

11

Overcome Loneliness Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Exploring Loneliness

2 · Signs of Chronic Loneliness

3 · Identifying Triggers

4 · What Does Loneliness Feel Like?

5 · Challenging Negative Beliefs

6 · Identifying Your Attachment Style

7 · Exploring Your Attachment Story

8 · Addressing Attachment Anxiety

9 · Addressing Attachment Avoidance

10 · List of Pleasurable Activities

11 · Resources

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

Contents

Exploring Loneliness	4
Signs of Chronic Loneliness	5
Identifying Triggers	6
What Does Loneliness Feel Like?	8
Challenging Negative Beliefs	10
Identifying Your Attachment Style	12
Exploring Your Attachment Story	16
Addressing Attachment Anxiety	18
Addressing Attachment Avoidance	20
List of Pleasurable Activities	24
Resources	28

Exploring Loneliness

What Is Loneliness?

Loneliness is something everyone can experience.

Loneliness is the feeling of discomfort that comes from the gap between the social connection we need or desire and our actual experience of connection.

However, chronic feelings of loneliness can become problematic.

This is when we feel unrelenting feelings of being alone, separated from others, and unable to connect on a deeper level.

How do you define loneliness?

Signs of Chronic Loneliness

The following are common signs of chronic loneliness. Read through the list of signs and check off the ones you relate to:

- ☐ You may have friends and family but your interactions with them are at a very superficial level.
- ☐ No close or best friends who truly “get” you. You may have friends, but they are casual friends or acquaintances.
- ☐ You often experience overwhelming feelings of isolation and separation even when surrounded by people, as if you’re in your own unbreakable bubble.
- ☐ You often experience painful feelings of self-doubt, low self-worth, and inadequacy.
- ☐ Even when you try to reach out or connect with others, you don’t feel seen or heard.
- ☐ Trying to socialize with others leaves you feeling exhausted and drained.

Notes

Identifying Triggers

Loneliness can be triggered by situational variables, such as physical isolation, moving to a new location, divorce, the death of someone significant in your life, unemployment, retirement or working from home, physical illness, and bullying.

But loneliness can also be a symptom of a psychological issue like depression, addiction, trauma, abuse, low self-esteem, lack of confidence, or having an insecure attachment style that affects how we relate to ourselves and others.

1. When do you seem to feel lonely the most?

2. When was the last time you noticed feeling this way?

3. What usually happens right before you feel this way?

My triggers for loneliness are:

1. _____

2. _____

3. _____

4. _____

5. _____

What Does Loneliness Feel Like?

1. How does loneliness feel in your body?

(e.g. achy muscles, chest pain, chills, choking feeling, churning stomach, cramps, decreased or increased appetite, digestion difficulties, discomfort, dizziness, fatigue, feeling detached, numbness, pain, pounding heart, rapid breathing, rashes, shakiness, throat tightness, trembling, weakness)

2. The following is a list of feelings related to loneliness. Read through the list and circle the ones you tend to feel when lonely or write them down.

Abandoned – Alienated – Aloof – Angry – Apart – Ashamed – Avoided –
Bare – Blue – Bummed – Bypassed – Captive – Cold – Dead – Deficient
–Deserted – Desolate – Disliked – Desperate – Disengaged –
Dispossessed – Dismayed – Disregarded – Dissatisfied – Dissociated –
Distant – Distressed – Disturbed – Drained – Emotionless – Empty –
Estranged – Excluded – Friendless – Frustrated – Futile – Gloomy –
Grieved – Heavy-hearted – Helpless – Hindered – Ignored – Impotent –
Inaccessible – Incompetent – Inferior – Insecure – Insufficient –

Irritable – Isolated - Jilted – Lifeless – Loathsome – Longing – Lost –
Loveless – Low – Mediocre – Mindless – Miserable – Moody – Mournful
– Needy – Odd – Off-balance – Off-center – Out of it – Overwhelmed –
Pained – Paralyzed – Pathetic – Pessimistic – Planless – Powerless –
Raw – Rejected – Robotic – Rotten – Scattered – Self-destructive –
Sense of loss – Sensitive – Separated – Sickened – Small – Sorrowful –
Sour - Stifled – Stranded – Stretched – Stumped - Suicidal – Susceptible
– Tearful – Terrible – Tragic – Unhappy – Unworthy – Used up –
Vulnerable – Weak - Weary – Woeful – Worn out - Worthless

