



# Pathological jealousy and pathological love: Apples to apples or apples to oranges?



Andrea Lorena da C. Stravogiannis<sup>a,\*</sup>, Hyoun S. Kim<sup>b</sup>, Eglacy C. Sophia<sup>a</sup>, Cíntia Sanches<sup>a</sup>,  
Monica L. Zilberman<sup>c</sup>, Hermano Tavares<sup>a,d</sup>

<sup>a</sup> Impulse Control Disorder Outpatient Clinic (AMITT), Department and Institute of Psychiatry, Faculty of Medicine, University of São Paulo, Brazil

<sup>b</sup> Addictive Behaviours Laboratory, Department of Psychology, University of Calgary, Canada

<sup>c</sup> Department of Psychiatry, and Laboratory of Psychopharmacology (LIM-23), Faculty of Medicine, University of São Paulo, Brazil

<sup>d</sup> Department of Psychiatry, Faculty of Medicine, University of São Paulo, Brazil

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## ABSTRACT

Pathological jealousy evokes emotions, thoughts, and behaviors that cause damage to social and interpersonal relationships. On the other hand, pathological love is the uncontrollable behavior of caring for a partner that results in neglecting the needs of the self. The aim of the present research was to assess the similarities and differences between the two psychopathologies of love. To this end, thirty-two individuals with pathological jealousy and 33 individuals with pathological love were compared on demographics, aspects of romantic relationship (jealousy, satisfaction, love style), psychiatric co-morbidities, personality and psychological characteristics (e.g., impulsivity). In a univariate analysis individuals with pathological jealousy were more likely to be in a current relationship and reported greater satisfaction. The avoidant attachment and the ludus love style were associated with pathological jealousy whereas the secure attachment and agape love style was associated with pathological love. Almost three-quarters (72.3%) of the sample met criteria for a current psychiatric disorder, however no differences emerged between the pathological jealousy and pathological love groups. In a binary logistic regression, relationship status and impairments in parenting significantly differentiated the groups. While both pathological jealousy and pathological love share similarities, they also present with unique differences, which may have important treatment implications.

## 1. Introduction

Romantic relationships are a significant part of our lives. A healthy relationship can increase our life satisfaction and psychological well-being, while buffering us against the deleterious effects of stress (Kawamichi et al., 2016; Kiecolt-Glaser and Wilson, 2017; Love and Holder, 2016). Indeed, romantic relationships provide a variety of positive rewarding effects such as companionship, passion and intimacy (Gable and Impett, 2012). Unfortunately, however, romantic relationships can also be a source of great sorrow and suffering. This is because factors such as rejection, abandonment and conflicts in a relationship can lead to psychological distress and emotional pain. In fact, problems in romantic relationships may lead to the emergence of or exacerbate existing psychopathological symptoms such as depression, anxiety, and substance abuse (Gable and Impett, 2012; Collins et al., 2002).

Despite the potential to lead to significant impairments and distress, the psychopathology of love and romantic relationships has historically been neglected by psychiatry and clinical psychology (Berscheid,

2010). A potential reason for this is that reports on the psychopathology of love/romantic relationships usually lacked clinical precision. Recently, however, two clusters of pathological love and romantic relationships have been identified: pathological jealousy, involving the feeling of ownership over the partner and the fear of betrayal, characterized by possessiveness and aggressiveness and behaviors which try to confirm the partners' infidelity, and pathological love, involving passion and selfless dedication, characterized by providing repetitive and uncontrolled attention and care to the romantic partner (Berscheid, 2010; Marazziti et al., 2003; Sophia et al., 2009). Despite the increasing empirical attention of the two love psychopathologies, it is not known whether pathological jealousy and pathological love represent two distinct psychiatric disorders. In the present research, we address this empirical gap examining the similarities and differences between pathological jealousy and pathological love on demographics, romantic and interpersonal factors such as styles of love, psychological characteristic (e.g., personality, impulsivity) and psychiatric co-morbidities.

\* Correspondence to: Av. Brig. Faria Lima, 2081 – cj 31 Jardim Paulistano, CEP: 014520-001 São Paulo, SP, Brazil.  
E-mail address: [alorena.costa@gmail.com](mailto:alorena.costa@gmail.com) (A.L.d.C. Stravogiannis).

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### 1.1. Pathological jealousy

Romantic jealousy – which occurs in the context of a romantic relationship – is defined as a complex process of thoughts, emotions and actions surrounding the relationship when it is under real or imaginary threat (White and Mullen, 1989). Thus, jealousy necessitates a social triangle, imagined or real to manifest (the individual, the partner and the rival) (Harmon-Jones et al., 2009). It is characterized by feelings such as anger, humiliation, sadness, insecurity, rejection, and is has been associated with low self-esteem, dissatisfaction and chronic doubts (Muzinic et al., 2003). Although jealousy is a normal emotion and can be an important component of healthy relationships, with abnormally high levels of intensity, persistence and lack of insight, jealousy can become pathological (Marazziti et al., 2003).

Jealousy is a multidimensional construct and consists of several qualitatively different types. For example, reactive jealousy, occurs when the partner is aware of an actual threat or danger to their romantic relationship. Further, this type of jealousy can be a relatively healthy type of jealousy, and as such, is positively related to relationship quality, (e.g., Barelds et al., 2017; Barelds e Barelds-Dijkstra, 2007). In contrast, anxious or preventive jealousy can manifest in the absence of a real threat (i.e., imagined threat) and is thus more likely to become pathological.

