Love as sickness

The analogy put to the test

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The analogy between love and sickness is a powerful conceptual device that structures our understanding of love (and perhaps partly our understanding of sickness, too). We grasp love in the way we do because we have this analogy in mind. My aim in this paper is, firstly, to explore some of the reasons that can be called up to justify the analogy. I will try to identify the properties that love and sickness can be considered to share. I will therefore point out that love and sickness are both characterized by being alterations, conditions demanding a solution, seeming inexplicable, being detectable by symptoms, and so on. These common traits can provide some foundations for the analogy. But a good analogy is not created just because some common traits exist: the shared properties need to be relevant, and the analogy should let us discover new, interesting things about our target concept. So my second question in this paper is: what can we learn about love if we take the analogy between love and sickness seriously? I will develop the analogy, and will try to examine whether some other important traits of sickness can nevertheless be discovered in love, and how they are disguised. Sick persons are not normally responsible for their condition; sickness has possible causes and possible effects; there are therapies, doctors, hospitals, contagion, right or wrong diagnoses; sickness has special relations with voluntariness, and with beliefs. What does all this become on the side of love? Is the analogy successful, or does it end in failure?

[love, sickness, disease, illness, analogy, metaphor]

My aim in this paper is to explore some of the reasons that can be called to mind to justify a powerful analogy active in our culture: the analogy between love[1] and sickness. It is undeniable that this analogy structures many of our discursive practices about love, both in everyday life and in literature and the arts, and even in current psychology. It seems to be a one-way analogy: it is secretly present in most of our attempts to conceptually grasp love, while it does not enter into our dealing with the notion of "sickness". We *are not used to understanding the notion of 'sickness' via the notion of "love"*, while we are used to understanding the notion of 'love' via the notion of "sickness". We could also say, in Lakoff and Johnson's (1980) terms, that our

conceptual system contains the structuring metaphor LOVE IS SICKNESS – that is to say, the concept of 'love' is (also) structured in terms of the concept of "sickness". In Lakoff and Johnson's theory (1980: 59), "we typically conceptualize the nonphysical *in terms of* the physical – that is, we conceptualize the less clearly delineated in terms of the more clearly delineated": it is therefore no surprise that we conceptualize love (a psychological alteration) in terms of sickness (a *physical* alteration)[2].

I will continue to speak of the *analogy* 'love is like sickness' rather than of the *metaphor* LOVE IS SICKNESS. I maintain that choosing between the first or the second solution is just a matter of terminology preference[3]; after all, I am not intending to rely upon Lakoff and Johnson's theory, nor to assume its general truth[4]. I am not saying that we structure our understanding of love *only* in terms of our understanding of sickness: as Lakoff and Johnson themselves show, we also understand love in terms of a physical force ("I could feel the *electricity* between us"), of magic ("She *cast her spell* over me"), of war ("She *fought for* him, but his mistress *won out*"), and even of a patient ("The marriage is *dead* – it can't be *revived*"). However, these other analogies just enlighten us as to how lovers behave (*war*), or how long a particular love can last (*patient*); or, in the case they are aimed at helping us comprehend *what love is*, they are vague and non-resolutive (*magic*, *physical force*); while the analogy between love and sickness seems to be the only one providing us with a way of understanding what love is, and what it is that is going on when we do love.

You can activate an analogy between each thing and every other thing. The point is that each thing has an infinite number of properties in common with every other thing (for example, the tree under my window and Davy Crockett's original coonskin cap share the property of *never having been touched by Ronald Reagan*, the property of *not having existed before Julius Ceasar's birth*, and so on), so it is sufficient to highlight at least one property – better, *some* properties – they happen to share, and you have an analogy. If we put aside the misconceived analogies grounded on the alleged sharing of a property (or of a *set* of properties) that is not actually shared, we still have an infinite number of 'legitimate' analogies (one for each non-empty set of actually shared properties which the analogy itself can be activated by). The large majority of legitimate analogies shall clearly reveal themselves to be useless: but how can we distinguish the useful from the unusable? Why should love *be like sickness* rather than *like milk* (both English words denoting them contain an 'l') or *like atoms* (neither can be seen by a human eye)? It is clear that each thing also has an infinite number of properties *not in common with* every other thing: so, it is not a solution to say that love is not like milk because you can't drink love, or that love is not like atoms because a table is made of atoms but is not made of love. We could say, too, that love is not like sickness because a TV series called 'Love Boat' exists but a TV series called 'Sickness Boat' does not.

