Unhealthy Love:
Its Causes and Treatment

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Let me start out with a few of my own prejudices. I have been engaged in research on the subject of love — and I mean love, not just sex — since 1938; that is, over sixty years ago. My first attempt at a Ph.D. thesis was on the love emotions of college girls; and although Columbia University did not let me proceed with this particular topic (*because* it was on love, and hence closely related to sex), I nonetheless completed the study myself and published it in a series of papers in psychological and sociological journals.

Then I became a psychotherapist and a well-known sexologist. In the latter capacity, I dealt partially or obliquely with love and published a good many articles and books on the subject (Ellis, 1954, 1958, 1960, 1979). In the former capacity, I have dealt with problems of love almost every day for over a half century. For it is the basic problem of love — how much do I accept and respect myself and how much do you care for me? — which makes the world go round; and even the so-called sex problems (such as those of impotence, frigidity, and sex deviation) are basically problems of human worth and worthlessness (or self-love) — as I have shown in many of my writings on psychotherapy (Ellis, 1962, 1988; Ellis and Harper, 1997; Ellis & Dryden, 1997).

There are many healthy or normal aspects of love, as a great many authorities on the subject have pointed out (Finck, 1887; Ortega y Gasset, 1960; Reik, 1945; Stendhal, 1947). There are also many unhealthy or abnormal aspects of love. I shall deliberately focus on some of the unhealthy aspects. For love is a huge subject, and there is never time or space to cover all its ramifications. Kremen and Maslow (1953) and Kremen (1971) have discussed romantic love and idealization from a largely psychoanalytic view and Salzman (1971) has discussed infatuation and dependency love but from a somewhat less orthodox frame of reference. To some extent, they repeat the observations of Fromm (1962), who has incisively analyzed some of the self-defeating elements of in-lovedness and loving. Starting from a highly nonpsychoanalytic framework, and sticking largely with clinical data, I shall now give my own analysis of unhealthy love, as well as what can be done to help individuals who are afflicted with this problem.

Most human disturbance is a form of *demandingness.* People who love "neurotically" or "psychopathologically" (or, at times, "psychotically") do not merely want or prefer to be involved intimately with another person; they *demand, dictate, insist,* or *command,* in a highly absolutist manner, that (1) they find an attractive individual, usually of the other sex; that (2) they act exceptionally well and impressively with this person; that (3) this individual love them completely, devotedly, and

lastingly; and that (4) they love this person in an intimate, deep, and abiding fashion. They may, in addition, have various other demands, such as, that this person whom they discover and whom they intensely love be available (that is, not legally tied to someone else), live nearby, have similar values and goals to their own, be a great sexual partner, et cetera.

If the individual's goals, aims, and purposes about loving and being loved are *wishes,* that is fine and healthy. But if they are, as they ever so often are, absolutist dire needs or mandates, if they are incorporated in the utter necessity that they *should, ought,* or *must* be achieved, then that is not fine or healthy; *that* is the essence of emotional disturbance. Let me illustrate with the case of a woman I saw who, in spite of her unusual comeliness and intelligence, had a long history of failures in love and insisted that she never had had a reasonably good affair for any length of time and was sure that she was incapable of achieving or maintaining one. She was consequently anxious depressed, and angry.

I was quickly able to demonstrate to her that her emotional problem — that is her anxiety, depression, anger, and inability to maintain the kind of deep emotional involvement that she said she very much wanted to maintain — could probably best be understood within the A-B-C model that is used in rational emotive behavior psychology. At point A, the Activating Events, she was finding great difficulty in relating intensely and enduringly to a suitable man; and at point C, she felt the emotional Consequence of despair, panic, anger, and hopelessness. As is almost universal in cases like this, she flatly stated, during our first session, "Because I am having so much trouble in achieving a long-term relationship with someone I really respect and love, and because I am convinced that I probably never will, this has made me very depressed."

