

THE ROLE OF PSYCHODYNAMIC AND PERSONALITY ASSESSMENT IN LONELINESS

Darko Marčinko¹ & Nika Sutara²

1 Department of Psychiatry and Psychological Medicine, University Hospital Center Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

2 School of Medicine, University of Zagreb, Zagreb, Croatia

received: 24. 6. 2024;

revised: 3. 9. 2024;

accepted: 7. 10. 2024

Summary

This review article explores the relationship between psychodynamic factors, personality organization, and loneliness. It focuses on extensive research into attachment styles, shame, pathological narcissism, and personality disorders. Insecure attachment styles, both anxious and avoidant, emerge as significant predictors of loneliness. Their effects are shown to be mediated by disconnection-rejection schemas and diminished emotional intelligence. The shame and pathological narcissism, especially narcissistic vulnerability, also correlate strongly with increased loneliness and decreased life satisfaction. Identity diffusion, a core concept in Kernberg's personality organization model, is closely linked to chronic, pervasive loneliness. Notably, individuals diagnosed with personality disorders report substantially higher levels of loneliness compared to the general population. The article also highlights a reciprocal relationship between loneliness and depression, particularly important among adolescents. Early relational experiences are emphasized as having a role in shaping social-emotional development and the experience of loneliness. Empathy was identified as a powerful factor against loneliness and its associated depressive symptoms. It serves as a mediator in the loneliness-depression relationship and as a crucial element in both clinical practice and community well-being. This holistic perspective deepens our understanding of human relationships in modern society and advises a holistic, empathetic approach to addressing loneliness and related mental health challenges.

Keywords: *loneliness, psychodynamics, shame, pathological narcissism, personality organization, depression.*

* * * * *

INTRODUCTION

The aim of the current article is to investigate the complex relations between psychodynamic and personality factors to loneliness. Previous research of our team has demonstrated significant connections between the level of personality organization, pathological narcissism, shame psychodynamics, and multiple indices of mental health disturbances (Marčinko et al. 2014, 2021a, b). Dysfunctional shame was part of maladaptive psychological reactions during the COVID-19 pandemic (Marčinko et al. 2020, 2021a). Pathological narcissism is related to problems of maladaptive shame which could raise the sense of loneliness. Narcissistic vulnerability seems to be more strongly related to negative parenting and interpersonal forgiveness than narcissistic grandiosity, while it also represents one of the underlying mechanisms of the negative parenting–interpersonal forgiveness relationship (Marčinko et al. 2020b). Since narcissism is also conceptualized as a problem that affects not only individuals but also, in an ever-increasing manner, larger groups like nations, the enhancement of emphatic capacities should be highlighted as a way of promoting general social well-being (Jakovljević et al. 2019). Complex personality factors

and psychopathological syndromes, such as personality disorders, can be only understood and treated through multiple theoretical perspectives like psychodynamic, cognitive, and interpersonal models of personality disorders (Marčinko et al. 2021a). Central to this research is the concept of personality organization, as formulated by Otto Kernberg (Kerberg 1984,1996). This model describes personality pathology along three dimensions: identity diffusion, immature defenses, and reality testing. Chronic and pervasive loneliness has been linked to issues of identity diffusion, suggesting that deficits in identity development are connected to early interpersonal communication failures that may persist into adulthood. In the recent books of our team, we investigated loneliness through biological, psychodynamic, social, and spiritual dimensions (Marčinko et al. 2024) and the impact of transgenerational trauma on loneliness (Marčinko et al. 2023). Our research also delved into investigating psychodynamic and psychopharmacotherapy of difficult patients with personality and eating disorders (Marčinko et al. 2015) and suicidal psychotic patients (Marčinko et al. 2018). In recent years, loneliness has become a widely discussed topic, particularly in the light of COVID-19 pandemic (Kato et al. 2020). Concurrently, there has been

growing interest in the phenomenon of “hikikomori,” a severe form of social withdrawal syndrome highlighted in Japan. There are many similarities between the concepts of hikikomori and loneliness. Hikikomori is more common in urban areas, and often comorbid with mental disorders, and now spreading throughout the world (Kato et al. 2024).

This comprehensive review synthesizes extensive research on loneliness, and its connections to personality, emotions, and social factors. It offers valuable insights for mental health care workers and deepens our understanding of human relationships in contemporary society.