Good analogies can be defined as the subset of legitimate analogies that (1) insist on *relevant* shared properties, and (2) if developed, have *interesting* consequences. There is no strong logical progress, because the whole problem of definition of what a *good* analogy is, is offloaded onto the difficulty of defining what a *relevant* property

and an *interesting* consequence are. But we can admit that such notions as 'relevant' and 'interesting' are simple enough for us to handle. Even if we cannot rigorously define them, we can do without a rigorous definition. It will be sufficient for our purposes to say that relevant shared properties are shared properties that we are willing to consider as a good inferential basis for conjecturing further shared properties between the two things; and that interesting consequences are, among others, the conclusions of these conjectures ("maybe thing 2 (say love) has property X, since thing 1 (say sickness) has it"), provided they are capable of making us notice new aspects of thing 2 (love) –making us see it from new points of view that are in turn able to change our relations with it.

Starting points

Which properties that are shared by love and sickness justify the initial activation of the analogy and can explain its success?

One common trait is *being an alteration*. Sickness comes and troubles normal physical processes in our body and our whole life as a consequence; love has the same effect on us, by upsetting our normal psychological condition. Both can deflagrate abruptly; both can paralyze our life. Both are abnormal states: health – like not being in love – is normality, while sickness – like being in love – is exceptionality. Of course it is possible to love all life long, just as it is possible to be sick all life long; but in these quite rare cases love and sickness have lost the strength of their newness and their capacity to perturb and have become *chronic*[5]. Lifetime typically hosts love and sickness in narrow, crucial, dramatic periods – the default condition being non-love and health.

Another trait is their *demanding a solution*. Sickness often generates pain, functional limitations and immobility. It often (if not always) produces a desire in the sick person to change his/her condition. We certainly understand sickness as a condition that requires a remedy. Likewise, when you fall in love, you *desire*: and a desire is an intentional mental state whose conditions of satisfaction require changing the world. You cannot live your life as before. You feel you must do something to enter into possession of your remedy (the loved person). Whenever sickness and love arrive, they become *priorities*.

Both sickness and love *seem inexplicable*. They are mysterious events. We cannot usually say why *she* (rather than someone else) was taken ill, nor why she fell ill *with that particular disease* (rather than another), nor why it happened *now* (rather than two years ago). It is the same for love. We cannot say why *she* fell in love, why she fell in love *with him*, why she fell in love with him *right now*, and so on.

Sickness and love cause people around the sick – or the loving – person to be powerless. Not only can they not understand; they can do practically nothing. *Consolation is,* in particular, *almost inefficacious*. You *can*, of course, comfort a sick person: but this won't cure him/her. Similarly, you can console a person in love, but it is fairer to say this will be more of a palliative than a remedy.

If sickness and love are mysterious in the way they appear, they are equally mysterious in the way they vanish. They may end without any apparent explanation. Nonetheless, an aetiology of their birth and death is partially possible (medicine, and love psychology, do exist). An alerted eye can detect *symptoms* of a disease as well as of love, before they are manifest, and it is possible to collect symptoms of their imminent, unsuspected end.

Sickness is a physical alteration. Love is similar to sickness because it also produces uncontrollable physical alteration in the body of the person who loves (a famous founding literary example is contained in Sappho's poem[6]). Parallel to this analogical bridge there is another: *mental illness* is a particular kind of illness, and love is quite similar to mental illness. Both involve psychological alteration; both change the very identity of their victims, to the point that the insane and the lover become incomprehensible and irrational; both involve the limit of the rule of reason, the advent of illogical reasoning, the onset of self-harming behaviour, and indifference towards social opinions. A lover is someone who cannot but think obsessively of his/her beloved. A lover is someone who firmly and intensely believes evidently false things (such as "She is the most beautiful girl on earth"). A lover's mind is bewitched.

So far we have examined some common traits that cause and legitimate activation of the analogy. But is the analogy *a good analogy*? Can it throw new conceptual light on love? What happens if we *develop* the analogy – i.e. if we identify some other important characteristics of sickness and try to look for them (better, for analogous elements) in love?

Steps forward: Voluntariness

Sickness is not voluntary. We do not fall ill voluntarily. But *could* we? We can certainly harm ourselves voluntarily, but we cannot fall ill just as an effect of our choosing to fall ill. We cannot get cancer or a herpes or Alzheimer's disease as an effect of our deciding to get them. We can *hope* to fall ill, and also try to increase our chances of falling ill, for example when we have to go to school or to the front: but falling ill is not under the control of our will.