"Oh, no," I immediately interrupted as I frequently do in instances of this kind, "that's not true. You have just made a magical jump — from an external situation to an inner feeling. And, since there is, as far as we know scientifically, no magic in the universe, your statement is a non sequitur. It just isn't so."

"What do you mean?" she asked.

"Well, you're saying that an Activating Event or Adversity at point A — the fact that you're having trouble achieving a long-term relationship and the possibility that you will never achieve the kind of relating that you want — is causing a feeling in your gut, an emotional Consequence, at point C. But how could this be? How could *any* Activating Event, or noxious stimulus that is happening to you, cause you to feel something inside you — unless, of course, it were a physical force impinging on you? And even then it would only cause, directly, physical pain; and you would still have to *react,* emotionally, to that pain."

"Do you mean, that A doesn't directly cause C, and that virtually *nothing* can upset me emotionally?"

"Yes, that's just what I mean. Only you can directly upset yourself. And you do so by convincing yourself something at B, your Belief system. What is more, when you're intensely upset — feel depressed, for example — you invariably convince yourself of some utter nonsense, some magical

Belief, at B."

"And what is that?"

"Oh, I think I know exactly what that is — for I can figure it out, most of the time, on the basis of my therapeutic theory. But first, let's see if you can guess what sane or rational Belief you convinced yourself of, at point B, just before you thought of the insane or irrational Belief."

"Rational Belief?"

"Yes, rational Belief about what was occurring at point A. It's on the order of, 'I am having a great deal of difficulty in achieving and maintaining a long-term involvement with a man I care for, and that is . . .' That is . . . what?"

"That is awful!"

"No, that's your irrational Belief! It's interesting how so many people just as intelligent and educated as you are tell me their irrational Belief and think that it's rational. But we'll get back to that in a minute. But first, what *rational* Belief, rooted in empirical reality, do you think you told yourself immediately *before* you gave vent to his irrational one?"

"Mmm. I . . . really don't know."

"You do know. You're just not thinking about it. You're probably telling yourself, right now, *another* irrational Belief that's blocking your thinking."

"You mean, 'Isn't it awful that I can't think of this rational Belief he wants me to locate!'"

"Exactly! But let's get back to the rational one. What would *anyone* in your position tell herself, if she wanted very much to get in a long-term involvement and she was having great trouble doing so? 'I have great difficulty relating permanently to a man and that is . . . '?"

"Disappointing?"

"Right! That is disappointing; that is unfortunate; that is deplorable; that is disadvantageous; that is too bad! All these kinds of thing. And if you stuck, stuck rigorously only to that kind of rational Belief, that it is disappointing and unfortunate but not *more* than that to be unable to relate to a man, how would you then feel?"

"I . . . I suppose I'd feel, well, terribly sad."

"Right again. You'd feel quite sad, sorry, regretful, annoyed, or inconvenienced. For it *is*, we could justifiably say, most unfortunate if you don't relate well to a man, and perhaps never will; and you'd better feel healthily sad and annoyed about that. But, of course, you feel much *more* than that: you feel very depressed. Now what *ir*rational, empirically unvalidatable Belief would you have to feel, again at point B, for you to create this inappropriate feeling?"

"Why is it unhealthy for me to feel depressed?"

"For several reasons. Although sorrow over not relating might prod you to do more to relate, depression normally won't: it will cause you to be inert, to give up, and to feel that you *can't* possibly relate. Hence, it is dysfunctional or self-sabotaging. Moreover, depression almost always includes self-

downing or self-pity. Just answer my question about what your irrational Beliefs are, and I think you will see."

"You mean my irrational Belief about not relating?"

"Yes, in addition to your rational Beliefs that it is unfortunate and disappointing not to relate."

"Well, uh, I guess, uh, that I never *will* be able to relate."

"Yes, that's right. That is an irrational Belief, because it's unprovable. You can prove that you haven't ever related well; and that you *may* never be able to do so. But how can you ever prove that you can't *possibly*, under any conditions, *ever* relate?"

"Mmm. I guess I can't."

"But what else are you irrationally Believing? There's something else even more important than 'I never *will* be able to relate.'"