Challenging Negative Beliefs

1. What negative thoughts do you experience when you feel lonely? The following are some common negative thoughts people struggling with chronic loneliness experience. Check off the ones you relate to and add ones of your own:

- ☐ “I always have been lonely, and I always will be lonely.”
- ☐ “There is no way out.”
- ☐ “Things will never get better.”
- ☐ “I’m not worthy of love.”
- ☐ “People don’t like me.”
- ☐ “I’m not good enough.”
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Choose a negative belief from the list above to challenge its validity by answering the following questions:

Negative belief: _____

- Is there any evidence to contradict your negative belief?

- Am you jumping to conclusions?

- How would someone else view this situation?

- What advice would I give to a friend in this situation?

Identifying Your Attachment Style

What Is Attachment Style?

Attachment style refers to the characteristic way people relate to others in the context of intimate relationships, which is heavily influenced by :

- (1) how easy or challenging it is for us to trust others and identify those who would hurt us and close off to them without closing off to everyone else
- (2) how well we are able to share our experiences with others and bond with them
- (3) how willing we are to both accept and offer others emotional
- (4) how able we are to soothe ourselves

Attachment styles are built in infancy and follow the individual into adulthood.

There are three attachment styles: secure attachment, anxious attachment, and avoidant attachment.

Note: fearful-avoidant attachment style, also known as disorganized attachment is a combination of the preoccupied and dismissive-avoidant styles of insecure attachment.

Note: You may have more than one attachment style or shift attachment styles over time or depending on the relationship. Whatever your attachment style is, the goal here is to become more secure.

1. Secure Attachment

The following are common characteristics of Secure Attachment. Rate each statement on a scale from 0 to 5 (with 0 being “doesn’t describe me at all” and 5 being “describes me perfectly”):

- You actively help yourself and soothe yourself when in pain. _____
- You are able to ask for emotional support when you need it and are ready to provide it for others, too. _____
- You are comfortable showing others your own thoughts and feelings, instead of focusing on providing or receiving help only. _____
- You operate from a foundation of curiosity about others. _____
- You trust that others will be there when you need them. _____
- You have a balanced view of your childhood, remembering both positive and painful events. _____
- You don’t excessively self-disclose to those you don’t know well. _____
- When facing conflict in relationships, you may become angry, but will not overreact (e.g., by saying or doing things that are too destructive), nor become cold toward the other person and withdraw. _____
- Your relationships grow and develop gradually and if they must end because the relationship is not working, the relationship likely ended gradually as well without simultaneously closing off to other relationships. _____

ATTACHMENT REFLECTION: These patterns are hypotheses, not fixed diagnoses or proven causes. Do not total or classify attachment style without a validated, appropriately governed measure.

2. Anxious Attachment

The following are common characteristics of Anxious Attachment. Rate each statement on a scale from 0 to 5 (with 0 being “doesn’t describe me at all” and 5 being “describes me perfectly”):

- You are often preoccupied with whether or not others care about you and will be available in time of need and may become overly sensitive to perceived or real rejections. _____
- You often lean on others for emotional support without being an active part in helping yourself. _____
- You often experience intense, painful emotions. _____
- You may not be able to recognize your own strengths and what you have to offer the world. _____
- When remembering childhood, you fixate on everything that hurt and find it difficult to remember the good parts about it. _____
- Your relationships may begin very intensely and progress very quickly, with early disclosure of your deepest thoughts and feelings, and may end just as quickly. _____
- You often pull people close, especially when feeling lonely, but will abruptly push them away when feeling uncomfortable close. _____
- You may stay longer in toxic relationships, preferring misery to the absence of a relationship. _____
- You may view relationships as the solution to your problems and the source of your own self-worth and happiness. _____

ATTACHMENT REFLECTION: These patterns are hypotheses, not fixed diagnoses or proven causes. Do not total or classify attachment style without a validated, appropriately governed measure.

