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Lovesickness

Passionate love is generally defined as:

A state of intense longing for union with another.

Reciprocated love (union with the other) is associated with fulfillment and ecstasy. Unrequited love (separation) is associated with feelings of emptiness, anxiety, and despair.

The Passionate Love Scale has been found to be a valuable measure of this form of love.

In all of the world's major religions, love of God is assumed to be the highest form of love. Love of family and friends is next in virtue. Passionate love is generally considered to be an inferior form of love. In Buddhist, Christian, Hindu, Islamic, Jewish, and Muslim traditions, almost all love stories—whether they be that of Samson and Delilah, Mahbyb (or Majnu) and Layla, or Ranjha and Heer—deal with the anguish of unrequited love. Young lovers suffer the pains of the damned: they go mad, wander naked in despair, commit suicide, or destroy their families. The term “lovesickness” describes the misery men and women feel when passion goes awry.

Since antiquity, scholars have attempted to identify the tell-tale signs of “lovesickness.” In the first century A.D., for example, Plutarch recounted the story of King Seleucus, successor to Alexander the Great, and his son Antiochus. When Antichus fell mysteriously ill, court physicians were able to

diagnosis lovesickness by observing tell-tale signs of ill-fated passion—stammering speech, fiery flashes, darkened vision, sudden sweats, irregular palpitations of the heart, and finally, as his soul was taken by storm, helplessness, stupor, and pallor. King Seleucus soon realized that the young man had fallen in love with his stepmother (Plutarch, 1920, p. 93-95).

Recently, social psychologists, neuroscientists, and physiologists have begun to explore the neural and chemical substrates of passionate love, lovesickness, and unrequited love. Although the ancients were correct in many of their observations as to the nature of lovesickness, in recent years scientists have learned far more about the mental, chemical, and physiological reactions associated with lovesickness and romantic loss. Helen Fisher (2004), for example, argues that passionate love is associated with high levels of dopamine (and/or norepinephrine) and low levels of serotonin in the brain. Interestingly, the characteristics of passionate love that Plutarch observed—obsessive thinking about the beloved, euphoria, sleeplessness, loss of appetite, and so forth (the very characteristics measured by the *PLS*)—are associated with such chemical reactions in the brain. Recently, neuroscientists have begun to conduct studies of the lovesick, using functional magnetic resonance imaging (fMRI) techniques. Such studies provide a detailed “map” of the neurological and chemical changes that occur when lovers are experiencing the pleasures of passionate love or the pain of lovesickness and rejection (in which the

“stress system” is activated, as well. (See Sue Carter, 1998, and Helen Fisher, 2004, for a review of this research)

Lovesickness and Its Links to Psychological and Physical Health

When things are going well, passionate love and intimacy promote mental and physical well-being. Love and intimacy are associated with creativity, happiness, contentment, productivity, and a sense of well-being. Happy marriages provide social support and foster physical health.

Alas, when love goes awry, the lovesick often experience mental and physical problems. Recently, Roy Baumeister and Sara Wotman (1991) interviewed students at Case Western Reserve University. They found that 93% of men and women admitted that they had been spurned by someone they loved. Few had escaped the feelings of hopelessness, fear, emptiness, and fury that romantic rejection can spark.

Social psychologists have documented that lovesickness and love lost are associated with a variety of painful emotions—such as guilt and shame, sadness and depression, anger and bitterness, loneliness, and intense jealousy. Unrequited lovers are often angry at their abandonment: they sometimes stalk, harass, physically assault, or kill their beloved.

Couples who have broken up or divorced have also been found to be vulnerable to a wide array of stress induced mental and physical problems. They are “at risk” alcoholism, diabetes, heart disease, tuberculosis, and cirrhosis of the liver. They are more likely to die from natural causes, twice as likely to commit suicide, and more likely to be murdered than are their

peers. Medical researchers find that the bereaved are also at risk.

Bereavement:

- increases one's vulnerability to depression and other mental illnesses,
- produces a variety of physical symptoms including migraines, facial pain, rashes, indigestion, weight gain or loss, chest pain, heart palpitations, asthma, infections, and fatigue,
- predisposes a person to neglect his or her own health.
- predisposes a person to engage in risky behaviors—such as smoking, drinking, and drug use.
- aggravates existing illnesses. Stress may lead to dysfunctions in neuroendocrine balance and, in turn, to a reduction in immunity to disease. For example, the bereaved are at risk for coronary heart disease and cirrhosis of the liver.
- increases the likelihood of suicide and death.

Passionate love is a universal emotion—found to exist in all cultures and at all times. In the best of circumstances, it is associated with ecstasy and joy and physical and mental health. Lovesickness and the anguish of rejection, however, can (and often does) lead to anguish and real suffering—both mental and physical.

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References and Further Reading

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