"Let me see. Uh. Oh, yes: and it's *awful* if I never do so!"

"Right! That's the main villain: that *awfulness* that you are creating in your head. Because you could rationally believe that you haven't related and you most probably never will, but not believe that it is awful. When you do believe that anything you do (or don't do) is awful, it's highly irrational. Why?"

"I don't know. It certainly *seems* awful! Especially if I find out that I never do, actually, relate to any man."

"Yes, but just about anything that you *think* is awful will *feel* awful to you. That's the way the human being works: whatever she very strongly thinks or believes she tends to feel. That doesn't prove a damned thing except that she does have a feeling. But why is it awful if you never relate to a man?"

"Mmm. I can't really say."

"Nor will you ever! Because this is a magical, unprovable hypothesis. For when you say 'It's awful (or horrible or terrible) if I never relate,' you mean (1) 'It's very inconvenient or handicapping,' as we've already stated and (2) 'It's one hundred percent inconvenient or handicapping!' Now, how is that possible? Could *anything* that happens to you be one hundred percent unfortunate or inconvenient?"

"No, I guess not. Except my death."

"Yes, but that is going to happen eventually anyway. And it *should* happen."

"Why?"

"Because, unfortunately, it *will.*"

"Yes, it will."

"And, again, when you call a thing *awful* you mean (1) 'It's very inconvenient,' and (2) 'Because it's very inconvenient, *it shouldn't exist!'* Well, is there anything in the universe that, because it is terribly inconvenient to you, *should* not, *ought* not, *must* not exist?"

"No, not if it *does* exist."

"Exactly! Whatever exists exists. No matter *how* displeasing failure to relate is for you, if that's what

always occurs that's what always occurs. It's silly and grandiose, to say that it *shouldn't* occur."

"Are you saying, then, that if I give up all *awfulness* and accept the reality that when obnoxious things exist there's no reason why they *must* not exist, I won't be bothered at all about being rejected by males I like and about failing to relate for a long period of time to any of them?"

"No, I'm not saying you won't be bothered *at all;* I'm saying that under those conditions you won't be bothered *unduly, irrationally, self-defeatingly.* You'll still be extremely sad and sorry about not relating; but you won't depress yourself about it. And you'll work your head off to rid yourself of this annoying condition — *because* you are bothered about it and want to eliminate it — and do your best to relate."

At the same time that I was showing this woman that her lack of relating was not causing her to be severely depressed but that *she,* with her irrational Beliefs *about* this deplorable state of affairs, was depressing herself, I also showed her that her anxiety and anger were similarly self-caused. To make herself anxious, she was rationally, again, saying that it would be most unfortunate if she failed to relate; but, irrationally, that she *had* to relate and that she was an utterly worthless *person,* a no-goodnik, if she didn't. She was risking her entire worth as a human, her respect for herself, on the possibility of her not relating; and naturally, with such a great stake, she was making herself inordinately anxious.

In regard to self-created anger, she was sanely telling herself, "Isn't it too bad if a suitable man doesn't appreciate my good qualities and refuses to keep relating to me on an intimate level," and insanely telling herself, "Isn't it horrible if he doesn't appreciate my good qualities; what a turd he is for being so benighted."

To sum up: In the case of depression, she was *demanding* that she get what she wanted in the way of an intimate relationship and making herself feel hopeless and suicidal when her demands were not being met. In the case of anxiety, she was *insisting* that she succeed in relating well to every man she wanted to relate to and putting her entire self, her personhood, down when she didn't. And in the case of anger, she was *commanding* that a man in whom she was vitally interested be equally appreciative of her, and thereby hating him in toto because of his unappreciative qualities.

This, I hypothesize, is what almost invariably happens in the case of unhealthy love. Like my unrelating client, people dogmatically *order* that the world conform to their love goals. By this kind of Jehovian fiat, they make themselves unusually insecure, anxious, or jealous when they *may* not be loved by someone they have selected; they induce feelings of depression, despair, hopelessness, and suicide when they *are* not adequately loved; and they frequently bring on anger, hostility, and rage at specific people who refuse to give them the love they demand.