3. Avoidant Attachment

The following are common characteristics of Avoidant Attachment. Rate each statement on a scale from 0 to 5 (with 0 being “doesn’t describe me at all” and 5 being “describes me perfectly”):

- You may have great difficulty starting or maintaining a conversation with others. You find it easier to relate when there is a help to give or a clear topic of discussion. _____
- You have difficulty asking for and receiving help from others, especially emotional support, and may find it irritating when others offer help. _____
- When receiving help, you may not be appreciative because it feels upsetting to need help and you may feel compelled to pay it back. _____
- You feel often obsessed with competence and would feel intense shame following failure. _____
- You often want to share yourself with others, but don’t know how. _____
- You have difficulty listening to others and may find yourself rushing to problem-solving and giving unsolicited advice. _____
- You may view your childhood as generally good, but memories lack detail and depth and don’t reflect the complexity of your childhood. _____
- When facing conflict in relationships, you may become cold and focus excessively on proving that you’re right, instead of focusing on mutually creating the solutions and understandings of each other. _____
- You may walk away from workable relationships too quickly. _____

ATTACHMENT REFLECTION: These patterns are hypotheses, not fixed diagnoses or proven causes. Do not total or classify attachment style without a validated, appropriately governed measure.

Exploring Your Attachment Story

1. Think of a time when you were young and you were physically injured or your feelings were hurt. When you cried or expressed your distress, how did your parents respond?

2. Do you wish they did something different? If so, how do you wish they responded? Say it a few times to yourself and say it as if you deserve that love and warmth:

3. When people in your family were sad or angry, how did they deal with their difficult emotions? Did they talk about it with each other? Did they withdraw? Did they lash out? How did that affect the way you deal with your own difficult emotions as an adult?

4. How did your parents and other important adults make you feel cared for? How did that affect the way you treat yourself as an adult?

5. What good habits did you develop from past relationships that you continue using in present relationships?

6. What bad habits did you develop from past relationships that you continue using in present relationships?

7. Choose one relational bad habit from the ones you listed above that you would most like to stop. What can you do to break it?

Addressing Attachment Anxiety

Attachment anxiety is often born from needing more attunement to your emotions and more soothing than was given to you as a child.

As an adult, you can learn to provide attunement and soothing for yourself.

1. What do you feel right now?

2. What do you want to do for the next fifteen minutes by yourself? Go and do it. (P.S. you may use the list of pleasurable activities at the end of these worksheets)

3. Did you enjoy the activity? If not, how did you create barriers that stopped you from enjoying it? What could you do to address this? Think of what you would say to a friend in the same situation:

Take the time every day to check in with yourself and do something you love.

4. Think of someone you believe can make you feel safe, complete, or happy (e.g. a friend, a lover, a parent, etc.). What do you actually need from this person?

5. If this person could not or would not give you what you want from them, how could you get those particular needs met?

For continued practice, each time you interact with someone and find yourself feeling frustrated or upset, ask yourself:

- What do I need from this person?
- How can I get those needs met by myself?

You may find it helpful to repeat this mantra ‘I don’t need anything from you!’

Note: This doesn’t mean that you shouldn’t get support from anyone. But as someone with anxious attachment, you’re probably leaning on others excessively while underestimating your ability to cope.

Addressing Attachment Avoidance

Having an avoidant attachment style means that you generally avoid intimacy or you may long for connection yet not know how to form it.

Overcoming avoidant attachment includes allowing yourself to show your feelings, especially painful ones, and to be vulnerable with others.

Expressing Emotions

1. Think of a sad song or a sad movie you recently watched. How does it make you feel?

2. If you are to allow yourself to feel sad or vulnerable all day at work or school, would that trigger any fear? If so, what do you worry will happen? (e.g., it would mean I'm weak, I will no longer be able to work or function, the emotion will be bottomless or never-ending, I will break down, etc.).

Note: Avoiding our difficult feelings seems less painful than experiencing them. The irony, though, is that when we ignore our feelings or suppress them, they don't vanish on their own. They only become stronger. They eventually come out in self-sabotaging ways.

3. When you are able to allow yourself to feel your sadness or hurt and let it out, how long does it typically take afterward for you to feel calm?

4. What is one major source of sadness that you've been avoiding or prefer to avoid thinking about?

Take five minutes (you may set an alarm) to think freely about that thing. Allow yourself to experience whatever comes up. Once done, soothe yourself by doing something else to distract yourself.

5. Get in the habit of checking in with yourself and connecting with your internal experience:

- What are you feeling right now? And where do you feel it in your body?

- What thoughts do you have on your mind right now?

- What do you need right now?

