so frequently described as a form of madness. Indeed, for many, the authenticity of love is determined according to the degree to which it is experienced as irrational – a position succinctly captured by Robert Mallet's witty aphorism: ‘I have

**‘Although we think love
will last for ever, this is
rarely the case’**

every reason to love you. What I lack is the unreason.’

Committing to a single human being is a momentous investment – particularly for men. The male of the species must resist his natural instinct to mate with more than one partner (Trivers, 1972) and be willing to share his resources (at least initially) with his family. This would suggest that – from an evolutionary perspective – it is more important for men to fall in love than women. Consequently, evolutionary pressures should have made men more love-prone – which does seem to be the case.

This disposition is exemplified by research into the phenomenon of love at first sight. A large-scale American survey conducted by Earl Naumann found that of those individuals who profess to believe in love at first sight, some 62.3 per cent of men claim to have experienced it, compared with 55.7 per cent of women (Naumann, 2001). Although these figures seem close, the difference is in fact statistically significant. Similarly, men are significantly more likely to experience love at first sight on more than one occasion. It is also worth remembering that men are much more likely to remarry than women

(showing scant regard for Dr Johnson's sardonic observation that a second marriage demonstrates ‘the triumph of hope over experience’).

The force with which love assaults the intellect in men is also reflected in literary, philosophical and medical writings, which generally contain more references to lovesick men than lovesick women. Indeed, in many early medical texts it is almost assumed that the lovesick patient will be male (for example, Ibn Sina's 10th-century *The Canon of Medicine* and Ibn Hazm's 11th-century *The Ring of the Dove*).

Women, on the other hand, tend to be less passionate and more pragmatic – being more inclined, for example, to marry for increased status or money rather than love. In a major study of sex differences conducted by American evolutionary psychologist David Buss – examining 37 samples drawn from 33 countries on six continents – women were much more likely than men to select partners on the basis of their financial prospects (Buss *et al.*, 1990).

Evolutionary theory also explains another puzzling feature of passionate love – its relative brevity. Although when in the throes of love, we think that love will last for ever, this is rarely the case. Love diminishes, dies or becomes – over time – something closer to friendship (i.e.

LOVESICK?

We are not always rational in love, particularly in the early stages – do any of these look familiar?

mania – abnormally elevated mood, inflated self-esteem, extravagant gift giving

depression – tearfulness, insomnia, loss of concentration

obsessive compulsive disorder – preoccupation, checking (e.g. text messages) hygiene rituals (prior to dating), and hoarding valueless but superstitiously resonant items



companionate love). Evolution is parsimonious. Love, on the other hand, is florid and wasteful. Geoffrey Miller (2001) notes: 'The wastefulness of courtship is what makes it romantic. The wasteful dancing, the wasteful gift-giving, the wasteful adventures.' (p.128.) Perhaps, because love is so wasteful, evolutionary pressures have ensured that we fall in love only for as long as it is necessary to achieve evolutionary goals – but no longer.

To ensure reproductive success, the pair-bond that keeps men and women together does not need to last for ever. It only needs to last long enough for one or two children to be produced and raised (of course, the evolutionary foundations of this argument – which give considerable emphasis to the dynamics of reproduction – do not invalidate or depreciate love between people of the same sex). In the ancestral environment, the earliest cut-off point would probably have been linked with the termination of breast-feeding. Thus, intense, passionate love might only be sustainable for a few years.

Back to the future for therapy

Although the medical establishment has decided that lovesickness no longer exists, the world doesn't seem to have taken much notice. People still experience love as a 'sickness', and poets and songwriters retain a deep affection for the illness metaphor (Tallis, 2004). The pop charts are dominated by young men and women who are 'crazy' in love, 'mad' for love, who are going 'out of their heads' for love.

The average clinical psychologist will not receive referral letters from GPs and psychiatrists mentioning lovesickness; however, careful examination of the sanitised language will reveal that lovesickness may well be the underlying problem. Many people are referred for help who cannot cope with the intensity of love, have been destabilised by falling in love, or who suffer on account of their love being unrequited (a consequence of which might be attempted suicide, thus dramatising the ancient contention that love can be fatal). Although there are numerous texts available on the treatment of relationship and psychosexual problems, few grapple with the thorny problem of love and its sickness.