ATTACHMENT AND LONELINESS

Loneliness is more than just a subjective emotional state; it can have profound and long-lasting effects on general and mental health (Franza et al. 2021). Manfred Spitzer, a German neuroscientist, described loneliness not just as a symptom, but also as a disease, with its own dynamics and consequences. It facilitates the development of various health issues, ranging from common colds to more serious conditions like depression, and is one of the most common causes of death in the civilized Western world (Spitzer 2019). According to Galanaki, a Greek psychologist and psychotherapist, it is important to differentiate between three related but distinct concepts: aloneness (the objective state of being physically alone), loneliness (a painful subjective emotional experience), and solitude (voluntary, potentially beneficial aloneness). Her research showed that even young children are capable of giving valid definitions of loneliness. Most children can differentiate between aloneness and loneliness and this ability was shown to increase with age (Galanaki 2004). These findings support John Bowlby’s attachment theory on how early relational experiences shape social-emotional development and can have an impact on the experience of loneliness. Loneliness can also be seen as a lack of positive emotional boundaries which is the opposite to a good relationship (Marčinko et al. 2024). The lack of love and empathy in early childhood can significantly contribute to psychopathological development and can prevent the establishment of fundamental trust, crucial for self-realization. Instead, children develop feelings of mistrust to protect them against emotional vulnerability. This can contribute to difficulties in forming healthy attachment styles and relationships later in life (Bilić et al. 2022). In the aforementioned attachment theory, Bowlby argued that attachment is a biological drive, not just derived from feeding, and that

early attachments form the basis for later relationships and emotional regulation. Mary Ainsworth significantly expanded on Bowlby’s work by identifying three main attachment styles: secure, insecure-avoidant, and insecure-ambivalent. Secure children show distress when separated from caregivers but are easily comforted upon reunion and develop a healthy way of managing separation and loneliness. Insecure-avoidant children show little distress at separation and may avoid the caregiver upon return while insecure-ambivalent children are highly distressed by separation and may show a mix of seeking comfort and resisting it upon reunion. Mary Main, a student of Ainsworth, further contributed to attachment theory by identifying a fourth attachment style: disorganized attachment. This style is characterized by contradictory, confused, or apprehensive behaviors in the presence of the caregiver (Wallin 2007). In recent years there has been a growing number of research that explored the relationship between attachment styles and loneliness. In 2022, Borawski et al. showed that both anxious and avoidant attachment styles are positive predictors of loneliness. People with anxious attachments tend to experience more loneliness due to their combination of a strong need for acceptance and an intense fear of rejection. Their heightened desire for closeness with fear of abandonment often leads to behaviors that can push others away and result in unfulfilled social needs. Avoidantly attached individuals tend to distance themselves from others and appear self-reliant. However, they cannot completely suppress their need for social connection and can still experience loneliness (Borawski et al. 2022). Jalilian et al. (2023) explored the relationship between attachment, loneliness, and early maladaptive schemas – dysfunctional patterns of thoughts and feelings that develop in childhood. Their key findings showed that ambivalent and avoidant attachment styles are linked to increased loneliness through the disconnection-rejection schema. People with ambivalent attachment worry about rejection, while those with avoidant attachment fear intimacy. Both activate disconnection-rejection schemas, leading to more loneliness (Jalilian et al. 2023). In their studies, Tejada et al. (2017) also confirmed that attachment styles have a strong and lasting impact on loneliness in adulthood. Both anxious attachment and avoidant attachment were significantly correlated with higher levels of loneliness. The study introduced the concept of “received empathy” – the empathy one perceives from others, particularly from close relationships. This showed to be a crucial factor in predicting loneliness. Different aspects of received empathy including cognitive empathy (understanding others’ emotional states) and empathic precision (accurate response to others’ situations), showed strong negative

correlations with loneliness meaning that individuals who felt that their partners understood their emotional states and responded accurately to their situations reported lower levels of loneliness (Tejada et al. 2017).

Another important concept in the context of attachment styles and loneliness is emotional intelligence (EI), whose critical role was highlighted by Borawski et. al in their study published in 2022. EI is the ability to recognize, understand, manage, and effectively use emotions in oneself and others. People with secure attachment, who feel comfortable with closeness in relationships, typically demonstrate higher levels of EI. In contrast, those with anxious and avoidant attachment often show lower EI scores which appears to be a reason for increased loneliness. These individuals often find it challenging to navigate their emotions and social interactions, which can lead to difficulties in forming and maintaining relationships. Interestingly, the study found that high EI can act as a buffer for those with anxious attachment. Even if someone tends to be anxious in relationships, having good emotional skills can help them feel less lonely (Borawski et al. 2022). Even though EI begins to develop in early childhood and becomes partially stable around ages 10-11, it can be improved even later in life. EI training for adults can help them build stronger, more fulfilling connections with others and enhance relationships at any stage of life (Petrides et al. 2016).

