



# REPAIRING LONELINESS

## Radically Open Dialectic Behaviour Therapy

BY J. NICOLE LITTLE, RCC

**R**egardless of which population or diagnostic category I work with as a clinical counsellor, a steady — and often unnamed — undercurrent remains. That undercurrent is loneliness. I hear stories from anxious students who tell me they have no friends, depressed adults who tell me love is fake. For myself, the loneliest place I worked was also the most populated. At a time when the population of Earth is creeping up to eight billion people, and we have myriad virtual means to communicate, we are contending with an astounding lack of meaningful connection. In fact, Britain appointed a Minister for Loneliness in 2018, and other countries, including Canada and the USA, also report that loneliness is detrimental to mental and physical health.<sup>1</sup>

Why are we so lonely? And importantly, what can we do to repair it? The answer might be in Radically Open Dialectical Behaviour Therapy (RO-DBT).

### WHAT IS RO-DBT?

RO-DBT is a new evidenced-based treatment for what are termed conditions of overcontrol (OC).

These include refractory depression, treatment-resistant anxiety, overcontrolled personality disorder, and anorexia nervosa. I was attracted to learning RO-DBT precisely because I felt so stuck treating these conditions; it felt like, despite the client and I doing all the hard work, relapse was the norm

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not the exception. It was liberating to be exposed to a transdiagnostic model that identified the common denominator to these issues: temperament and deficiencies in social signalling.

Leaning to OC is a temperamental bias, meaning, it is how some of us come into the world wired to perceive and respond to stimuli in our environment. For people who lean to OC, they

are temperamentally predisposed to have higher threat sensitivity and lower reward sensitivity. They have superior detail orientation and pattern recognition and have high inhibitory control. When this temperamental bias is matched with an environment that implicitly or explicitly gives messages that winning is essential, mistakes are intolerable, and/or emotional expression is taboo, then it makes sense that the nature/nurture combination gives rise to coping strategies that are reinforced over time. Unfortunately, these coping strategies, such as masking inner feelings, distress over tolerance, risk aversion, and compulsive striving often fall below the radar of health professionals.<sup>2</sup>

In contrast, our clients who lean to undercontrol (UC) have often been sending big signals since childhood: impulsivity, recklessness, and low inhibitory control. As a result, they have likely gotten the attention of caregivers, teachers, and mental health professionals. In fact, most of our therapies are designed to treat emotional dysregulation (UC) not over regulation (OC).

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it together” and to be goal directed as they are generally rule governed, conscientious, and perfectionistic. But that does not mean our clients who lean to OC are not suffering; they have often been suffering silently for a long time. And the root of this suffering is emotional loneliness, secondary to social signalling deficits connected to being in a state of perpetual threat.

### **EMOTIONAL LONELINESS**

The therapy’s developer, Thomas Lynch, describes emotional loneliness as: “not lack of contact, but lack of intimate connection with others. Thus, rather than focusing on how to do better or to try harder, the primary aim in RO-DBT is to help the OC client learn how to rejoin the tribe and establish strong social bonds with others.”<sup>3</sup>

Emotional loneliness and OC coping precede the onset of the above-mentioned conditions. Clients often

describe their childhoods as solitary, perfectionistic pursuits, and their adulthood as the continuing saga of the same. When these clients present in therapy as adults, all may look “together” on paper, yet they have been plagued with unremitting mental health problems (including self-harm and suicidal ideation) that none other than you — the therapist — may be privy to.

Many OC clients have also steadfastly worked on solving the problem themselves but mostly through intellectual means and compulsive striving. As Michael Unger wrote in his *Globe and Mail* article, “Put down the self-help books. Resilience is not a DIY endeavour,” this is partly what drives the self-help machine: “We take upon ourselves the task of becoming motivated and subject ourselves to the heavy lifting of personal transformation. We mostly fail. We gain back the weight that we lost. Our next relationship is just

as bad as the one we left. Our attitudes improve, but the boss is still a jerk.”<sup>4</sup> What is more important, he argues, is to be in a community that promotes resiliency through interdependence. From a RO-DBT perspective, we teach clients how to get out of the hell of loneliness and its associated diagnosis by getting back into the tribe.

### **TRIBES AND SOCIAL SIGNALS**

The word “tribe” originated from the Latin *tribus* and reflected the divisions in Rome. Old French also used the term *tribu*. Of course, connotations of tribe are abundant (and some have been taken up as pejorative), but for the purpose of this brief discussion of RO-DBT, it is important to note that at our core, humans are tribal. Our survival depended on our capacity to trust and depend on other humans outside our nuclear families. For our OC clients, who are often hyper-independent,

they have felt outside the tribe for a long time, resulting in mental health conditions that exacerbate this. As Emily White writes in her autobiography on loneliness:

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*Perhaps all my studying and thinking and reasoning about loneliness was based on the wrong premise. I thought I could subdue the state myself. But I couldn't. I can't. What I need is the comfort that can be provided by someone else. I'm not, despite adequate skill or powerful desire, able to write an end to my own loneliness story. The ending has to come from outside, from someone else, from someone who takes me by the hand and leads me away from the state, away from the word, away from the feeling that has been mine for so long.*<sup>5</sup>

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Our job, as RO-DBT therapists, is to be that “someone else” who welcomes them back. And we do so through teaching skills that address temperamental bias and subsequent deficits in social signalling.

