

LOVE AND PSYCHOSIS. WHY DOES LOVE MAKE US CRAZY?

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Key words: love; psychosis; attachment

Summary: The article discusses the relationship between romantic love and psychosis. It argues that romantic love is often the cause of psychotic decompensation. That phenomenon may be associated with the structure of the personality and a pattern of attachment of persons with the experience of psychosis. Anthropological studies show how the phase of falling in love through recreating the mother-child relationship can become threatening for those with a psychotic personality structure. Researchers affiliated with Bowlby's theory emphasize the risk of "self-expansion" in the early stages of romantic love. For people who have good experience in early childhood care, such an experience is appealing and exciting, while those surviving psychotic fear of the actual loss of boundaries, may react with defences in the form of psychotic delusions. The article includes excerpts from the history of the person with the experience of a developing psychosis. It shows how important it is to study the causes of illness, understanding of the disease in the context of the patient's life. Therapists should try to understand the message of the delusions and hallucinations of the patient. Patients who react with psychosis on romantic love, could have difficulties with a closer relationship (including the therapeutic relationship).

Relationships between love and psychosis are frequently described in two aspects. Firstly, love can be seen as "madness", construed as a state insusceptible to rational control. In relevant research two characteristic features of a person in love have been distinguished: irrational elements and loss of control [1]. Secondly, paranoid psychoses where the content of delusions is focused on feelings of love and jealousy (the Othello syndrome, erotomania) have been described. It should be noted that both paranoid jealousy and delusional belief in being loved by another person may involve an actual threat to the object of affection and suspicions. It is perhaps feeling of love that gives a psychosis such an incalculable and destructive character, as shown by Shakespeare in the tragic ending of "Othello."

These relationships will not be discussed in this paper. The subject will be another aspect of the love-psychosis relationship, and namely – a crisis termed acute psychotic disorder or schizophrenia-spectrum disorder. When associated in time and content with a state of being in love, these disorders can be assumed to be directly caused by love.

Professionals working with patients who have experienced psychosis know that love often triggers the first psychotic episode (and in some cases also subsequent ones). Nevertheless, it is rather abandonment or loss of the object of affection than being in love itself that are listed among the causes of a psychotic outbreak [2]. Referring to the stages of romantic love recognized in the literature possible causes of psychotic disintegration in two phases: of being in love and of attachment will be analyzed in the paper on

the grounds of clinical material. In the research literature the term romantic love is used to denote a loving relationship between a couple or life/sexual/erotic partners as distinguished from love/affection between parents and children, siblings, etc. The term will be used in the former meaning also in this paper.

In neuropsychological studies two phases of love are distinguished: a state of being in love, with an increased release of dopamine, NA and, above all, phenylethylamine (PEA) in the limbic system, and the phase of attachment with increased levels of endorphins, oxytocin, and vasopressin [3, 4].

On the other hand, followers of Bowlby's theory assume that romantic love is a configuration of attachment, caregiving, and sexual relationship [5]. Even the authors who believe in the fundamental role of attachment discern a pre-attachment phase, where sexual attraction and interest are of major importance, as well as a phase of developing a secure attachment bond, where constant physical contact is important. According to Bowlby [6], it takes children about 6 months to develop attachment when being in constant contact with the caregiver. He believed that in adults the development of attachment takes at least as long. Strictly defined attachment begins with extinction of arousal evoked by the presence of another person. In this phase people do not need physical contact so much and are able to endure a temporary separation [7]. Partners create their mental representations in the phases of pre-attachment and developing of attachment. Thus, these initial phases seem to be very sensitive to early attachment-related experiences.

Psychotic response to falling in love can be construed as a response to an unspecific stimulus or unknown experience that needs to be understood and integrated. Persons responding with psychotic outbreak have not developed resilience that would enable them to cope with an unknown situation [8]. Above all, they lack the ability to symbolize their experiences that in psychosis become tangible "things." This powerful, incomprehensible experience leads to their psychotic disintegration.

The focus of my interests is the specificity of romantic love. Why is it this experience that results in psychotic decompensation? And there is a question: how often is love the cause of psychosis? I have not investigated this issue in any strict sense in quantitative research, but when working on this paper I have remembered many such patients.

Nevertheless, I shall try to describe a small clinical sample. I have been conducting long-term therapy with a half-open group of psychotic patients for three years now. Sessions are attended by 7–8 participants, with the total of 15 attendees over the three years. 12 out of the 15 patients associated their first psychotic episode with feelings of erotic nature. Three scenarios can be distinguished there. The first pertains to an early stage, when there is no object of affection yet, and the patient's difficulty consists in containing his/her emerging sexual impulses perceived as destructive. In the second scenario there is an object of affection, very strong feelings of desire, and fear subsequently followed by delusional symptoms. In the third scenario the onset is associated with abandonment.