What about love and will? It seems that love is quite similar to sickness: we cannot fall in love just as an effect of our choosing to fall in love. We can (as for sickness) *hope* to fall in love; we can act in order to maximize our chances of falling in love; we can even act in order to maximize our chances of falling in love *with a particular person* (for example, buying a romantic holiday for ourselves and our suitor). But we cannot voluntarily fall in love, nor can we voluntarily fall in love with someone in particular. Moreover, when we fall in love, we have not necessarily decided to fall in love – just as, when we fall ill, we have not necessarily decided to fall ill at all. Love and sickness prove to be alike.

Not only can falling in love and falling ill not be *intentional actions*; they cannot be *actions* either. According to Davidson (1971), an event is an action of mine if, and only if, at least one description *d* of the event exists so that we can truly say I have

intentionally done *d*. Frankfurt's (1978) idea is similar: an event is an action of mine if, and only if, it is identical with an event that is under my guidance. But neither falling in love nor falling ill can be re-described as something we do intentionally, or as events which are under our guidance: therefore, neither can be an action of ours. English phraseology lays emphasis on the similarity of love and illness (both are a kind of *falling*), but we can find some inaccuracies in this emphasis: the majority of our ordinary episodes of falling while walking or running are actions of ours, because they can be re-described as intentional (although 'wrong') movements of our bodies, while our falling in love and falling ill are not actions.

In this respect, falling in love and falling ill could be compared to believing. I cannot voluntarily start to believe something, because in this case I would know that the reason for my having the belief is my decision to have it *rather than its being true* – but one necessary condition for something to be a belief of mine is that I think that the only reason I have it is its being true (that is why voluntary self-deception is impossible). What I *can* do is to choose to try and to obtain the evidence that will allow me to believe a particular proposition – and this is analogous to choosing to maximize my chances of falling in love (romantic holiday) or falling ill (kissing people who have a cold). But these voluntary actions are neither sufficient nor necessary – respectively – for my believing, my falling in love and my falling ill. A minor difference between love, on one side, and falling ill and starting believing, on the other, is this: while my trying to maximize my chances of believing and my trying to maximize my chances of falling ill generally *increase* my chances of believing and of falling ill, it is arguable that my trying to maximize my chances of falling in love *actually inhibits* my chances of doing so. If this is true, voluntary falling in love would be impossible in the more precise sense of being a *self-defeating* enterprise (in this respect, deciding to fall in love would be like *deciding to forget* something: the more you concentrate on the task, the more you fail). Other emotions and feelings are more impermeable to their encircling beliefs than love: this explains why they are more easily voluntarily obtainable than love (think, for example, of terror at a fun-fair).

We usually acknowledge the involuntariness of sickness: we do not usually consider people who are sick to be responsible for their conditions. We even take into account, it seems, the fact that falling ill is not an action: indeed we think that people making mistakes are responsible for them and for their consequences – in fact mistakes are *actions*, although not *voluntary* actions – while we do not consider people who are sick to be responsible for being sick and for the consequences of being sick. Do we have the same attitude towards love? Not quite. We happen to think that, if someone has fallen in love with a despicable person, he/she must be (or must have become) blameable too. "Don't judge her: she's in love with him" is a frequently pronounced justification; but also attacks like "I have changed my opinion of her, since she fell in love with that horrible man" are not rare in everyday conversations. The problem is that we cannot easily concede that love is involuntary. This move would destroy our conception of love.

The idea of love active in our culture is a highly incoherent one (Bacchini 2003). It contains both the instruction that true love must be love at first sight, an irrational

force that overwhelms us and goes beyond our control – that is, love is involuntary – and the inconsistent instruction that true love is well-founded, chosen ("I love you" also means "I choose you"), and directed towards someone whom we have evaluated as a most lovable person, and we have decided to love – that is, love is *also voluntary*. A love missing the voluntary component is in trouble as is a love missing the involuntary component; "I love you: and my love is accidental and unjustified, since apparently you are no more lovable than everyone else" is a dreadful love declaration, just like its rival "I love you: I have chosen to love you because I find it very reasonable to love you". Elsewhere I have put forward the hypothesis (Bacchini 2003) that the psychological phenomenon of love has coevolved together with the cultural notion of love, and – as this cultural notion is incoherent, and as we cannot feel *love* unless we know our feelings fall under the cultural category of love – we cannot love unless we participate in this incoherence. An interesting task in cognitive studies is explaining how dealing with this required inconsistency can be psychologically tolerable – but I will not face this problem here. I maintain that we do not conceive nor experience love as simply voluntary or simply involuntary. As a matter of fact, we cannot start loving someone as an effect of a decision to love him/her. But we also (inconsistently) think that we choose to love the person that is most lovable in our eyes. That is why we can (also) blame someone for loving a blameable person. This is a difference between love and sickness. We do not happen to blame people for having cancer or Alzheimer's disease.