SHAME AND PATHOLOGICAL NARCISSISM IN THE CONTEXT OF LONELINESS

Shame is, just as loneliness, seen as an emotion that can either strengthen or damage social bonds. Both reflect our need for engagement with others and our desire to be valued members of a community. They can arise from failures in intersubjectivity – our innate ability to share experiences with others (Galanaki 2023). Intersubjectivity emerges in infancy and continues to shape our social interactions throughout life. As children develop, their intersubjective abilities become more sophisticated. They begin to understand others' intentions and develop empathy, self-awareness, and social intelligence (Traverthen et al. 2005). Mental health depends on a balance between a child's natural activity, affection, and need for sympathy. Disruptions to this balance, which is intersubjective, could potentially cause feelings of disconnection and worthlessness, which are precursors to more complex emotions like shame and loneliness (Traverthen et al. 2001). However, this understanding of the intersubjective nature of loneliness and shame contrasts

with historical perspectives. Loneliness in the mid-20th century was often recognized as a personal failing, rather than a consequence of social or structural factors. Lonely individuals were characterized as selfish, narcissistic, hostile, or difficult which all perpetuated a stigma and intensified feelings of shame among those affected. This stigma was particularly pronounced in cases of chronic loneliness, where individuals were described as suspicious, and resistant to help over time. This perception created a vicious cycle: as isolation deepened, the formation of new connections became more challenging and further enhanced loneliness and shame (Cooper 2024). Our sense of belonging and emotional well-being is deeply rooted in our ability to contribute meaningfully to our cultural environment which allows us to experience a sense of pride. Pride acts as a positive force in social connections. While shame can lead to withdrawal and loneliness, pride is associated with stronger social bonds and plays a significant role in the development of relationships and individual identity within society (Galanaki 2023). Shame and loneliness are closely interconnected, rooted in early developmental experiences and attachment patterns. Loneliness is primarily a relational experience that arises from distortions in social connections. It mirrors early experiences where a child may not have felt sufficiently important to their caregiver. Addressing loneliness involves improving intersubjective experiences, developing a more positive self-image, and replacing feelings of shame with pride to enhance one's capacity for resonating with and understanding others (Marčinko et al. 2024).

According to our previous study (Jakšić et al. 2022) characterological, behavioral, and bodily shame showed significant mediating effects in the personality organization-depression relationship while controlling for the influence of age and sex. Also, the personality organization level seems to be strongly related to depressive disturbances, with the experience of shame representing one of the underlying mechanisms of this relationship. In this investigation we have concluded that patients with low personality organization level suffer from poorer treatment outcomes for major mental disorders and more emphasis should be placed on psychotherapeutic management of shame-proneness.

Pathological narcissism is characterized by an inflated yet fragile sense of self. It manifests in two main ways: grandiose narcissism characterized by displaying arrogance and entitlement, and vulnerable narcissism which is marked by insecurity and hypersensitivity. Those with pathological narcissism often struggle with regulating their emotions which can lead to difficulties in interpersonal relationships. They may react aggressively