Interestingly, the treatment methods espoused by the likes of Ibn Sina – over a thousand years ago – resemble contemporary cognitive behaviour therapy (CBT). The principal symptom of lovesickness is obsession with the beloved.

circle. Thus, anything that might interrupt the process of obsessing is potentially helpful. It is also possible that engaging in cerebral activities such as disputations might confer a secondary advantage; namely, the exercise of the patient's faculty of reason: the faculty most overwhelmed by love's madness.

The treating physician is also encouraged by Ibn Sena to rebuke the lovesick patient and to raise doubts about the beloved's character. The purpose of this manoeuvre is to undermine idealisation. Ibn Sena states: 'The image that he [the lover] has within himself is nothing but a delusion.' Thus, the patient's mind contains a mental picture of his beloved that is sublimely enhanced: employing the vocabulary of CBT we might speculate on the presence of positive processing biases. By attacking the idealised image, Ibn Sena is clearly seeking to weaken one of the most significant factors sustaining love's madness.

Excessive idealisation and rigid, absolute beliefs concerning love and its meaning are endorsed by a culture steeped in romantic literature and creative products. An understanding of the assumptive world of the lovesick patient might prove as useful to the contemporary clinician as it did to his or her ancient progenitors.

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Hunting – A distraction for the lovesick?

Therefore, Ibn Sina suggests that the lovesick individual might benefit from distraction. This can be achieved by engaging in demanding tasks (he gives the example of hunting) or intellectual activities such as disputations and quarrels. This advice seems perfectly reasonable. Obsessions are now understood to be self-perpetuating in the manner of a vicious

References

- Babb, L. (1951). *The Elizabethan malady: A study of melancholia in English literature from 1580 to 1642*. East Lansing, MI: Michigan State College Press.
- Bartels, A. & Zeki, S. (2000). The neural basis of romantic love. *Neuroreport*, 17, 3829–3834.
- Burton, R. (2001). *The anatomy of melancholy*. New York: New York Review Books. (Original work published 1621)
- Buss, D.M., Abbott, M., Angleitner, A., Asherian, A., Biaggio, A., Blanco-Villasenor, A. et al. (1990). International preferences in selecting mates: A study of 37 cultures. *Journal of Cross-Cultural Psychology*, 21, 5–47.
- Dawkins, R. (1999). *The selfish gene*. Oxford: Oxford University Press.
- Hatfield, E. (1988). Passionate and companionate love. In R.J. Sternberg & M.L. Barnes (Eds.) *The psychology of romantic love* (pp.191–217). New York: Yale University Press.
- Lee, J.A. (1973). *Colors of love*. Toronto: New Press.
- Marazziti, D., Akiskal, H.S., Rossi, A. & Cassano, G.B. (1999). Alteration of the platelet serotonin transporter in romantic love. *Psychological Medicine*, 29, 741–745.
- Miller, G. (2001). *The mating mind: How sexual choice shaped the evolution of human nature*. London: Vintage.
- Naumann, E. (2001). *Love at first sight: The stories and science behind instant attraction*. Naperville, IL: Sourcebooks.
- Porter, R. (2002). *Madness: A brief history*. Oxford: Oxford University Press.
- Rollins, B.C. & Feldman, H. (1970). Marital satisfaction over the family life cycle. *Journal of Marriage and the Family*, 32, 20–28.
- Sternberg, R. (1986). A triangular theory of love. *Psychological Review*, 93, 119–135.
- Tallis, F. (2004). *Love sick: Love as a mental illness*. London: Random/Century.
- Tennov, D. (1979). *Love and limerence: The experience of being in love*. New York: Stein & Day.
- Trivers, R. (1972). Parental investment and sexual selection. In B. Campbell (Ed.) *Sexual selection and the descent of man* (pp.136–264). Chicago: Aldine de Gruyter.