If we want to preserve the analogy between love and sickness, we could say that our ambivalent moral attitude towards love is similar to our moral attitude towards some special cases of sickness such as those that have been favoured (but not determined) by personal habits and lifestyles. In this respect, love is like cardiovascular pathologies favoured by obesity, or like hepatic problems favoured by alcoholism: in such cases, patients are not completely 'innocent' because to a certain degree they are supposed to be responsible for their disease. So, from this point of view, love is like sickness whose victims are not completely innocent. Even when clearly involuntary, loving requires some degree of acceptance of the condition of loving – which is not necessarily so for sickness. We could compare love to having cancer (which is not voluntary) plus having stopped to fight against the disease and secretly accepting it (which is more voluntary than involuntary). A sick person who has accepted a disease is partly to blame for being sick, just like a lover.

Steps forward: Awareness

So love is involuntary like sickness, but our moral and cultural/emotional attitudes towards love are like our attitudes towards those special cases of sickness where voluntariness is not totally absent.

Another important trait of sickness is this: we can certainly be sick *without knowing it*. In order for us to have lung cancer or Alzheimer's disease, the psychological requirement that we know we have it is not at all necessary. We may discover we are

ill long after we have caught the disease. We may catch a disease and recover, or catch a disease and have it all life long, or catch a disease and die, without ever knowing we had caught it. Is it the same for love? Can we love without knowing we are loving? Well, our love culture is full of examples in which a person "discovers he/she is in love". Dante's Paolo and Francesca do not even suspect they love each other until they kiss. A famous Italian song by Luigi Tenco says: *Ho Capito che Ti Amo (I Realized That I Love You,* 1964); in the same year Charles Aznavour was singing *J'en Déduis Que Je T'Aime (I Deduced From It All That I Love You)*. The idea was the same: the two singers were analyzing their 'strange' behaviour, and then put forward an explanatory hypothesis that could account for it. It was a typical explicative medical abduction (not a *deduction* as in Aznavour's terminology): in other words, a clear (self-)*diagnosis*. And if we can *discover* that we are in love, it must be possible to be in love without knowing it.

But things are not so simple. Love is not just uninterpreted physiology. It requires a cultural interpretation of physiological events. And such a cultural interpretation is not possible unless the subject puts his/her feelings under the cultural category of love. This means that love requires *believing* that what one is experiencing is love. As I have said, the psychological phenomenon of love has coevolved together with the cultural notion of love. The conditions for the correct assertability of 'She loves', as well as those of 'I love', include her being aware that her love acts and thoughts and feelings are tokens of the type specified by our cultural notion of love. A more sophisticated argument for the impossibility of unaware love is this: true love must contain – as we have seen – both voluntary and involuntary aspects. This would be cognitively intolerable, unless via some special psychological permission (obtainable through immunizing metarepresentations; see Bacchini 2003 and Sperber 1996[7]) granted by the fact of falling under the cultural category of love.

In my analysis, believing that what we are feeling is love (that is, classifying what we are feeling under the category of love) is a necessary property for our loving. If we do not believe that what we are feeling is love, we may be *ready* to love, but we cannot actually love. I think that, all other things being equal, our being ready to love someone generates our believing that we love him/her – which by this very fact lets us start loving him/her.

What is more, the impossibility of loving without knowing it does not imply the impossibility of our *falsely* believing we love. It is perfectly possible not to love, still believing that we do love. In this respect, love is like sickness: we can show someone who believes he is in love with someone that he is not, just as we can show someone who believes he is sick that he is not.

This brings us to another common trait. Just like a disease, love can be correctly and incorrectly diagnosed. Self-diagnosis is not necessarily right as regards the disease/health dichotomy: you can falsely think you are sick when you are not, and you can falsely think you are healthy when you are sick. In the territory of love it is similarly possible that you think you are in love when you are not. Dutton and Aron (1974), for example, showed that we can easily mistake the effects of high anxiety for sexual attraction. The common opinion is that the reverse is possible, too: you can think you

are not in love when you actually are. It would seem that my claim that believing you love is necessary to be able to love eliminates this possibility. Notwithstanding, I think that a good unified theory of belief and self-deception should account for the difference between *believing p* and *simply (and falsely) believing you believe p*. After all, believing *p* cannot be the same as saying *p* or supporting *p*. I think that apparent cases of loving without believing you love can be shown to be cases of loving *and* believing you love *plus* believing you do not believe you love.