Does superromantic idealization, which I describe in *The American Sexual Tragedy* (Ellis, 1962), which Kremen and Kremen (1971) nicely delineate, and which several other authors mention, also stem from the same kind of demandingness? As far as I can see, in a large part yes. For one thing, it is

compensatory. For humans do not merely denigrate themselves for failing to have good love affairs, but for many other things as well: for example, failing to achieve notably in the realm of business, art, science, or social relations. When they foolishly rate themselves (instead of only rating their traits or performances), they feel exceptionally inadequate, inferior, or rotten. Consequently, if they *could* ideally fall in love with a member of the other sex and he or she *did* gloriously love them in turn, this marvelous romantic feeling would (they imagine) at least partly perfume their shithood; and they would (at least temporarily) feel much better about themselves. So they have considerable incentives to believe that their beloved is the greatest thing since Eve and that her acceptance of them makes them the greatest thing since Adam.

There are, however, several other reasons why humans tend to idealize a member of the other sex (or in the case of being gay, a member of the same sex) and to fall madly, and sometimes irrevocably, in love with someone whose qualities may be highly questionable, particularly if they are contemplating marrying this person. These other irrational reasons include:

Misperception. The beloved is actually a person with fairly ordinary traits but is misperceived as having remarkable characteristics. Lovers *need* (or think they need) their beloveds to be memorably intelligent, beautiful, sexy, or sincere; hence, they often observe them to have these missing features.

Fixation. The lover is treated very well by a member of the other sex (such as father, an uncle, or a brother) during her early years and she keeps falling in love, for the rest of her days, with other members of this sex who have traits somewhat similar to those of this original person (e.g., blond hair, green eyes, or high intelligence).

Magical Identification. The lover desperately needs to be strong or good looking (often, because of his own feelings of inadequacy) and keeps falling in love with someone who has these traits, magically believing that he will come to possess them if this other person can be induced to love him.

Narcissism. The lover really likes some of her own qualities (such as her good posture) and only becomes highly enamored of individuals with these same qualities, no matter what their other characteristics are.

Hostility. The lover hates his parents or other authority figures and consciously or unconsciously becomes infatuated with individuals who possess those features which would tend to be most offensive to the persons she hates.

Security. The lover cannot stand any form of rejection and thinks she needs to be loved totally and

forever; consequently she only becomes enchanted with partners who seem to be utterly safe in this respect and will presumably adore her till death do them part.

Romantic Illusions. The lover believes that "true love" lasts forever and only permits himself to become passionately endeared to a person who has the same romantic illusions and who swears undying devotion.

Caretaking Needs. The lover believes that she cannot stand on her own feet and that the world is too hard for her, so she becomes attached to individuals who will presumably take care of her and make things easy for her for the rest of her life.

If we examine in detail these various kinds of idealized love, it can be observed that they are all forms of demandingness. The lover wants some advantages of an intimate relationship; he or she then arbitrarily and absolutistically establishes some characteristic which *must* exist if an ideal love relationship is to exist; this characteristic is then either discovered or invented in another person; and the lover usually becomes utterly convinced that the beloved (1) really possesses this exemplary characteristic; (2) will continue to possess it forever; (3) will use it for the advantage of the lover; and (4) will have a glorious ongoing relationship with the lover in spite of any other disadvantageous characteristics the beloved may possess or handicapping conditions under which the relationship will probably exist.

Because it is highly unlikely that, especially in the long run, these insistences and absolutist predictions of the lover will be realized, the unhealthy lover almost always winds up with several kinds of disturbed feelings. For example:

Anxiety. The lover is incessantly overconcerned about whether he will find the "right" beloved, win her, and always keep her completely attached to him in the exact manner that he demands that she be attached.

Jealousy. The lover is frequently intensely jealous of the beloved, believes that he is overweeningly interested in other potential beloveds, can't stand the idea of sharing him to any extent, tends to spy on him, nag him, and paranoiacally believe that he no longer loves her and instead is devoted to someone else.

