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Love-Variant: The Wakin-Vo I. D. R. Model of Limerence

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Abstract
The purpose of the current paper is to 1) propose the Wakin-Vo I.D.R model of limerence and 2) establish grounds for the scientific query of limerence. Limerence is an involuntary interpersonal state that involves intrusive, obsessive, and compulsive thoughts, feelings, and behaviors that are contingent on perceived emotional reciprocation from the object of interest. The model that the authors propose holds that although limerence resembles normative love, it is a state that is necessarily negative, problematic, and impairing, with clinical implications. The model frames limerence as consisting of three functional components: initiating force, driving forces, and resultant forces. Parallels between limerence and substance dependence, and obsessive compulsive disorder are drawn. Rationales are posited to warrant the authors' suggestions for future scientific investigation of limerence.

Key words: Obsessive-compulsive disorder, OCD, addiction, substance dependence, love, relationships

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1. Introduction

Research in the area of love and relationships is extensive and diverse. However, there is an atypical form of love relationships called limerence. The purpose of the current paper is to: 1) re-conceptualize the basic nature of limerence via the proposal of the Wakin-Vo I.D.R. model; and 2) present limerence in relation to substance dependence and obsessive compulsive disorder and establish grounds for the scientific investigation of limerence.

2. The proposed model of limerence: the Wakin-Vo I.D.R. Model

The concept of limerence was originally coined by Dorothy Tennov, Ph.D.[2] Based upon the findings originally generated by Tennov as well as on research conducted by the present authors, the current view is a re-conceptualization of the basic nature of limerence. Contrary to Tennov's

assertions, the current authors hold that: 1) love and limerence are not interchangeable terms or concepts, wherein neither is a subset of the other; and 2) limerence is an involuntary condition that is necessarily negative, problematic, and impairing. Although love and limerence are indistinguishable in the early stages of a relationship, over time, love and limerence exist independently, each uniquely distinct in profile.

Limerence is herein defined as an involuntary interpersonal state that involves an acute longing for emotional reciprocation, obsessive-compulsive thoughts, feelings, and behaviors, and emotional dependence on another person. Given the interpersonal nature of limerence, the two parties involved are the person experiencing limerence (L) and the object of L's thoughts, feelings, and behaviors (LO).

In a love relationship, one often experiences initial intense feelings and reactions, and absorption in another person that tend to moderate over time, allowing for a more stable, intimate, trusting, and committed relationship to flourish. However, in limerence, said initial feelings and reactions somehow fail to subside, becoming increasingly intense, pervasive, and disruptive, ultimately rendering difficulty in controlling one's thoughts, feelings, and behaviors.

The current model is comprised of three primary functional components:

1) Initiating Force – pervasive longing for emotional reciprocation

2) Driving Forces – intrusive and obsessive thinking, constant replaying and rehearsing, acute sensitivity to behavioral cues, strong tendency to over-interpret LO's behaviors, strong fear of rejection by LO, situational barriers, and uncertainty

3) Resultant Forces – fluctuation in mood, feelings of ecstasy, feelings of depression, anxiety, cognitive coping strategies, shame/guilt, and impaired functioning

A. Initiating Force

It is posited that the limerence condition is initiated by an acute longing for emotional reciprocation from another person. Once initiated, driving forces become salient, actively catalyzing the overall development of limerence.

B. Driving Forces

The primary driving force is uncertainty that surrounds the relationship and the status of LO's feelings toward L. There is an undercurrent of fear of rejection by LO that is reactionary to the ultimate goal of reciprocation. In fact, the limerence reactions tend to dissipate in conditions where there is complete

certainty, may it be in the extreme of absolute reciprocation or the other extreme of absolute rejection. However, intermediate levels of perceived reciprocation or rejection are conducive to a pervasive state of uncertainty, thereby driving the limerence reactions.