Steps forward: Treating and recovering

The concept of sickness is surrounded by some other concepts that crucially contribute to fix its properties. One of them is the concept of recovering. If we want to say that, by definition, recovering is the restoration of health[8], we have to deal with the notion of health. What is analogous to health in the domain of love? As love is sickness, *non-love* should be health[9]. But this stipulation causes the analogy between love and sickness to suffer. Healthy people do not happen to hope to fall ill while people who are not in love do happen to look for love, and hope to fall in love. The general problem with the analogy is this: health is universally preferable to illness, while a non-love condition is not universally preferable to love. It is possible that some people, after falling in love, wish they were not in love; but many others appreciate being in love, and would not prefer to be restored to their previous non-love condition. So, at this particular point, the analogy suffers. If love is sickness, it is also a potentially very delightful sickness that is in great demand. When we look for the place of health within the analogy, we *must* face this difficulty. We can also consider the concept of *wellbeing*: it overlaps the concept of health and is very far from the concept of sickness, but we cannot say that it is nearer to non-love than to love.

We have said that love, like sickness, is an alteration characterized by involving some lack and something being missed. As an alteration, love is like sickness (the analogy holds): love originates from perturbation of a non-love condition, and sickness originates from perturbation of a healthy (non-sickness) condition. But as a condition where something is missing, love *is not just* like sickness. Whereas what lacks and is missing in sickness is health, what lacks and is missing in love *is not the non-love condition*: it is rather the object of love. In this respect, we could compare love (not to sickness, but) to *addiction*: a kind of psychophysical sickness where the victim experiences something as missing – but what is experienced thus is not the previous non-addiction condition, but rather the object he/she is addicted to. A problem still active for this analogy is this: we do not usually want to become addicted, nor do we seek it. However, when we become addicted, we often do not want *not* to become addicted – and an analogous situation is also true for love, while it is false for sickness. Moreover it is possible that, once addicted, (provided that we *know* we are) we do not want to stop to be addicted – the analogous characterizes love, while it does not hold for sickness. A new problem is this: becoming addicted can be said to be an action of ours, while falling in love cannot. And another problem is this: the desire of the lover

is *his/her* desire, while the addicted person can say that his/her desiring and yearning for the object he/she is addicted to is not his/hers. Therefore the analogy between love and addiction holds, though it runs into some difficulties concerning the location of voluntariness and responsibility. It seems that love is a kind of addiction whose activation we are not as responsible for as we are for other kinds of addictions; still, once love exists, it is a kind of addiction we (abnormally) claim responsibility for.

But there is a serious major problem that affects both the analogy between love and addiction and the analogy between love and sickness: from an objective (as opposed to subjective) point of view, the solution to sickness is the previous, healthy state[10]; and the solution to addiction is the previous, non-addictive state; but the solution to love is not the previous, non-love state. The solution to love is rather fusion with the loved person. So love seems to be a kind of sickness, either of addiction, whose solution is not recovering but succeeding in gratifying all the whims of the sickness, or of the addiction itself. That is why there is practically no equivalent of a cure for love. First, we do not ask for it. Second, as treatment is normally aimed at restoring a healthy condition, and as the analogous state of a healthy condition for love (a non-love condition) is not at all the solution when we are in love, here *recovering* and *finding a solution* diverge, and consequently the concept of treating is in trouble. We can see it normally resurfacing for people who (abnormally) do not want to love: the cure is getting out, reasoning, not listening to love's claims, waiting for love to die. However, we cannot voluntarily cease to love: the more these treatments are voluntary intentional mental acts that operate directly on our loving, the more they are condemned to fail.

We cannot easily be our own love doctor but what about the very concept of a love doctor, not identical to the lover? It seems perfectly possible. We have previously remarked that people around the person in love (like those around the sick person) are powerless. But doctors are not. What could anyone do in order to cause our love to be extinguished? Well, love is sensitive to many beliefs – and one of the reasons why we cannot voluntarily control our loving is that we cannot voluntarily determine what we believe. But, while we cannot start to believe what *we* voluntarily and consciously decide to believe, it is still possible that we start to believe what *someone else* voluntarily and consciously decides we will believe. So a love doctor could be someone who makes us believe that our beloved does not deserve our love anymore. Even if this were false, we would start to believe that he/she has acted in such and such a way, and this belief would alter the conditions of possibility of our love. The interesting aspect of the idea of a love doctor is that it seems as though such a doctor could only treat his/her patients with a *placebo effect for love*.