Furthermore, pathological jealousy may be obsessive (non-psychotic) or delusional (psychotic) (TARRIER et al., 1990; Westlake and Weeks, 1999). Delusional jealousy, also known as Othello Syndrome is usually associated with male gender, chronic and severe abuse of alcohol, dementia and injury to the non-dominant right frontal lobe (Graff-Radford et al., 2012). The focus of the current report, however, is on the less studied non-delusional form of jealousy, which nonetheless can be experienced by some individuals as excessive and a painful experience. This type of pathological jealousy is not associated with gender, is more common in young adults and is associated with obsessive-compulsive disorder but may also occur in otherwise healthy individuals (Marazziti et al., 2003; Lima et al., 2017).

Non-delusional pathological jealousy is characterized by intrusive and excessive thoughts that are usually accompanied by compulsive behaviors such as checking partner's belongs and spending a lot of time thinking about the partner's fidelity. Not surprisingly, these behaviors are associated with dissatisfaction in romantic relationships, affect the individual and his or her partner's quality of life, and have been associated with poor social adjustment (Öner, 2001; Kingham and Gordon, 2004; Costa et al., 2015). In this sense, the jealousy assessed in the present research is more in line with the anxious, preventive jealousy rather than reactive jealousy.

At the neurobiological level, jealousy is based upon the right (non-dominant) prefrontal cortex (Kelley et al., 2015; Sun et al., 2016), and manifests once the romantic attachment has been formed. This is because jealousy, at least to the jealous individual, is an act of protecting the romantic relationship. Indeed, the word "jealous" is a derivative of the Latin word *zelus*, which means zeal. For reasons yet unknown, jealousy may become out of control. However, it has been speculated that a combination of high trait anxiety (Costa et al., 2015) and/or early attachment failures (Hou et al., 2016; Rodriguez et al., 2015) could be potential reasons for feelings of intense and pathological levels of jealousy that may occur during romantic relationships.

### 1.2. Pathological love

The other cluster of pathological love/relationships has been labeled pathological love. Some people feel that their way of loving their partner causes suffering due to excessive care and devotion shown to the partner. The partner is often considered a priority, while other activities and interests, once valued, are ignored (Sophia et al., 2007). A distinctive feature of pathological love is the desperate attempts to sustain the relationship despite a strong inner feeling of impropriety

and dissatisfaction with the relationship, which underscores the paradoxical and pathological nature of the syndrome (Sophia et al., 2009). Indeed, the combination of dependent traits of personality, anxiety proneness, and over susceptibility to punishment increases the likelihood of maintaining a relationship even if it is burdensome due to the fear of abandonment (Simon, 1982; Norwood, 1986).

In regards to the neurobiology of love, it has been suggested that becoming romantically attached is a process mediated by neuropeptides (vasopressin and oxytocin). Vasopressin and oxytocin are often called the "love" hormone as they are released during intimate relationships and is important for fostering feelings of intimacy (Zou et al., 2016). However, it has been suggested that the dysregulation of oxytocin and vasopressin may become like an addiction, as they both affect the brain's reward system (Fisher et al., 2016; Zou et al., 2016).

### 1.3. Pathological jealousy and pathological love: two distinct psychopathologies?

In sum, recent empirical studies have begun to shed light into the etiology and clinical correlates associated with the two-love/bonding psychopathologies. It is now known that pathological jealousy and pathological love can cause significant distress and impairments in individuals, leading people to seek psychological treatment for symptoms associated with the two love-bonding psychopathologies (Sophia et al., 2009; Costa et al., 2015). Unfortunately, however, what is unknown is whether pathological jealousy and pathological love represents two distinct psychiatric disorders.

Interestingly, it has recently been proposed that pathological love may be better classified as an addiction (Fisher et al., 2016). Providing support for this supposition, individuals with pathological love report increased novelty seeking, harm-avoidance, reward-dependence and self-transcendence, low self-directedness and higher impulsivity - factors that are also associated with addictive behaviors (Sophia et al., 2007; Fisher et al., 2016). Conversely, pathological jealousy is associated with features that are closely associated with obsessive-compulsive disorders, although characteristics related to substance use disorders may also be present (Foran and O'Leary, 2008; Ecker, 2012). Thus, there is some preliminary support that pathological jealousy and pathological love may represent distinct psychiatric disorders. For example, pathological jealousy may be characterized by obsessive and anxious thoughts whereas pathological love may be associated with greater levels of impulsivity. However, no study to date as empirically tested the similarities and differences between pathological jealousy and pathological love. The present paper addresses this empirical gap.

### 1.4. Overview of the present research

Thirty-two participants with pathological jealousy and 33 participants with pathological love were compared on demographics, attachment styles (Bowlby, 1969, 1979), styles of love (eros, ludus, storge, pragma, agape, and mania; see Lee, 1977), and relationship characteristics. We assessed psychiatric co-morbidities as different rates of psychiatric disorders between pathological jealousy and pathological love may have important treatment implications. The personality and psychological characteristic (e.g., impulsivity, psychosocial impairments) were largely for exploratory purposes given the lack of empirical investigations in this area.

Given the paucity of research on this topic, we were hesitant to make any strong a priori hypotheses in regards to the differences between the two love bonding psychopathologies. Having said that, based on the small empirical literature, we hypothesized that the main differences between pathological jealousy and pathological love would be related to intensity of jealousy – participants with pathological jealousy will report higher levels of jealousy than participants with pathological love, and attachment – pathological jealousy participants will be characterized by avoidant attachment style, while pathological love

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