In light of said uncertainty, L becomes highly sensitive to LO's behavioral cues with the goal of searching for signs of reciprocation and evaluating success in eliciting and attaining such reciprocation. L constantly calibrates and re-calibrates his/her own behavior based upon the behavioral feedback from LO. As the uncertainty continues and the sensitivity to behavioral cues intensifies, L begins to over-analyze and over-interpret LO's behavior and reactions to the point of intrusive and obsessive thinking. L is constantly preoccupied with LO, frequently engaging in the replay of past encounters with LO to evaluate the extent of L's success and in the rehearsal of future events with LO to optimize L's chances of obtaining reciprocation. Even situational barriers such as hectic work schedules and other life commitments that inhibit direct access to LO can present as additional sources of uncertainty.

Overall, the driving forces interact with one another to accelerate the cycle to the point where it is increasingly difficult for L to control his/her behaviors, thoughts, and feelings. Again, limerence is sustained and fueled by uncertainty, a primary mechanism that heightens the hope and the need for emotional reciprocation. This ultimately increases the urgency to resolve the uncertainty by more carefully and thoroughly detecting and interpreting LO's behavioral cues, while at the same time increasing the acuteness of the longing for reciprocation. This can be seen, then, that the initiating force manifests in the form of driving forces that in turn take on qualities that further reinforce the initiating force; thereby accelerating the cycle and escalating the overall obsessive-compulsive and addictive reactions of limerence.

C. Resultant Forces

At this point, L's mood becomes highly dependent on LO, spanning from the extreme of ecstasy to that of depression, rendering a distinctive pattern of affective lability. L begins to feel somewhat out of control. L may wish and even intend to reduce or stop L's thinking and behavior, or even to terminate the relationship. However, because of the involuntary nature of limerence, L is unable to successfully execute his/her intentions, thereby inducing deep feelings of powerlessness. This creates pronounced feelings of anxiety that are displayed in symptoms that may include heart palpitations, shortness of breath, perspiration, chest and/or abdominal discomfort, and feelings of apprehension. The anxiety

may also inhibit normal interaction, causing L to be clumsy, awkward, and somewhat socially inept. This in turn motivates L to undertake compensatory behavior to present him/herself to the contrary in order to optimize L's chances of obtaining reciprocation. Since L's behavior is continually recalibrated, LO's responsive feedback is correspondingly altered, resulting in more uncertainty and anxiety, ultimately perpetuating the overall cycle.

L's increasing preoccupation with and absorption in LO becomes such that L withdraws from and neglects other aspects of his/her life, resulting in his/her functioning being impaired. However, since L is unable to successfully reduce or stop his/her thinking and behavior despite the desire and intention to do so, L is confronted with deep feelings of shame and guilt. To reconcile the cognitive dissonance that involves remaining in a relationship despite evident discomfort and distress, L is likely to cope by cognitively justifying the overall experience by placing greater emphasis and importance on the relationship. This further increases the acuteness and urgency for emotional reciprocation, thereby reinitiating the entire limerent cycle and subjecting L to a type of self-entrapment.

D. Symptoms

The symptomatic clusters below are proposed for the differential determination of limerence. The individual must be at least 18 years of age.

- Intrusive and obsessive thinking about the LO
  - Spending more time thinking about LO than anyone or anything else
  - Difficulty avoiding, reducing, stopping focusing and concentrating on LO, despite voluntary control
  - Distractibility to the point where relationships and responsibilities are compromised
  - Persistent, exaggerated positive or negative interpretations of LO's cues
- Replay and rehearsal
  - High sensitivity to LO's behavioral cues
  - More often than not, constantly replaying events that have already occurred involving interactions with LO
  - More often than not, constantly anticipating/rehearsing events that have yet to occur involving interactions with LO
  - More often than not, constantly imagining vivid experiences in which LO reciprocates feelings and intentions
  - More often than not, such imagined experiences create feelings of hopefulness for reciprocation from LO, driving excessive and unreasonable behaviors/reactions