to perceived criticism and have trouble forgiving others (Marčinko et al. 2020b). Kernberg and Kohut (Kernberg 1986, Kohut 1990) were influential psychoanalysts who made significant contributions to the understanding of narcissism. Despite developing different theories about the origins of narcissistic personality disorder, both linked narcissism to profound experiences of loneliness. Kernberg's theory views pathological narcissism as involving a defensive "grandiose self" structure that develops due to frustrating early experiences. Narcissists struggle with genuine connections because they devalue others and have a deep-seated belief that anything good will vanish. This leads to exploitative, unstable relationships where the narcissist alternates between idealizing and devaluing others. Kohut, in contrast, sees pathological narcissism as a fixation in normal narcissistic development, where archaic narcissistic configurations persist due to empathic failures by caregivers. Narcissists seek others as "self-objects" to fulfill their narcissistic needs. They tend to view them primarily as extensions of themselves – tools or reflections of their own self-image, rather than as distinct beings with independent thoughts, feelings, and motivations. As a result, they are unable to maintain stable relationships which can lead to a sense of loneliness and emotional isolation (Russel 1985). A study from Kealy et al. showed that pathological narcissism is significantly associated with loneliness and reduced life satisfaction. While both narcissistic grandiosity and vulnerability initially correlate with increased loneliness, the study showed that those with high narcissistic vulnerability were more susceptible to chronic loneliness (Kealy et al. 2021). Vulnerable narcissists often display resentment towards specific individuals or groups, whom they blame for their perceived lack of success. Their hypersensitivity to criticism may cause them to misinterpret neutral interactions as threatening and lead to defensive behaviors that push others away. While they may crave connection and recognition, their fear of being judged prevents them from engaging in social interactions that could help alleviate their loneliness (Stranieri et al. 2021). Narcissistic vulnerability is shown to be closely linked with aforementioned experiences of shame, particularly regarding one's character and physical appearance. Individuals with these traits often avoid interpersonal relationships and tend to withdraw when feeling ashamed, hiding their emotions even from therapists. When faced with perceived failures or rejections they may become increasingly guarded and distant and further disconnect from others. This combination of narcissistic vulnerability, intense shame, and social withdrawal can then create a self-reinforcing cycle of loneliness (Jakšić et al. 2017).

PERSONALITY ORGANIZATION

Steiner (1993) described the concept of pathological personality organizations as psychological structures that develop as defensive mechanisms against severe anxiety and emotional distress. These organizations often incorporate narcissistic elements, where aspects of the self are either idealized or devalued and can include maladaptive dynamics between different parts of the psyche. Their key function is to contain and manage primitive destructive impulses within the personality. Even though these organizations primarily operate intrapsychically, they can significantly impact interpersonal functioning. Patients with strong pathological organizations often struggle with forming healthy relationships and they may withdraw from genuine connections. They usually relate to others through the distorted lens of their internal defensive structures. Otto Kernberg's research (1984, 1996) also focused on formulating a psychodynamic model of personality dysfunction. He largely based it on object relations theory, describing personality pathology as being influenced by an interrelated constellation of neurobiological and environmental factors. For the purpose of personality impairment levels, Kernberg introduced the concept of personality organization. An individual's level of personality organization has been described by its position along three dimensions: identity diffusion, immature defenses and reality testing. Chronic and pervasive loneliness is linked to the problem of identity diffusion. Deficits in identity development are connected to mistakes in interpersonal communication and the atmosphere between the child and significant others. Chronic loneliness in the adult population can be understood as a kind of repeated early mistakes in the course of interpersonal communication. Personality disorders can be explained as manifestations of the aforementioned underlying pathological personality organizations. A study by Ikhtabi et al. (2024) showed that individuals diagnosed with personality disorders experience significantly higher levels of loneliness compared to the general population and other clinical groups, such as those with depression or psychosis. They perceive lower levels of social support and feel less emotionally connected, which contributes to their sense of isolation (Ikhtabi et al. 2024). Several personality disorders, among which are narcissistic and borderline personality disorders, are characterized by identity diffusion – an impairment in developing a cohesive and integrated sense of self that was described by Kernberg. Individuals with this issue struggle to maintain clear boundaries and are inconsistent in their behaviors, goals, and emotional responses. Diffusion of identity disrupts not only self-functioning but also interpersonal

functioning which prevents individuals from forming and maintaining healthy relationships and can result in feelings of loneliness (Benzi & Madeddu 2017). Reinhard et al. also highlighted a link between loneliness and personality disorders and their tendency to reinforce each other. They believe that profound feelings of disconnection in individuals with personality disorders stem from early experiences of childhood maltreatment or trauma. Impairments in identity, empathy, and intimacy characteristic for personality disorders can make it challenging to form relationships and may lead to feelings of loneliness. Conversely, loneliness can reinforce negative beliefs about oneself and others. This increases hypervigilance to social cues of rejection and can cause social withdrawal (Reinhard et al. 2022). Loneliness in people with personality disorders is more complex than just being alone. It often stems from internal struggles rather than a lack of social contact. Even when surrounded by others, they can feel isolated due to fears of rejection or constant doubt. For those with personality disorders, providing a safe space where they can feel accepted and gradually build trust in others and themselves is crucial for strengthening their inner emotional world and overcoming loneliness (Marčinko et al. 2024).

