

Medicine

What has love got to do with it?

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Is nothing sacred? Investigating the nature and effects of love has always been the domain of theologians, poets and philosophers but now scientists are taking a close look at this most sacred of human emotions.

Biochemical challenges

It has been well known for some time that emotional states like depression and anxiety have specific biochemical correlates but it is now becoming obvious that patterns are also recognisable with other emotional states such as love. For example, people in that state of romantic love (often associated with infatuation and obsession), have high dopamine and norepinephrine levels associated with arousal and low serotonin receptor levels associated with depression, which are very similar to the changes seen in obsessive compulsive disorder (OCD). Anyone who has felt the ups and downs of sleepless nights and dark brooding days, especially early in a new romance, can relate to such observations. It has been found that many of these changes revert to 'normal' after the initial stages of romantic love settle down.

States of love

If romantic love is associated with depression is it therefore an unhealthy aberration of an otherwise healthy state of mind? Perhaps not. Language does not serve us well in all cases, for we often use the same word to communicate many and varied states of mind and emotion. Love is defined in various ways from the most superficial and fleeting of human experiences to the deepest and most lasting.

One way of understanding love is as desire (ie, something which attracts or draws together). It leads the lover to wish to be at one with the object of love, the beloved, whoever or whatever that may be. When together there is fulfillment and happiness but separation causes pain, frustration, anger, loss and grief.

True love, passion and attachment

Love's most common association these days in popular culture might be with the more physical aspects of union. In days gone by this might have been termed 'lust'. Such words have passed from common usage but the phenomenon hasn't.

A more subtle but still common notion of love is that it is a form of obsession or compulsion. Here the attraction is so great that the person cannot bear to be away from the beloved. The lover's thoughts go back to the beloved so regularly that it can consume hours each day and the pangs of separation are severe. Love, in this sense can be compared to an emotional roller coaster ride where out happiness or lack of it becomes inextricably linked with and dependent on the beloved object; in a sense we become owned by it. It is not too difficult to see that when our happiness is on the line in such a way possessiveness and manipulation are quite natural corollaries. The chemical changes with this sort of love, as previously mentioned, resemble those associated with excitation, depression, OCD and addiction. Most of our popular images of romantic love fit this sort of description with the lover experiencing periods of passion and adulation punctuated by periods of insecurity, fear, pining, misery and inability to function. The consequences to this sort of love often make themselves known when relationships break up.

The least common and sensational notion of love is as something steady, peaceful, contented, free and enduring. We sometimes call it Platonic love. It is a love which is not so much of a physical attraction nor is it as prone to the ups and downs of desires and passions like other sorts of love. This type of love does not preclude passion but is not governed by it. This love transcends physical beauty, likes, hurts and dislikes and is the sort of love of which Shakespeare often spoke in his plays and sonnets.

Let me not to the marriage of true minds
Admit impediments. Love is not love
which alters when it alteration finds,
Or bends with the remover to remove.
Oh no! It is an ever fixed mark,
That looks on tempests and is never shaken.
It is the star to every wand'ring bark,
Whose worth's unknown although his be taken.
Love's not Time's fool though rosy lips
and cheeks.
Within his bending sickle's compass come.
Love alters not with his brief hours and weeks,
But bears it out even to the edge of doom.
If this be error, and upon me proved,
I never writ nor no man ever loved.

William Shakespeare, Sonnet No. 116.

Relevance for medical practice

Having taken such an apparently abstracted philosophical diversion, is there a link to more pragmatic and medically relevant concerns? It would seem they are. The relevance of these mental processes, behaviours and biochemical changes are inextricably linked and far reaching, encompassing everything from coping with the effects of broken romance to trying to make

healthy lifestyle changes.

Obviously we associate love with the attraction of one human being to another but it can be directed to other things. The link between smoking cessation, depression and obsessional thought patterns is well established. Smokers suffer a similar emotional, psychological and physiological state as bereaved lovers and this is strongly associated with relapse. Hence it is not surprising that concurrently providing cognitive behavioural interventions or treating depression in the process of smoking cessation is associated with better quit rates and less compensatory behaviour such as overeating. Such behaviours are no doubt an emotional and biochemical compensation for the grief associated with the loss.

An addiction to an unhealthy behaviour is almost like a love-hate relationship with an abusive lover where the strong attachment, mental pictures, memories and obsession leads one to continually return to something that we know is not good for us.

Perhaps another sobering and important thing to ponder is raised by the ever increasing levels of depression among our young. People who cast their minds back to their adolescence or are involved in counselling adolescents, will acknowledge that one of the greatest sources of emotional distress involves prematurely getting out of our depth in relationships when emotional maturity and stage of life would perhaps suggest a more cautious approach. Images of love, sex and romance in popular culture may often present the more alluring and seductive but superficial notions of love without the knowledge that extreme highs and lows are temporary and eventually end.

Perhaps, as doctors and counsellors, we need to reflect more on love. A challenge facing all of us, and especially the youth of today, is to learn not so much how to love strongly and passionately but how to also love wisely and prudently. In so doing we may enjoy many of the joys of love without so many of the pains.