

# Patients with Persistent Depressive Disorder Benefit from Psychotherapy Because of Loneliness

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## ABSTRACT

Loneliness is a distressing and common symptom in people with persistent depressive disorder (PDD), and it's linked to depression severity, childhood abuse, and rejection sensitivity. Loneliness is a distressing worldwide condition with evolutionary roots. Loneliness serves as a reminder of the suffering we've experienced and a warning that we're on the verge of being isolated. Loneliness is defined as the absence of necessary social ties as well as a lack of affection in current partnerships. One of the most important measures of social well-being is loneliness. Loneliness is caused by a lack of a specific needed relationship or group of relationships, rather than by being alone. Despite the mental health hazards associated with loneliness, the association between loneliness and psychiatric diseases has not been extensively examined over the last two decades.

**Keywords:** PDD; Psychotherapy; Loneliness

## INTRODUCTION

Loneliness is widely considered a stable feature by psychologists, meaning that people have distinct set-points for feeling lonely, and they fluctuate around these set-points depending on their circumstances. Loneliness is a negative emotional reaction to a sense of solitude. Loneliness is also known as social pain, which is a psychological mechanism that drives people to seek out social interactions. It's frequently linked to an unwelcome lack of closeness and connection [1]. Loneliness is a common and universal experience that affects people of all ages and is increasingly being recognised as a risk factor for poor physical and mental health. However, effective therapies for addressing loneliness, both in general and in the context of mental health issues, are scarce. The subjective mismatch between an individual's social requirements and the provisions the social environment delivers or is perceived to supply is defined as loneliness ("feeling alone") [2]. It appears when our need to belong is threatened. Social isolation, on the other hand, is a measurable lack of social ties that is an objective criterion. Both of these ideas are intertwined. However, there are only minor to moderate connections between social network size and loneliness, which is consistent with research demonstrating that social contacts are not a guarantee against loneliness, and loneliness is not related with a small number of social contacts. Some people even want to be alone and enjoy it without being lonely. These findings suggest that while social isolation is neither a necessary nor sufficient condition for loneliness, subjective perception

and appraisal of social ties may be crucial in understanding the emergence and persistence of loneliness. Loneliness has clinical implications since it increases the likelihood of negative health outcomes and possibly premature death. Loneliness has a huge impact on depression in terms of mental health. It may even contribute to chronic illness trajectories and maintain depressed symptoms; however, data on patients with persistent depressive disorder (PDD) is limited. Lonely people have been found to have higher depressive symptoms, as well as being less cheerful, pleased, and pessimistic. Loneliness and depression may overlap symptoms such as powerlessness and anguish [3]. Because loneliness and depression are so similar, many authors consider loneliness to be a subtype of sadness. The difference can be made, however, by the fact that loneliness is defined by the hope that everything would be well if the lonely person could be reunited with another longed-for individual. Loneliness is favourably connected with negative sentiments and negative judgments of personality qualities in patients who are both lonely and depressed, and it is adversely correlated with it. There has been evidence of a link between insecure attachment types and depression. Several studies have also found that insecure attachment styles make people more vulnerable to depression. Insecurely attached people are more likely to acquire low self-esteem, have trouble or inability in creating and maintaining relationships with others, have poor problem-solving skills, and have an unstable self-concept. There is preliminary evidence that CBT, mindfulness, and positive psychology can help people feel less lonely later in life. Mindfulness, cognitive

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behavioural therapy, and positive psychology are among examples. Key principles are shared by all three techniques [4]. They recognise the automatic negative thoughts and sensations that can become overwhelming and influence behaviour over time. They employ a variety of approaches to disrupt these patterns and replace them with more controlled and positive responses. In practise, we discovered multiple examples of these approaches already in use, most of which drew on a combination of approaches to best suit the individual and their circumstances. They allowed time for thinking and support to identify a meaningful response when administered by a skilled practitioner. We recommend that organisations use the material in this study to identify existing psychological techniques in their work, plan future programmes that explicitly include psychological approaches, and assess their impact on loneliness. This will aid research determining which factors, or combinations of factors, are most helpful in reducing loneliness and for whom, as well as expanding the evidence base for loneliness interventions.

## CONCLUSION

One-on-one psychological support can help a smaller group of

persons with chronic loneliness, which may be part of a larger set of issues. This is especially important for people seeking help after a bereavement that has left them feeling lonely, or for those who have mental health issues. We hope that the findings in this paper demonstrate how psychological techniques can aid in the treatment of loneliness. Loneliness support can be more personalised and more effective if it considers both the internal and external aspects of a person's loneliness.

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