An additional problem in love research is that patients with predominance of erotic contents in their psychotic episodes are deeply ashamed of this, therefore some facts can be disclosed only after they develop

a sense of safety in the course of psychotherapy. It is particularly important for patients in group therapy to hear that others have had similar experiences and are less ashamed to talk about it.

In what follows I shall present an analysis of a text written by a female patient in whom the onset of psychosis was associated with romantic love. Possible causes of her psychotic outbreak in response to being in love will be discussed.

Story of Krystyna

Krystyna has never been my patient. She described her illness in the form of an interview and allowed me to use it in this article. Krystyna first met Robert during her college years.

We began dating a month before our summer holidays. I was afraid that a three-month separation would be destructive to our relationship. That is why I asked Robert to visit me in my home town. He promised he would come. Well, then it started. I was waiting for him under great stress. I was aware that men were hunters, that guys would rather chase girls and so I should not make the first move, that if I called him first, I would scare him away. He would bolt. That is why I did nothing. But the stress related to this, thinking whether he would come or not, was overwhelming. Psychosis had started a few days before Robert's visit, growing up slowly, imperceptibly. Forcing me to behave bizarrely. E.g. something, some strange power, made me go to the hairdresser's to have my head shaved. Fortunately, the hairdresser refused to shave my long, thick, chestnut hair, and only cut it short.

Krystyna describes her first psychotic episode as associated with her apprehensions and hopes concerning their relationship. She wrote: “*Men were hunters*”, never mentioning her own needs and dilemmas. She seemed to feel like taking the first step, but perhaps was afraid to do so, it could be easier for her to think about Robert as “*A guy who would rather chase girls*” than to think about her own barriers. In this dilemma Krystyna decided to have her head shaved, which in traditional cultures is a sign of discarded sexuality. Was that meant to protect her from sexual impulses?

On the day of Robert's arrival I went to meet him at the railway station. When he got off the train he tried to kiss me on the cheek, but I pushed him away. He was surprised. We went home but I already behaved abnormally. I served him a half-cooked chicken, I was so muddle-headed I could not focus on our conversation. I remember I had borrowed a cookbook with recipes for pizza, as it was Robert's favourite dish. I had planned to cook pizza for him, but suddenly I heard a voice somewhere in my head: Cook a large pot of letcho because all your college friends are coming and you must have something to feed them. I obeyed.

Krystyna had planned to make pizza for Robert but she failed to do so. Was it only a rebellion that could not be expressed otherwise (“I won't do what you would want me to do”), or her wish to avoid being

alone with him? It might be also a denial of her desire for closeness, the same as in the hairdresser's episode, where shaving her head was meant to protect her from her own sexuality.

My mother had coaxed me to go to a solarium where I suffered an extremely severe claustrophobic attack, shouting, crying and struggling to get out of the machine on my own. Then I started to imagine that I had been hypnotized by Robert and could free myself from this state by self-inflicted physical pain. I would take then a large chopping knife and start "scratching" my legs with it, until they were streaming with blood.

Claustrophobic attacks can be interpreted as a fear of being "closed" in a relationship, or as an apprehension about dependence. Closeness is perceived as dangerous – signified by being closed, hypnotized. At the same time the patient's own desires are completely projected onto the object. Krystyna writing about "this state" hoped to free herself from it by self-inflicted physical pain. Psychotic fear is associated with threatened identity and with a sense of loss of the body boundaries. These patients use self-inflicted pain, e.g. cutting their skin, to feel they do exist and have their own boundaries. In Krystyna's case being in love resulted in a loss of boundaries, which evoked her fear leading to self-injury. In her narration the image of her "Legs streaming with blood" is strikingly plastic. Blood is an obvious symbol of sexual maturity. Is that what Krystyna symbolically expressed?

Nevertheless, Krystyna married Robert and got pregnant. Another episode of her psychotic decompensation occurred in the maternity ward prior to childbirth:

I began to suspect my husband of cheating on me. I tried to convince the nurses that he had brought me there so as to shack up with someone in our home at that time. I threw our new camera at the window, luckily the window pane was not broken. I beat a nurse up.