DEPRESSION

Depression is a pervasive mood disorder that affects millions of people worldwide. Its etiology is complex and involves a combination of biological, psychological, and social factors amongst which loneliness has emerged as a significant contributor. A meta-analysis from Erzen & Cikrikci revealed a significant correlation between loneliness and depression which was consistent across different groups and over time. They found that the lack of social support and loneliness can lead to negative thought patterns and emotions associated with depression. Conversely, depression can affect how people perceive their social connections and make them feel more isolated and lonely even when support is available (Erzen & Cikrikci 2018). This strong positive correlation between depression and loneliness was shown to be particularly harmful among the adolescent population. In their study, Peng et al. found that adolescents who experienced higher levels of depression and loneliness were more likely to use mobile phones excessively as a way of escaping negative emotions and seeking virtual social connections. This resulted in anxiety when separated from the phone, withdrawal symptoms, and decreased productivity in other areas of life (Peng et al. 2022). Vanhalst et al. also emphasized the harmful nature of the loneliness-depression link during

adolescence. Loneliness can lead to increased depressive symptoms over time, and these depressive symptoms can contribute to heightened feelings of loneliness. This reciprocal relationship if left unaddressed can transform temporary struggles into chronic issues that persist into adulthood (Vanhalst et al. 2011). A study by Wei et al. (2005) showed that an attachment style significantly influences experiences of loneliness and depression. Both attachment anxiety and attachment avoidance are associated with higher levels of loneliness and depression. However, the mechanisms underlying these associations differ. Individuals with high attachment anxiety showed a direct link between their attachment style and feelings of loneliness and depression. While meeting basic psychological needs (autonomy, competence, and relatedness) partly explained this relationship, other factors also played a role. As a result, even when their basic needs are satisfied, these individuals may still experience some loneliness and depression. For individuals with high attachment avoidance, the study found no direct link between their attachment style and feelings of loneliness or depression. Instead, their experiences are fully explained by how well their basic psychological needs are met. This means that for avoidant individuals, addressing these fundamental needs could be key to reducing their feelings of loneliness and depression (Wei et al. 2005). Given the well-established link between loneliness and depression, empathy emerges as a potential mediating factor in this relationship. Empathy is a complex emotional-cognitive ability that allows people to understand and share the feelings of others. It has an important role in combating loneliness and, by extension, depression. Empathetic individuals are more likely to offer emotional support to others, which not only helps the recipient but also gives the empathizer a sense of purpose and connection. By better understanding others' perspectives and emotions, they may feel less anxious in social situations which reduces the tendency to withdraw from society. The ability to empathize helps people feel more connected to their community and gives them a sense of belonging which is a powerful antidote to loneliness and depression (Kliś & Kossewska 2010). Modern psychiatry is shifting towards a more empathetic, holistic approach that integrates multiple perspectives on mental health. This emphasizes the importance of empathy in clinical practice for improving patient outcomes and satisfaction. Empathy is also being extended beyond the clinical setting to society as a whole. Creating more compassionate communities could help address widespread issues like loneliness and depression. Empathy is also a particularly important part of mental healthcare. Mental health professionals who practice an empathetic approach are more effective, experience

higher job satisfaction, and suffer less burnout. It helps them build stronger therapeutic relationships and address complex issues like loneliness in their patients but also in themselves (Jakovljević 2024).

CONCLUSION

This review demonstrated how closely linked loneliness is with personality organization, attachment styles, and mental health issues. Our early life experiences significantly shape our ability to connect with others and maintain good mental well-being. This connection is particularly evident in adolescents, where loneliness is often paired with depression and creates a challenging cycle that can persist into later years. Individuals with certain personality traits, such as those seen in narcissism may find themselves more susceptible to feelings of loneliness. This susceptibility often stems from difficulties in forming stable, fulfilling relationships due to identity diffusion or distorted perceptions of social interactions. However, empathy emerges as a powerful way of combating loneliness. By enhancing our ability to understand and share

the feelings of others, empathy helps in forming stronger connections and acts as a buffer against the negative effects of isolation.

These insights offer a new perspective on loneliness and how to approach it. Rather than treating loneliness as an isolated issue, a more holistic approach is needed. This approach should consider each person's unique personality structure and unconscious processes and try to uncover the root causes of loneliness which could lead to better self-understanding and healthier relationships.

