

They often seek treatment from several physicians concurrently, which may lead to complicated kind sometimes hazardous combinations of treatments. Prominent anxiety symptoms and depressed mood are very common and may be the reason for being seen in mental health settings. There may lie impulsive and antisocial behavior, suicide threats and attempts, and marital discord. Additional characteristics Out y include feelings of inadequacy, generalized loss of interest or pleasure, social withdrawal. feelings of guilt or brooding, about the past, subjective feelings of irritability or excessive anger. low self-esteem, feelings of hopelessness, diminished mental activities, poor appetite or overeating, poor concentration. difficulty taking decisions, low energy, insomnia or hypersomnia fatigue and decreased physical activity, effectiveness, or productivity (DSM-IV).

The lives of these individuals, particularly those with associated Personality Disorders, are often as chaotic and complicated as their medical histories (Millon, 1998). frequent use of medications may lead to side effects and Substance-Related Disorders. These individuals commonly undergo numerous Medical examinations, diagnostic procedures, surgeries, and hospitalizations, which expose the person to an increase in risk of morbidity associated with these procedures.

These patients crave personal care and their constant needs for reassurance are met primarily by massive attention to their various physical requirements. They may chronically perpetuate a fear of bodily harm, physical illness, pain and death. Typically, an early illness in the patient or patient's family or an early experience of physical abuse, conditioned various overprotective behaviors that shielded the client from physical injury by reducing both the rate and incidence of motor activity. Their awareness became focused on maintaining physical integrity and the availability of medical help (Nims, 2002). Additionally, patients with this profile often experience fear of irretrievable loss of some highly valued physical or Emotional Object. As indicated, they tend to respond to this loss by blocking further needling or "wanting." They are blocked in the "despair" phase of the mourning process and are afraid to cry and feel angry. They will need to express anger and "rage at fate" in order to finish the grieving process. Frequently, these patients will discuss past losses and present feelings of hopelessness about ever being happy, and they ignore now positive feelings or events that happen to them in the present. [The possibility of a Major Depression is frequently likely with these individuals. Studies of Major Depressive Disorder have reported a wide range of values for the proportion of the adult population with the disorder. The lifetime risk for Major Depressive Disorder in community samples has varied from 10% to 25% for women and from 5% to 12% for men. The point prevalence of Major Depressive Disorder in adults in community samples has varied from 5% to 9% for women and from 2% to 3% for men (National Mental Health Survey, 2000). It should be also noted that this profile type might be characteristic of alcohol abuse (normative sample base rate 57.9%) and alcohol dependence (normative sample base rate 57.8%) as comorbid conditions.

Another significant feature of this profile type may be a pattern of avoidance, of work, social, or academic activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection. Career advancement opportunities may be missed or declined because the patient's belief that new responsibilities might result in criticism from co-workers. These individuals may tend to avoid making new friends unless they are certain they will be liked and