Post-partum psychoses are related to hormonal changes and to childbirth, which is a dramatic separation from the child. However, Krystyna felt threatened prior to the delivery, when her husband had left her in the hospital. Believing it had not been done for her sake, she regarded it as "cheating." How can it be interpreted? Perhaps as her difficult-to-accept ambivalence towards having a baby. Much earlier, having learned about her pregnancy, she wrote: *Well... I was pleased. So that I could tell my child that I was honestly pleased with its coming into the world.* She wrote just as honestly that it was her husband who wanted to have a baby. Could the baby be "a third party" intruding itself in the marital relationship at that time? Is it what Krystyna meant writing that "Her husband has someone else"? Fears about *harming the baby* recurred later: *I was tormented by an obsessive belief that I would take an axe and cut the baby's fingers off. Or that I am so absent-minded that I would leave the child somewhere in front of a shop and forget about it.*

Krystyna never wrote about her childhood experiences with her mother, but this omission may be significant. Her depressive mood she described post-partum and called *gaping at the ceiling*, suggests her difficulties in building a positive relationship with the baby. She reported her difficulties in doing household chores, with the baby presented as another "chore" or burden.

Krystyna admitted to having ever-present thoughts/delusions she was ashamed to talk about. She mentioned only once a situation of this type that occurred in the psychiatric ward. *One of the female patients, a slut, borrowed my deodorant. I am positive the she was masturbating in my presence with this deodorant, so I went to wash it when she gave it back. Delusion or not?*

Since I have never worked with Krystyna, it is difficult to interpret the function of this (supposedly) projection – does it signify her wish for closeness with a woman and erotization of these feelings? Or rather a denial of her sexual needs?

Krystyna's story exemplifies how psychosis can be triggered at various stages of life by different factors – while initially being in love plays a major role, frustrations associated with the attachment phase become important later.

Why being in love may be specifically associated with a psychotic outbreak? Disorder at the psychotic level denotes fixation in the early symbiotic phase (autistic-contiguous according to Ogden) [9], involving difficulty in differentiation between the internal and the external. In the stage of being in love communication as a whole is associated with bodily sensations. Helen Fisher [10] referring to the studies by Givens [11] and Perper [12] describes several phases of “courtship”: the first is “attention getting”, followed by “recognition”, “conversation (or grooming talk)”, then “touch” and “body synchrony.” Particularly the phases of touching and body synchrony unconsciously re-enact an early stage in the mother-child relationship. “Body synchrony” is nothing else but a repetition of reflecting in the mother-child relationship. A large proportion of patients with psychotic personality structure had no good experiences in that developmental stage. Understandably, this phase of love with its very primary, pre-verbal communication, may reenact their trauma or failure in relation with the primary object.

The stage of falling in love is described also as “self-expansion” [13] – characterized by a sense of losing one's boundaries and merging our self with that of another person. This condition is attractive and exciting to persons who have good early care experiences, while those who feel psychotic fear of the actual loss of boundaries and of being overwhelmed by another person may respond to it with psychotic defences in the form of delusions. E.g. Elyn Saks who suffers from psychosis wrote: “However, ‘becoming one flesh’ with a man seemed like I was losing my own self, it was sometimes frightening, as if something terrible lurked right on the other side, as if I was to fall into an abyss” [14].

In some patients decompensation is associated with a loss of the object of attachment. Interestingly, (although caution must be exercised), the course of psychosis seems to be different in those two situations. The course of psychotic disorder in people who are in love resembles that of falling in love – it is sudden, violent, and accompanied by manic-like symptoms. On the other hand, those who have lost the object of affection respond to the loss in a more depressive way – their psychotic disorder is mildly symptomatic,

characterized mostly by withdrawal, and sometimes by unspecific self-destructive ideas that are the cause of their hospitalization.

It is well-known not only that we “get crazy with love”, but also that “love makes us dumb.” Love was found to deactivate cortical regions associated with mentalizing [15]. If we assume that a breakdown of mentalization process is among the causes of psychotic decompensation, then being in love may lead individuals with lower baseline mentalizing capacity to a state of chaos, from which they can recover only by “a new insight” provided by delusions.

Mentalization researchers differentiate between a “blind” aspect of love related to blocked mentalizing capacity and “mature love” propitious to mentalization within a trustful attachment relationship. Unfortunately, I have seen that a trustful attachment is a rare experience in patients, which results in their decompensation both when being in love and in later stages.

What therapeutic implications can be drawn from these considerations? Relationships between romantic love and psychotic decompensation suggest that to understand the patient it is important not only to analyze circumstances of the onset of the psychotic episode in the context of his/her earlier experiences, but also to seek information about the patient’s inner world in the contents of his/her delusions and hallucinations. Decompensation associated with love feelings shows how threatened patients can feel by closeness, which indicates we should be very mindful in building our relationship with the patient.

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