Acknowledgements: None.

Ethical Considerations: This study did not include human subjects

Conflict of interest: None to declare.

Funding sources: The authors received no funding from an external source.

Contribution of individual authors: All the authors have taken part in the conception and design of the work, literature search, drafting the manuscript, and revising it critically; the final manuscript was approved by each author.

Literature

- Benzi IMA & Madeddu F: *Development of Personality Disorders: Identity as a Key Process*. *Int J Psychol Behav Anal* 2017; 3:124.
- Bilić V, Eterović M, Marčinko D. *Psychodynamic aspects of love*. *Psychiatr Danub*. 2022; 34 (1):3-10.
- Borawski D, Sojda M, Rychlewska K, Wajs T: *Attached but Lonely: Emotional Intelligence as a Mediator and Moderator between Attachment Styles and Loneliness*. *Int J Environ Res Public Health* 2022; 19:14831.
- Cooper F: *'Solitude is not thrust upon any lovable person': loneliness, shame, and the problem (of) personality*. *J Psychosoc Stud* 2024; 17:28-45.
- Erzen E & Çikrikci Ö: *The effect of loneliness on depression: A meta-analysis*. *Int J Soc Psychiatry* 2018; 64:427-35.
- Franza F, Solomita B & Tavormina G: *Loneliness and hopelessness: their role in the depressive cases during the COVID pandemic*. *Psychiatr Danub* 2021; 33(9):14-17.
- Galanaki E: *Are children able to distinguish among the concepts of aloneness, loneliness, and solitude?* *Int J Behav Dev* 2004; 28:435-43.
- Galanaki E: *Loneliness and intersubjectivity: A view from Trevarthen's theory*. *Front Psychol* 2023; 14:1145739.
- Heatley Tejada A, Montero M & Dunbar R: *Being unempathic will make your loved ones feel lonelier: Loneliness in an evolutionary perspective*. *Pers Individ Dif* 2017; 116:223-32.
- Ikhtabi S, Pitman A, Maconick L, Pearce E, Dale O, Rowe S et al: *The prevalence and severity of loneliness and deficits in perceived social support among people with personality disorder diagnoses or traits: a systematic review*. *BMC Psychiatry* 2024; 24:21.
- Jakovljevic M, Kurjak A, Jerkovic A, Hasanovic A, Nikic M: *Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health*. *Psychiatr Danub* 2019; 31:382-91
- Jakovljević M: *Brave New Psychiatry: Culture of Empathy and Mental Health for All*. *Psychiatr Danub* 2024; 36 (2):9-14.
- Jakšić N, Marčinko D, Bjedov S, Mustač F, Bilić V. *Personality Organization and Depressive Symptoms Among Psychiatric Outpatients: The Mediating Role of Shame*. *J Nerv Ment Dis*. 2022;210(8):590-95.
- Jakšić N, Marčinko D, Jovanović N, Skočić Hanžek M, Rebernjak B, Ogrodniczuk JS. *Experience of Shame Mediates the Relationship Between Pathological Narcissism and Suicidal Ideation in Psychiatric Outpatients*. *J Clin Psychol* 2017; 73(12):1670-81.
- Jalilian K, Momeni K & Jebraeili H: *The mediating role of early maladaptive schemas in the relationship between attachment styles and loneliness*. *BMC Psychology* 2023; 11:136.
- Kato TA, Sartorius N, Shinfuku N. *Shifting the paradigm of social withdrawal: a new era of coexisting pathological and non-pathological hikikomori*. *Curr Opin Psychiatry*. 2024;37(3):177-84.
- Kato TA, Sartorius N, Shinfuku N. *Forced social isolation due to COVID-19 and consequent mental health problems: Lessons from hikikomori*. *Psychiatry Clin Neurosci*. 2020;74(9):506-50
- Kealy D, Woolgar S & Hewitt JMA: *Investigating pathological narcissism and loneliness, and the link with life satisfaction*. *Scand J Psychol* 2021; 62:1-7.
- Kernberg OF (1984) *Severe personality disorders*. New Haven, CT: Yale University Press.