Asking for help:

6. What is one burdensome responsibility that you've been carrying alone? What makes it so burdensome?

7. What is the effect on your physical and mental health of carrying it alone?

8. What kind of help can you ask for? (e.g. advice, direct assistance, merely venting your frustration, etc.)?

9. Who can help you here among your friends, family members, or outside people?

10. If you don't get what you need and get disappointed, how can you cope with being disappointed?

Opening to others

11. What is your biggest social fear (e.g., being rejected, insulted, disrespected, ignored, mocked, making a mistake, feeling humiliated, etc.)?

12. How can you cope if your fear happens?

13. What mantra can you repeat to encourage yourself to open up to others? (e.g. "I open myself to others. If somebody is toxic to me, I can always close myself to that person. Therefore I open myself.")

List of Pleasurable Activities

Check the ones you're willing to do, and then add any activities that you can think of

- ☐ Exercise
- ☐ Lift weights
- ☐ Do yoga, tai chi, or Pilates, or take classes to learn
- ☐ Dance
- ☐ Do stretching exercises
- ☐ Go for a long walk in a park or someplace that's peaceful
- ☐ Go outside and watch the clouds drift by
- ☐ Lie in the sun
- ☐ Feed the birds
- ☐ Go jog
- ☐ Ride your bike
- ☐ Go for a swim
- ☐ Go hiking
- ☐ Go to your local playground and join a game being played or watch a game
- ☐ Go ice skating, roller skating/blading
- ☐ Go to a sporting event, like a baseball or football game
- ☐ Get out of your house, even if you just sit outside
- ☐ Go for a drive in your car or go for a ride on public transportation
- ☐ Go fishing
- ☐ Get a massage
- ☐ Plan a trip to a place you've never been before
- ☐ Sleep or take a nap
- ☐ Eat chocolate or eat something else you really like
- ☐ Eat your favorite ice cream
- ☐ Cook your favorite dish or meal
- ☐ Cook a recipe that you've never tried before
- ☐ Bake something to share with others (neighbors, friends, family, work colleagues)
- ☐ Make jams or preserves

- ☐ Take a cooking class
 - ☐ Go out for something to eat
 - ☐ Go outside and play with your pet
 - ☐ Offer to walk a friend's or neighbor's dog
 - ☐ Give your pet a bath
 - ☐ Watch a funny video on YouTube
 - ☐ Watch a funny movie
 - ☐ Watch television
 - ☐ Listen to the radio
 - ☐ Listen to a podcast
 - ☐ Play video games
 - ☐ Go online to chat
 - ☐ Visit your favorite websites
 - ☐ Research a topic of interest
 - ☐ Create your own website
 - ☐ Clear your email inbox
 - ☐ Join an Internet dating service
 - ☐ Sell something you don't want on the Internet
 - ☐ Buy something on the Internet (within your budget)
 - ☐ Buy gifts for your loved ones (within your budget)
 - ☐ Write down a positive feedback about a product or a service you liked
 - ☐ Do a puzzle with a lot of pieces
- If suicidal thoughts are present:
Immediate danger: local emergency services.
U.S.: call or text 988. Elsewhere:
use verified local crisis services.
- ☐ Go shopping
 - ☐ Go get a haircut
 - ☐ Go to a spa or sauna
 - ☐ Go to a library
 - ☐ Go to a bookstore and get a new book
 - ☐ Go to your favorite café for coffee or tea
 - ☐ Visit a museum or local art gallery
 - ☐ Go to the opera or ballet
 - ☐ Go to the park and watch other people; try to imagine what they're thinking
 - ☐ Pray or meditate
 - ☐ Go to your church, synagogue, temple, or other place of worship

- ☐ Join a group at your place of worship
- ☐ Volunteer for a cause you support
- ☐ Sign up for a class that excites you at a local college, adult school, or online
- ☐ Learn a new language
- ☐ Sing or learn how to sing
- ☐ Play a musical instrument or learn how to play one
- ☐ Write a song
- ☐ Write a poem
- ☐ Write a short story
- ☐ Read your favorite book, magazine, paper, or poem
- ☐ Draw a picture
- ☐ Paint a picture with a brush or your fingers
- ☐ Flip through old photo albums
- ☐ Listen to some upbeat, happy music (start collecting happy songs for times when you're feeling down)
- ☐ Turn on some loud music and dance
- ☐ Make a movie or video with your smartphone
- ☐ Take photographs
- ☐ Join a public-speaking group and write a speech
- ☐ Join a club
- ☐ Plant a garden
- ☐ Work on your car, truck, motorcycle, or bicycle
- ☐ Repair things around the house
- ☐ Knit, crochet, or sew—or learn how to
- ☐ Upcycle or creatively reuse old items
- ☐ Make a scrapbook with pictures
- ☐ Organize your wardrobe
- ☐ Do arts and crafts
- ☐ Paint your nails
- ☐ Change your hair color
- ☐ Take a bubble bath or shower
- ☐ Have a warm drink
- ☐ Write a letter to a friend or family member
- ☐ Write a letter to someone who has made your life better and tell them why (You don't have to send the letter if you don't want to)
- ☐ Write things you like about yourself on a picture of your