Depression. The lover thinks that his beloved does not love him sufficiently or at all; that she never will; that no one whom he wants to love him intensely ever will; that this is a horrible state of affairs; and that he will be able to obtain practically no joy in life from any source unless he is truly beloved by some enchanting person whom he loves.

Inertia. The lover is convinced that it is too hard for her to get what she wants in a love affair, that it shouldn't be this hard, and that she might as well give up and do nothing about trying to arrange and

develop the kind of an affair that she thinks she has to have.

Hostility. The lover thinks that it is terribly unfair that he is not loved the way he should be loved by the person he selects, that it is horrible that this kind of injustice exists, that the individual who doesn't love him ought to do so, and that this person is therefore a blackguard for being so unfair to him.

Worthlessness. The lover imagines that she is unloved by the person she selects because she has some exceptionally rotten traits and that therefore she is a totally rotten person who doesn't deserve to be loved by anyone.

Erotomania. Occasionally, the lover obtains considerable evidence that the person he loves does not care for him, and even detests him, but he refuses to accept this evidence and convinces himself that this person really does care, and perhaps is even madly in love with him.

Assuming that unhealthy love, or the dire need to relate intimately to another person, usually stems from dogmatic demandingness or absolutist insistence that the world be the way the lover wants it to be, and assuming that it is a distinct pattern of emotional disturbance that often includes strong elements of anxiety, depression, worthlessness, and hostility, what can be done to ameliorate this condition? An answer, though not necessarily the complete or only answer, is intensive psychotherapy. This may take, in my estimation, two major forms: palliative or curative methods. Unfortunately, most therapy today is of the former variety, and it largely consists of the following methods:

Love Substitution. The therapist relates warmly to the unloved and depressed client and gives him or her substitute love. The basic message conveyed to the client is: "So-and-so doesn't care for you, and never may: but *I* care. Therefore, you are really a worthwhile individual, instead of the shit you think you are, and you will always find other good people to love you." Limitations of this method: The client is confirmed in his irrational belief that he *does* need love to be a worthwhile person; and now that he is receiving it from the therapist he *is* O.K. He is not helped to change his basic demandingness, and will probably fall on his face later, when he selects another potential beloved and discovers that he or she doesn't really care for him.

Ego-bolstering. The therapist shows the client that although she may fail at winning A's love, she has the ability to win B, C, or D; and that she also can do other things well — such as a job or artistic endeavor. Consequently, the idea is conveyed that she is not a worm. Limitations: The client is never disabused of the notion that she *must* succeed at *something* in order to accept herself and enjoy her existence. She continues

to remain dependent on success in order to feel worthwhile, and she retains underlying anxiety that she will fail at significant endeavors in the future.

Catharsis and Abreaction. The therapist encourages the client to ventilate his feelings, particularly his feelings of self-pity and anger. Limitations: Although some clients momentarily *feel* a lot better when using this method, they rarely *get* better. On the contrary, they more frequently than not keep believing that it is awful that they are not inordinately loved and that the person who rejects their love is a rotten individual. Their self-pity and anger, at best, only temporarily abate while their disturbance-creating *philosophy* remains.

Distraction. The therapist provides various diversionary techniques, either during or outside the therapeutic sessions. These can include relaxation, massage, meditation, yoga exercises, sensory awareness training, artistic pursuits, intellectual discussion, and a large number of other diversions. Limitations: Such techniques can easily induce the client, for the nonce, to focus on more enjoyable and constructive pursuits than she has been previously concentrating on; and she may temporarily forget her dire love needs. Most of the time, however, the diversions do not permanently counterattach her basic demandingness.

Desensitizing. The therapist may desensitize the client about, say, his anxiety regarding a beloved's rejecting him or regarding his phobia about approaching a potential beloved who might refuse him. Limitations: Desensitization, unless it is accompanied by cognitive generalization, tends to work only in regard to rejection by a particular person or in regard to a phobia about a special kind of amative risk-taking. To become generally effective, the client may have to be desensitized many times in connection with several different love anxieties or phobias.