- Kernberg OF, Clarkin JF (1995) *The inventory of personality organization*. White Plains, NY: The New York Hospital-Cornell Medical Center.
- Kliš M & Kossevska J: *A preventive role of empathy towards the feeling of loneliness*. *Repozytorium Uniwersytetu Pedagogicznego* 2006. <https://rep.up.krakow.pl>
- Kohut H. *Analiza sebstva*. Zagreb: Naprijed, 1990.
- Marčinko D, Bilić V, Eterović M. *Shame and COVID-19 pandemic*. *Psychiatr Danub*. 2021b; 33 (4): 697-701.
- Marčinko D, Jakovljević M, Jakšić N, Bjedov S, Mindoljević Drakulić A. *The importance of psychodynamic approach during COVID-19 pandemic*. *Psychiatr Danub*. 2020a; 32(1):15-21.
- Marčinko D, Jakšić N, Rudan D, Bjedov S, Rebernjak B, Skopljak K et al: *Pathological narcissism, negative parenting styles and interpersonal forgiveness among psychiatric outpatients*. *Psychiatr Danub* 2020b; 32:395-402.
- Marčinko D, Jakšić N, Šimunović Filipčić I, Mustać F. *Contemporary psychological perspectives of personality disorders*. *Curr Opin Psychiatry* 2021a; 34(5): 497-502.
- Marčinko D, Radanović Čorić S, Šeparović Lisak M, Rudan D, Jeleč V, Bilić V. *The role of psychodynamic and personality assessment in psychopharmacotherapy of suicidal psychotic patients*. *Psychiatr Danub*. 2018; 30(4):228-30.
- Marčinko D. *Psychodynamic and psychopharmacotherapy in the treatment of difficult patients with personality and eating disorders*. *Psychiatr Danub*. 2015; 27(3):330-3.
- Marčinko et al. *Loneliness and Depression*. *Medicinska naklada*, 2024.
- Marčinko et al. *Transgenerational trauma*. *Medicinska naklada*, 2023.
- Peng Y, Mao H, Zhang B, Zhang A, Zeng Y, Zeng C & Li J: *Depression and loneliness as mediators between social support and mobile phone addiction*. *Psychiatr Danub* 2022; 34:475-82.
- Petrides KV, Mikolajczak M, Mavroveli S, Sanchez-Ruiz MJ, Furnham A & Pérez-González JC: *Developments in Trait Emotional Intelligence Research*. *Emot Rev* 2016; 8:335-41.
- Reinhard MA, Nenov-Matt T & Padberg F: *Loneliness in personality disorders*. *Curr Psychiatry Rep* 2022; 24:603-12.
- Russell GA: *Narcissism and the narcissistic personality disorder: A comparison of the theories of Kernberg and Kohut*. *Br J Med Psychol* 1985; 58:137-48.
- Spitzer M: *Loneliness*. *Naklada Ljevak*, Zagreb, 2019.
- Steiner J: *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic, and Borderline Patients*. *Routledge*, London, 1993.
- Stranieri G, De Stefano L & Greco AG: *Pathological Narcissism*. *Psychiatr Danub* 2021; 33 (9):35-40.
- Trevarthen C: *Intrinsic motives for companionship in understanding: Their origin, development, and significance for infant mental health*. *Infant Ment Health J* 2001; 22:95-131.
- Trevarthen C: *Stepping away from the mirror: Pride and shame in adventures of companionship – reflections on the nature and emotional needs of infant intersubjectivity*. In Carter CS, Ahnert L, Grossmann KE, Hrdy SB, Lamb ME, Porges SW & Sachser N (eds): *Attachment and Bonding: A New Synthesis*, 55-84. MIT Press, 2005.
- Vanhalst J, Klimstra TA, Luyckx K, Scholte RHJ, Engels RCME & Goossens L: *The Interplay of Loneliness and Depressive Symptoms Across Adolescence: Exploring the Role of Personality Traits*. *J Youth Adolescence* 2012; 41:776-87.
- Wallin DJ: *Attachment in Psychotherapy*. *Guilford Press*, New York, 2007.
- Wei M, Shaffer PA, Young SK & Zakalik RA: *Adult Attachment, Shame, Depression, and Loneliness: The Mediation Role of Basic Psychological Needs Satisfaction*. *J Couns Psychol* 2005; 52:591-601.

Correspondence:

Associate Professor Darko Marčinko, MD, PhD,
psychiatrist-psychotherapist
Department of Psychiatry and Psychological Medicine,
University Hospital Center Zagreb
Kišpatičeva 12, 10 000 Zagreb, Croatia
niarveda@gmail.com

Published under 

<https://creativecommons.org/licenses/by-nc-nd/4.0/>