In the territory of sickness, the placebo effect is an important phenomenon, and it would be a weak point of the analogy to encounter difficulties in singling out its analogous counterpart in the territory of love[11]. All other things being equal, the probability of recovering from a certain disease (and the probability of recovering within a certain time) grows when patients believe (even *falsely* believe) that they are not ill – or that they will certainly recover; or that they are taking a drug; or that the drug they are taking is wonderful – in comparison with when they do not believe these things. The analogous situation of the placebo effect in love's domain would be as follows:

(1) I love, but my starting to believe I do not love causes my ceasing to love; (2) I love, but my starting to believe I will surely cease to love causes my ceasing to love. Case (1) is logically possible, but its occurrence would be bizarre: as I have said, all other things being equal, our being ready to love someone generates our believing that we love him/her – which by this very fact lets us start loving him/her. Although believing we love is a necessary condition for loving – and there would therefore be nothing incoherent in a process where the disappearance of love is caused by the disappearance of the belief we are in love – it is not at all simple to imagine how to realize it. It is difficult to eliminate *just the belief*, leaving all the other necessary conditions for love untouched. Maybe the *only* way to eliminate the belief we love is to eliminate some other necessary condition for love, whose disappearance will cause the disappearance of the belief. But love would vanish because of the disappearance of the other necessary condition, not because of the consequent disappearance of the belief, and this would not be a case (1). Case (2) is empirically possible, and is a token of the 'self-fulfilling prophecy' type.

This is a regular, descriptive placebo effect for love. But there is also the possibility to draw a picture of a special, prescriptive placebo effect for love. If a necessary condition for loving is believing that the person I love (morally, or in some other sense[12]) deserves my love, my starting to believe that she does not deserve my love would cause my ceasing to love. A love doctor could make me recover from love by offering me some evidence that leads me to believe that I *should* not love her. This evidence could obviously be *false*: this means that my ceasing to love would be under the total control of my 'doctor's' will. But I cannot start believing that *p* by exposing myself to some evidence that I believe is false: this guarantees that ceasing to love would remain non-voluntary.

It is fun to wonder what *hospitals* might be in the domain of love. Perhaps places where people in love are repeatedly told that love is a risk or that their beloved does not deserve their loving them? Although there are no love hospitals, we can identify the analogous character of another important element of sickness: contagion. It is well known that we often start to love someone just because someone else loves him/her. This is the idea of *triangular desire*, which we can find in René Girard's anthropological system (1961). And this is contagion: my loving her *causes* your starting to love her – or (in a counterfactual style) you would not have started loving her if I had not loved her.

Like sickness, love brings about loss of concentration, reduction in efficiency at work, social inactivity, unproductiveness, waste of money (flowers, candies), time and energy (letters, poems). The analogous situation to national and international health prevention programs would be national and international programs to prevent love. But nothing similar exists with this specific aim (although some social institutions and laws, in different places and times, can be suspected to have served some very similar and neighbouring aims).

We could try to compare the aetiology of disease and the aetiology of love, in order to see how well the two frames overlap. Roughly speaking, you can get sick because something external to you comes into contact with you, or because something inside

you starts to not work properly. In the family of the former we find traumata (but I have assumed that they caused people to be harmed/hurt/injured, not *ill*; illness is something you cannot voluntarily get), contamination (external pathogenic agents that are not living and often inorganic; the same specification holds as before) and infections (living external pathogenic agents). In the latter family we find genetic causes, as well as obsolescence (time produces due wear and tear on the body and its parts). Can we follow this pattern and confirm its validity for love? I think we can. The various aetiological models of love can be reclassified in order to fit this taxonomy. For example, the 'love at first sight' model uses a contamination/infection device. The amorous glance is like fatal contagion; love is like the plague. On the other hand, the 'twin souls' model presupposes an innate predisposition that was just silently waiting for the right factor to recognize and activate it: its modality is no doubt *genetic-like*. "She has developed a passion for him" is internal pathogenesis; "She has been dazzled by his beauty" is external pathogenesis. "I have fallen in love with him because I was feeling alone" is pathogenesis due to aging.

We can also compare the possible outcomes of illness and of love. For an illness, the possible outcomes are: recovering, chronicity or death. Love may continue in a less intense and more durable form (marriage, long relationship: chronicity); it may end (recovery); or it explodes so brutally that it is intolerable and leads to death (Werther).