- More often than not, these actions compromise efficiency/productivity

- Anxiety and self-consciousness
  - Make constant attempts to present self (e.g., in physical appearance, behavior and attitude) most favorably to LO
  - Physiological symptoms accompanying feelings of shyness, embarrassment, and anxiety (e.g., shortness of breath, perspiration, heart palpitations)
  - Aching/pain in the chest or abdominal regions are intensified with increased uncertainty and/or increased signs of rejection by LO
  - Socially inept in the presence of LO (e.g., stuttering, clumsiness, awkward behavior)
  - Shyness, embarrassment, and anxiety are heightened in the actual or imagined presence of LO
  - Strong, persistent, enduring fear of being rejected by LO
- Emotional dependence
  - Strong, persistent, enduring yearning for reciprocation from LO
  - Feelings of depression and/or apprehension are intensified with increased uncertainty and/or increased signs of rejection by LO
  - Feelings of ecstasy are intensified with signs of reciprocation by LO
  - Affective lability
  - Longing and yearning for reciprocation are heightened and intensified with uncertainty of status of LO's feelings
  - Longing and yearning for reciprocation are heightened and intensified in the presence of situational barriers (e.g., LO takes a new job, LO moves out of town, LO's schedule interferes with or prevents spending time together)
- Impaired functioning
  - Significant relationships and responsibilities are compromised due to preoccupation on LO

3. Interface with Substance Dependence and Obsessive Compulsive Disorder

The Diagnostic and Statistical Manual-IV-TR defines substance dependence (i.e., addiction) as a pattern of substance use that causes clinically significant impairment or distress at any time within a 12-month period.[3] Substance dependence is marked by a need for increased amounts of the substance to achieve a desired effect (i.e., tolerance), and unpleasant physiological and cognitive effects that result from reduced blood or tissue

concentrations of the substance (i.e., withdrawal). It is also marked by a pattern of compulsive substance use wherein there are: persistent increase of time in obtaining and in recovering from the substance, unsuccessful efforts to control substance use, impaired functioning related to substance use, and continued substance use despite negative physical or psychological effects.

For the sake of comparison, the object of substance dependence is the substance, while the object of limerence is another person. In limerence, L ultimately experiences impairment and distress. Like in substance dependence, L experiences tolerance, in that he/she displays a markedly greater and greater need for emotional reciprocation from the person/substance in order to maintain the desired level of happiness. Actual or potential absence of the person/substance results in withdrawal symptoms such as physical pain in the chest and abdominal regions, sleep disturbance, irritability, and depression. Further, similar to substance dependence, limerence can also be marked by a pattern of compulsive behavior, where L devotes more and more time to planning for and gaining access to the person/substance. L is unable to control and reduce the need for the person/substance despite being cognizant of the excessive and negative effects on his/her ability to function.

In terms of obsessive compulsive disorder (OCD), it is defined by persistent obsessions and compulsions that are time-consuming and interfere with daily activities, causing clinically significant impairment or distress. Obsessions are persistent, intrusive, and inappropriate ideas, thoughts, impulses or images that cause anxiety or distress. Compulsions are repetitive behaviors or mental acts that reduce obsession-related anxiety. In OCD, the obsessions and compulsions cannot be controlled and are continued despite perceived excessiveness and unreasonableness.[4]

Limerence also exhibits obsessive and compulsive features that highly resemble OCD. Like OCD, there is an undercurrent of anxiety, but in limerence the anxiety centers on emotional rejection by the LO. L is likely to engage in repetitive behaviors and/or mental acts in order to reduce and neutralize this underlying anxiety, such that these obsessions and compulsions become highly time-consuming to the point of interfering with and impairing L's functioning.