### WHAT IS A SOCIAL SIGNAL?

A social signal is anything that is done in the presence of another person, consciously or not. Take a moment to think about your own social signalling today. Did you scowl in a meeting, wave exuberantly at a neighbour, check your phone during a conversation? If you scowled at a meeting, it could have been because you were upset with the content — or perhaps constipated. Whatever the source of the scowl, and whether it was intentional or not, others in the environment read this signal through their own perceptual biases. This is why we teach clients in RO-DBT that “We don't see the world as it is, we see it as we are.”

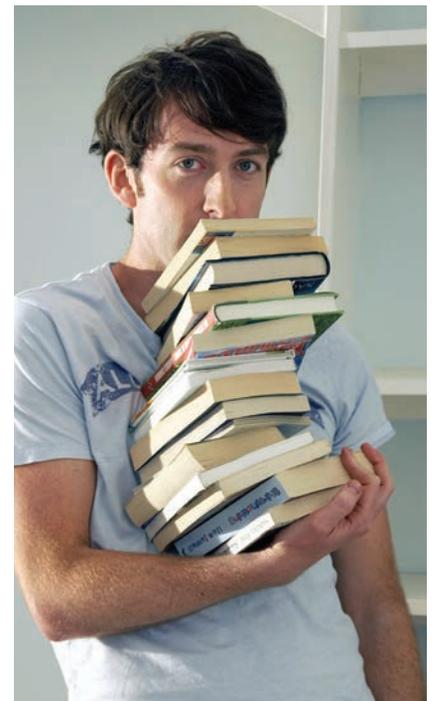
Recall I said that people who lean

toward OC are wired to be more threat sensitive; this means they are predisposed to read cues in the environment as more threatening; that is, they are less inclined to believe the person scowling at the meeting was in gastrointestinal distress and more likely to believe the person was upset by something they had said or done.

But this is not “all in our head,” which would lend itself to cognitive reappraisal. It is physiological in basis as we are continuously scanning the environment, unconsciously asking, “Will this help my survival or curtail it?” And depending on what neuro-substrate is being fired up (safety, novelty, threat, reward, or overwhelm), different areas in the brain are also fired up, resulting in changes to our capacity to gesture, vocalize, seek touch, or meet eye contact. Since our OC clients often live in threat, this means the neuro-substrate of safety (which activates the ventral vagal complex) is disengaged most of the time, resulting in stilted or phoney social signals and less inclination to demonstrate vulnerability. As White discusses:

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*If other people are perceived as risky, it can start to seem reasonable to try to reduce that risk by retreating from them. The lonely person who does this will start displaying the supposed “skills deficits”... she will say less, disclose less, and end interactions more quickly. These behaviours are actually effective and sensible in the short term, since they insulate the lonely person from potential threats and rejection. But in the long term, the behaviours can become self-defeating. As isolation becomes more entrenched, threat perceptions will become more acute, and it will be harder for someone to pursue the relationships she needs to fend off loneliness.*<sup>6</sup>



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**IN TRAININGS, WE TEACH SOMETHING CALLED THE GREETING EXERCISE (WHICH IS HARD TO REPLICATE IN PRINT), BUT ESSENTIALLY, WE INSTRUCT PEOPLE TO GREET A LONG-LOST FRIEND AS THEY WOULD IMAGINE THEY WOULD.**



Where this can be most apparent is in our facial expressions when under threat, where we are likely to be less expressive or a “deer in the headlight.”<sup>7</sup>

### **FACIAL EXPRESSIONS AS UNCONDITIONED STIMULI**

In fact, all of us, regardless of leaning to UC or OC, are hardwired to read neutral facial expressions as threatening; facial expressions are unconditioned stimuli. My OC clients get this immediately when asked why the bad guys in movies are often not larger than life or loud, but stoic and stone-faced: because we don’t know what they are thinking. Unfortunately, our OC clients are often the ones who hold these neutral expressions (e.g. pervasive lack of pro-social signals) or disingenuous

expressions (e.g. pervasive, overly social signalling, like fake smiling) and both serve to be off putting, which keeps our clients out of the tribe and from being invited into the tribe.

At some point in your practice, you likely have had a child, adolescent, or adult lament “people just don’t like me!” And our general response as caring therapists is to challenge the thought. We might point out their positive qualities or relay why we like them or tell them to apply more social skill effort. But you cannot think your way out of isolation. Many of my RO-DBT clients are relieved to hear this, because, as perfectionists, they have either tried to fix the problem through willpower or been in therapies that suggested the same. Our role as RO-DBT therapists is

to model that we don’t necessarily need to work harder or get more serious and that we have a way out of this.