Operant Conditioning. The therapist may use rewards or penalties to help the client love a suitable person or stop loving an unsuitable one. Limitations: This kind of therapy again tends to be overly specific instead of deconditioning the client's general demanding tendencies, which he can easily transfer to another beloved.

In addition to these palliative or inelegant methods of therapy, there exist a number of curative or more elegant methods. These are concerned with making clients aware that they are arrant demanders, showing them why this philosophic outlook just will not be effective in helping them get what they want and avoid what they do not want, and persuading, educating, and training them to give up their basic commandingness and to work for those goals they strongly *desire* rather than those they think they absolutely *need.* In rational emotive behavior therapy (REBT), in particular, some of the more elegant

methods that are regularly employed include the following:

Anti-demandingness. The therapist shows the client, in accordance with the A-B-C theory of symptom creation outlined previously in this article, that his emotional disturbance is not created by the influence of external situations or Activating Events (A) but largely from his own Belief system (B) and particularly from his irrational Beliefs that he *should, ought,* and *must* achieve the love goals that he desires. The client is also shown how to analyze, attack, ameliorate, and extirpate these irrational Beliefs by Disputing them (at point D).

Unconditional Positive Regard. The therapist shows the client unconditional positive regard that he or she can accept the client no matter *what* she does or how she fails. Moreover (and often more importantly) the therapist shows her how she can give herself unconditional positive regard or self-acceptance: that is, by *always* refraining from rating her *self,* her *being,* while still rating her *deeds, traits,* and *acts.* The therapist teaches the client, by work and example, tolerance of herself and others.

Higher Frustration Tolerance. The therapist indicates to the client how he can raise his frustration tolerance; thus helps the client convince himself that he doesn't *need* what he *wants;* that he can *stand* losses and rejections even though he'll never *like* them; that frustration may be *annoying* and *irritating* but that it's never *awful, horrible,* or *catastrophic.*

Emotional Education. The therapist, in order to show the client how to be tolerant of herself, others, and the difficulties of the universe, and how to stop childishly demanding that her desires be immediately gratified, uses a variety of dramatic-evocative approaches such as role-playing, assertion training, authentic self-disclosure, and various kinds of emotive-relating methods. These techniques, however, are not used as ends in themselves but as means of philosophic restructuring, or of revealing to the client what her self-defeating values are and how she can change them.

Behavior Therapy Methods. The therapist who uses the rational emotive therapy approach usually employs *in vivo* activity-oriented homework assignments. Thus, he or she gives graduated assignments whereby the client takes the risks of meeting, dating, and relating to potential love partners; and the client is helped to stay with frustrating conditions (such as an affair which is going badly) in order to learn how to tolerate these conditions before he finally (rationally and determinedly rather than irrationally and enragedly) leaves them.

In many ways, then, the REBT practitioner uses a combination of cognitive-emotive-behavior methods to reveal to the client what her fundamental self-destroying and antisocial philosophies are and what she can actively and precisely do to change them. The goal is to help the client maximally

accept reality (even when he doesn't like it), stop whining and wailing about it, stop exacerbating it, and persist at trying to actively change it for the better. The therapist tries to show the client how to surrender her dictatorialness, with its concomitant compulsiveness, fixation, and fetishism, and to maximize her freedom of choice and be able to fulfill her human potential for growth and happiness (Ellis, 1962, 1988, 2001a, 2001b).

Love is one of the greatest forces and influences in human life. It can bring enormous benefits and gains. But when people turn it from a powerful desire into a presumed necessity, they unrealistically endanger and minimize it. Moreover, they usually create gratuitous anxiety, depression, inadequacy feelings, and hostility. But all is not lost. They have the capacity to reverse their childish demandingness, to grow up, and to love in a nonobligatory manner. One of the main purposes of effective psychotherapy is to help them love compellingly but uncompulsively. A difficult but hardly impossible goal!