body or draw them on a photograph of yourself

- ☐ Write in your journal or diary about what happened to you today
- ☐ Write a loving letter to yourself when you're feeling good and keep it with you to read when you're feeling upset
- ☐ Make a list of ten things you're good at or that you like about yourself when you're feeling good, and keep it with you to read when you're feeling upset

- ☐ Make a list of the people you admire and want to be like and describe what you admire about these people

- ☐ Create your own list of pleasurable activities

- ☐ Other ideas: _____

- ☐ _____

- ☐ _____

- ☐ _____

Resources

If you want to meet new people, the following resources can help:

Networking Websites

[Meetup](#) is a social networking site that allows you to find and join groups and events related to your interests.

[Eventbrite](#) is a social platform that allows you to discover upcoming events near you and get personalized recommendations.

[Facebook Events](#) helps you to easily find fun activities to do around you.

Virtual Support Groups

[Support Groups Central](#) has a wide variety of support groups from other organizations, such as the [National Alliance On Mental Illness](#) (NAMI) and [re:MIND](#).

[The Dinner Party](#) helps groups of 20- and 30-somethings who have experienced the loss of a loved one gather in small groups called tables. Sign up for one [here](#).

Anxiety and Depression Association of America (ADAA) offers anonymous, peer-to-peer [support group](#) with over 60,000 subscribers.

Alcoholics Anonymous offer virtual meetings. Find a virtual meeting [here](#).

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No diagnosis under this title · No diagnosis is established by the title.
- ICD-11 CDDR: · No diagnosis is established by the title.
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 5, 6, 8, 9, 13, 14, 15, 20, 24, 25, 26. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Assess duration, distress/functional impairment, cultural and medical context, substance/medication effects, and relevant differential diagnoses before assigning any diagnosis.

Document-specific corrections

- Pages [2, 5, 6] · Frame ·Overcome Loneliness· using the DSM/ICD status below; add duration, impairment, exclusions, and differentials without reproducing criteria. The title alone must never be treated as a diagnosis.
- Pages [1, 2, 13, 14, 15] · Treat the Overcome Loneliness ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly.
- Pages [6, 8, 9, 25] · Add direct risk escalation for suicidal thinking or self-harm and assess bipolarity, psychosis, substance effects, trauma, medical contributors, and severe functional decline before relying on activation, reframing, or self-guided coping. Apply this specifically to the workbook's Exploring Loneliness, Signs of Chronic Loneliness, Identifying Triggers, What Does Loneliness Feel Like? sections.
- Pages [1, 5, 8, 9, 13, 14, 20, 24, 26] · Review all medical assertions in Overcome Loneliness with a qualified medical professional; distinguish psychoeducation from individualized advice and add referral thresholds, contraindications, and medication/procedure cautions appropriate to this population.
- Pages [25] · Live-check every phone number and URL in Overcome Loneliness, state its country/jurisdiction and purpose, add a last-verified date, and avoid implying that a directory or peer resource provides emergency response.

Measures, scoring, and permissions

- Treat the Overcome Loneliness ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly. custom/unvalidated unless evidence is supplied confirm no third-party item wording was adapted

Intervention scope and contraindications

- Add direct risk escalation for suicidal thinking or self-harm and assess bipolarity, psychosis, substance effects, trauma, medical contributors, and severe functional decline before relying on activation, reframing, or self-guided coping.

Crisis and current resources

- U.S.: call or text 988; chat at <https://988lifeline.org/>. Immediate danger: local emergency services. International resources must be separately verified for the intended country and dated.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>
- <https://www.who.int/publications/i/item/9789240077263>