### **SO WHAT IS THE WAY OUT?**

Adherent RO-DBT is a model that uses individual sessions alongside skills classes. In my private practice, this means 25 to 30 individual sessions, plus 25 skills classes. There is evidence to suggest that skills class alone can promote lasting change<sup>8</sup> and this is the model I facilitate in my role in provincially funded mental health. Regardless if clients are in private or provincial care, it is not uncommon to hear that these skills change their life in significant ways. And why? Because of our focus on social signalling and giving people tools to activate their social

safety (ventral vagal complex/VVC). Clients have a lot of fun learning about the brain, and we enjoy sharing the language of “getting your VVC on.”

Take, for example, the role of eyebrows in therapy. Some of you may be thinking, “What the heck do eyebrows have to do with therapy?” Well, lots as it turns out, quite a lot, and not just in therapy. Consider your own training as a therapist. Likely you were trained in “expressions of concern” and body language that actually heightens threat in our already threat-sensitive clients. RO-DBT therapists teach our clients universal pro-social signals that not only activate their own social signals but also, thanks to mirror neurons and mimicry, activate the social safety in those they are interacting with. In trainings, we teach something called the greeting exercise (which is hard to replicate in print), but essentially, we instruct people to greet a long-lost friend as they would imagine they would. Then, we instruct them to do so without moving their eyebrows. I encourage you to try this at home; with raised eyebrows, you will note an invigoration of both gestures and vocal expression. Without eyebrows, it is actually more difficult to engage. What does this mean? The flat affect that comes with an activated threat system serves to lower our desire for engagement, perpetuating the cycle of loneliness.

### WALKING THE TALK

A key point to facilitating RO-DBT is that we teach clients that practicing radical openness is not an intellectual pursuit — it is experiential. While it is outside the scope of this brief introduction to attend to the nuances of each skill taught, suffice it to say the therapist is also responsible for modelling this practice (see [www.](http://www.radicallyopen.net/blog/)

[www.radicallyopen.net/blog/](http://www.radicallyopen.net/blog/) for examples).

It may not be surprising to learn that a great number of therapists lean to OC (Radically Open Ltd.) and this makes sense on many levels. For example, it takes enormous inhibitory control to achieve an MA or higher degree. Chances are if you are reading this as an RCC, you have had to delay gratification to achieve your credentials for membership and could not have achieved a career based solely on mood dependency — which we tend to see with our emotionally dysregulated client population (e.g. “Work? I don’t feel like going”).

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## WE TEACH CLIENTS THAT PRACTICING RADICAL OPENNESS IS NOT AN INTELLECTUAL PURSUIT — IT IS EXPERIENTIAL.

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Clients see us as the bastions of emotional health — for better or worse — and for therapists who also lean to OC modelling, RO-DBT principles can be liberating for our clients. This means practising our own expression of vulnerability, modelling some playfulness, and teaching our clients to tease and be teased. Dialectically, these are held with compassionate gravity. All of these topics can be found in the RO-DBT text book.<sup>9</sup> And as I teach other therapists, standard DBT enhanced my life, but RO-DBT transformed it.

Consider for a moment people in your practice who may fit the profile of OC — or perhaps yourself! Due to their inhibitory control, they may be presenting well but suffering all the same. Their OC coping has likely been reinforced over time, making

change harder. There is also real grief for those who believe they have lived their lives “correctly” due to this social reinforcement.

A part of RO-DBT therapy is focused on story and metaphor, so I will end with one such metaphor. For clients who lament that their OC coping has resulted in being emotionally lonely, we remind them that learning about OC is like waking up in your house to discover it is painted purple. Except you hate the colour purple. And we say, guess what? We can decide together on a new paint colour. ■

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*J. Nicole Little is a certified RO therapist, supervisor and trainer who believes RO-DBT has been personally transformative. She is currently co-authoring a book with Thomas Lynch, RO-DBT developer, and she is a regular RO-DBT blog contributor. She is excited to co-host the first Canadian RO-DBT intensive training in 2020. She would like to thank Thomas Lynch and Erica Smith Lynch for welcoming her into the RO-DBT tribe.*

### REFERENCES

- 1 See, for example, Jane Brody's *New York Times* article, *The Surprising Effects of Loneliness on Health* (December 11, 2017). <https://www.nytimes.com/2017/12/11/well/mind/how-loneliness-affects-our-health.html>.
- 2 Lynch, T.R. (2018). *Radically Open Dialectical Behavior Therapy: Theory and Practice of Treating Conditions of Overcontrol*. Oakland, CA: New Harbinger.
- 3 Lynch (2018), p.210.
- 4 Unger, M. (May 25, 2019). Put down the self-help books. Resilience is not a DIY endeavour. *The Globe and Mail*, para 8. <https://www.theglobeandmail.com/opinion/article-put-down-the-self-help-books-resilience-is-not-a-diy-endeavour/>.
- 5 White, E. (2010). *Lonely: Learning to live with solitude*. Toronto, ON: McClelland & Stuart Ltd. p.332.
- 6 White, p.156-157.
- 7 Lynch, 2018.
- 8 See for example, Keogh, K., Booth, R., Baird, K., Gibson, J., & Davenport, J. (2016). The radical openness group: A controlled trial with 3-month follow up. *Practice Innovations*, 1(2), 129.
- 9 Lynch, 2018.