A good analogy: Projecting the other way round

Our analysis has shown that the analogy between love and sickness is in good shape: if put to the test, it wears thin but does not collapse. It reveals itself to be a *good* analogy. It is not sterile; on the contrary, it throws an interesting conceptual light on love, letting us see new possible truths about it.

While some traits that love and disease have in common do not constitute cognitive steps ahead, but rather the fundamental bases of the analogy (being an alteration, demanding a solution, involving intolerable alteration, seeming inexplicable, being refractory to consolation, being revealed by symptoms), I have tried to show that the analogy enables us to glimpse new issues, to detect new problems and to examine love with the help of a conceptual comparison. For example, we conceive disease to be involuntary, and for this reason do not usually consider sick people to be guilty of being sick. With love we have a more ambivalent attitude: sometimes, and with degrees of intensity that can vary from case to case, we may catch ourselves considering people in love to be *responsible* for their love. The analogy as a guide provides us with a good explanation for this fact: we think such persons have perversely sought, or have not resisted enough against, their (wrong) falling in love, just as it sometimes happens that we blame sick people for accepting their illness with too much self-pity, or for having favoured becoming ill by their own careless behaviour.

When, again responding to the stimuli of the analogy, we wonder if love may be unaware, as disease certainly can, we find other interesting truths: love *seems* to be unaware, but in actual fact it cannot be so. Its degree of dependency on culture, much

greater than that of disease/illness, is too high to bear the lack of conscious cataloguing. In order to feel the sensation of being in love, a person in love needs to have carried out the mental operation of cataloguing him/herself as 'in love'.

The analogy enables us to observe the processes leading to falling in love through the eyes of the pathologist, classifying aetiologies in new ways. It then suggests we examine what the concept of *recovering* corresponds to in the field of love, which forces us to run up against a series of significant difficulties – for example, why, for love, the *cure* is never seen as being restored to the condition previous to falling in love, and is conceived more as managing to yield completely to love. If love is an illness, it is an illness that we frantically seek, from which we do not want to get better, and the cure for which is: *not* being healed. These may be seen as the limits of the analogy: but I prefer to see them as new points of view on love that have been revealed precisely by the explorations carried out by the analogy and by the surprises it encounters on its way.

Notes

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1 As will be clear from my treatment, by the term 'love' I mean the burning, destabilizing being in love, not the well-known, calm love of the golden anniversary. The analogy between love and sickness is first and foremost the analogy between being in love and being ill, and between falling in love and falling ill, although it may involve an illuminating secondary application coupling consolidated love, never spent but which no longer transports, with disease become chronic, with which one lives with disciplined habit.

2 I accept, though loosely, Twaddle's (1968) classic conceptual distinction between *disease, illness* and *sickness.* In this author's terminology, disease is illness objectively possessed, and it is also that which the doctor diagnoses; *illness* has to do with the patient's viewpoint in the first person with his clinical descriptions and subjective suffering; *sickness* has clear, strong social connotations; in fact a person is *sick* if others catalogue his condition as sickness. The triple distinction is further studied in Nordenfelt and Twaddle (1993), and receives new energy in Hofmann (2001). This paper does not intend, however, to rely on the sustainability of this semantic division and will neglect it.

3 If we look at the main definitions of the metaphor provided during the course of the history of the analysis of poetic language from Quintilian onwards, the attempt to describe the metaphor as an abbreviated simile is clear. A similar definition, according to many contemporary researchers, does not make clear the creative and cognitive capacity of the metaphor; but this kind of importance only has sense if we uncritically accept the idea that to glimpse a similarity *cannot* constitute an innovative, authentically cognitive act. From my point of view, metaphor and analogy are one and the same thing, because they presuppose the same logico-gnoseological operation, namely picking out common properties between two entities and exploring the possibility that there are other ones as well. This does not yet say

that metaphors and analogies are all good or revealing or useful (and I shall shortly say on which conditions they may be so), nor that they are all active and dynamic, nor that they always constitute a step ahead from the cognitive point of view. But the fact remains that to define the metaphor as "transference of the name of an object to another object due to a relationship of analogy" leads, in my opinion, not to falsehood, but to tautology – for "the relationship of analogy is indeed the metaphorical relationship" (Eco 1984: 147).

4 I do not want, for example, to presume as accurate or useful the particular classification of metaphor *typologies* made by Lakoff and Johnson. Of course I agree with them regarding the fact that a metaphor (or equally an analogy) produces new similarities, in the sense that it enables aspects of things to be perceived as similar which were not previously perceived as such.