Although [substance] dependence/addiction and obsession-compulsion are integral, each alone is insufficient for the determination of limerence and both in combination would be a simplification of limerence. In other words, limerence is not simply an addiction to another person with obsessive-compulsive features, nor is it an OCD with addictive characteristics. When reduced to their basic elements, the goal of substance dependence is to achieve an altered state often as

a method of coping, while the means is the substance itself. As OCD is an anxiety disorder, its inherent goal is to neutralize the underlying anxiety through repetitive behaviors and/or mental acts. The goal of limerence on the other hand is to attain emotional reciprocation, but the means are elusive and indeterminate as they are contingent on perceived behavioral feedback from another person. Since the feedback constantly changes as the behavior of the LO changes both naturally and in response to L's own behavior, L becomes hypersensitive to LO's behavioral cues which act as a gauge for his/her success and as a guide for his/her own behavior. Therefore L's means are constantly being calibrated and re-calibrated to optimize the likelihood of successfully attaining emotional reciprocation. Merely defining limerence as an obsessive-compulsive addiction or an addictive OCD would be a failure to consider the nature of the interpersonal nuances between L and LO and how they compound to complicate the overall process of limerence.

4. Research

Since its coinage in 1979, there has been a multitude of misconceptions regarding the original concept of limerence. Limerence has been referenced and cited in numerous self-help books about problematic love relationships.[5] It has also been talked about in the literature in the context of various types of addiction.[6] It has even found an outlet in ample popular magazines as well as internet sources.[7] However, limerence has been widely misunderstood, often inaccurately defined, frequently misquoted, and even misspelled.

In spite of the public's exposure to limerence, the professional community, particularly clinical, is largely unaware of the concept. The community has no framework from which to diagnose or treat individuals who present themselves at their facilities seeking help and support. Because of such lack of framework, it is often determined that these limerent individuals suffer from diagnoses such as depression, generalized anxiety disorder, or obsessive-compulsive disorder. Psychopharmacological and psychotherapeutic treatment would be established accordingly and could therefore only manage some of their symptoms, leaving other primary symptoms unalleviated.

To date, the authors have developed a limerence screening tool that is undergoing validation. It is ultimately intended to be used as a standard device with which to identify limerence tendencies. The authors are also conducting case study research via extensive clinical interviews with those individuals already screened and identified as limerent to investigate course and onset as well as pre-

morbid and co-morbid factors. Additionally, the profile of the LO is currently being investigated to begin to understand potential triggers in limerence.

In terms of the direction of future research, it is recommended that efforts should focus on the interrelationship among love, OCD, addiction, and limerence, and on their physiological correlates. Since the profile of limerence seems to resemble that of OCD and substance dependence, and since the added physiological dimension of the two has been clearly demonstrated, research efforts should investigate underlying neuro-physiological components that are implicated in the case of limerence.[8] Research should examine factors like prevalence and duration, lifespan manifestations, and potential age, gender, and cultural variations of limerence. Most importantly it should concentrate on diagnosis, prognosis, and treatment interventions. In addition, it would be worthwhile to delve into the relationship between limerence and social issues such as stalking, domestic violence, and crimes of passion to yield an expansive view of limerence in relation to the overall human experience.

Notes

[1] This paper is dedicated to the late Dorothy Tennov, Ph.D., who pioneered the research and coined the concept "limerence".

[2] Tennov, D., *Love and Limerence: The Experience of Being in Love*. Stein and Day, New York, 1979.

3 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.,). American Psychiatric Association, Washington D.C., 2000.

[4] Ibid.

[5] For example: Halpern, H., *How to Break Your Addiction to a Person*. Bantam Books, New York, 2004.

[6] For example: Carnes, P., *Don't Call It Love: Recovery From Sexual Addiction.* Bantam Books, New York, 1991.

[7] For example: "Limerence" is a dictionary entry on the online Urban Dictionary (n.d.), viewed on 21 September, 2007, <http://www.urbandictionary.com/define.php?term=limerence>. At the same time, "limerance" is another entry supposedly illustrating the same concept in the online Urban Dictionary (n.d.), viewed 21 September, 2007, <http://www.urbandictionary.com/define.php?term=limerance>.

[8] Research has demonstrated specific neuro-chemical correlates for love relationships, substance dependence, and obsessive compulsive disorder. It is our intention to explore and establish such correlates for limerence.

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