5 I certainly do not wish to maintain that chronic illnesses are less painful or less intense than acute ones. The point is that the chronically ill person finds, with time, a way of living with his/her disease, while the sudden illness – at the onset – constitutes an unexpected change, which a person does not yet know how to deal with; it is unknown and 'outrageous'. Serene love of the golden anniversary may, in the same way, be very intense, but its strength is a pacific force, whose action on the life of the lover is known and largely foreseen. Acute love, being in love, presents itself as a new factor, and arrogantly asks us to negotiate a new equilibrium with it, which we will not necessarily find. Chronic love, stabilized love, is love with which we have found for some time a *way of living*; it is, as the chronic disease often is, love *kept under control* by us.

6 "If I meet you suddenly, I can't speak – my tongue is broken; a thin flame runs under my skin; seeing nothing, hearing only my own ears drumming, I drip with sweat; trembling shakes my body and I turn paler than dry grass. At such times death isn't far from me". Sappho (1958).

7 In Bacchini (2003) I maintained that the contradiction might be resolved thanks to the presence of tacit meta-beliefs of the following type: *I believe that love enables me to believe without too many problems something that on its own would be a contradiction, namely: My love is both voluntary and involuntary*.

8 I am presuming that recovering requires health to be restored and not just finding a way of living with the illness which will assure a minimal degree of wellbeing. Although wellbeing is important, I consider that the co-presence of illness and minimal wellbeing does not amount to recovering. In some cases it is impossible to recover and the best prospect to be pursued is the search for minimal wellbeing in the presence of the disease. But no-one would say this is the best solution; the ideal outcome is always to recover, and where recovery is not available, a compromise becomes desirable, namely living with the disease.

9 One may object that one is cured from being in love not only by not loving any more, but also by beginning to love without being in love any more. The idea is that by moving on from being in love to loving, the subversive, destabilizing force of love disappears, which (it seems) is all that makes it similar to disease. Actually, the analogy is structured thus: to be in love is the same as being prey to an acute disease, and falling in love is the same as falling ill; to become a chronically ill person is the same as loving without being in love any more, since the characteristics of novelty, untameability and disorientation fall, and habit, control, capacity for coexisting appear; to be cured of an illness is the same as being cured of love, namely to stop both being in love and loving, with the condition previous to the change being restored.

10 See Note 8.

11 Someone might find the fact arbitrary that the analogy between love and sickness is pressed here towards the borders of the placebo effect. But it is a case, once more, of verifying whether an important characteristic of illness is also to be found in love or not, and in what form. The issue of the permeability of sickness, and of love, by beliefs (of the patient; the person in love) is at stake.

12 It could be suggested that love requires, as a necessary condition, moral respect, as well as respect of the intellectual kind.

References

Bacchini, F.
2003 Le acrobazie cognitive dell'innamorato [Lover's cognitive acrobatics]. *In*: F. Bacchini & C. Lalli (eds), *Che cos'è l'aAmor* [What is love?]. Milan: Baldini Castoldi Dalai, pp. 432-56.

Davidson, D.
1971 Agency. *In*: R. Binkley, R. Bronaugh & A. Marras (eds), *Agent, action, and reason*. Toronto: Toronto University Press, pp. 3-25.

Dutton, D.G. & A.P. Aron
1974 Some evidence for heightened sexual attraction under conditions of high anxiety. *New England Journal of Medicine* 285 (6): 320-24.

Eco, U.
1984 *Semiotics and the philosophy of language*. Bloomington: Indiana University Press.

Frankfurt, H.
1978 The problem of action. *American Philosophical Quarterly* 15: 157-62.

Girard, R.
1961 *Mensonge romantique et vérité romanesque*. Paris: Grasset.

Hofmann, B.
2001 Complexity of the concept of disease as shown through rival theoretical frameworks. *Theoretical Medicine* 22: 211-36.

Lakoff, G. & M. Johnson
1980 *Metaphors we live by*. Chicago: Chicago University Press.

Nordenfelt, L. & A. Twaddle (eds)
1993 *Disease, illness and sickness: Three central concepts in the theory of health*. Studies on Health and Society. Linköping: Linköping University Press.

Sappho
1958 *Sappho: A new translation by Mary Barnard*. Berkeley: University of California Press.

Sperber, D.
1996 *Explaining culture. A naturalistic approach*. Oxford: Blackwell.

Twaddle, A.
1968 Influence and illness: Definitions and definers of illness behavior among older males in Providence. Rhode Island, Ph.D. Thesis: Brown University.