

1-2 Pattern

Nims & Christopher

They expect to be accepted without criticism (Blount, **1998.**) Until they pass stringent tests proving the contrary other people are assumed to be critical and disapproving. individuals with this type of profile will not join in-group activities unless there are repeated and generous offers of support and nurturance. Interpersonal intimacy is often difficult for them, although they are able to establish intimate relationships when there is assurance of acceptance and nurturing (Wallace, 2001).

They may act with restraint, have difficulty talking about themselves, and withhold intimate feelings for fear of being exposed, ridiculed, or shamed (Marks, 1996). Attempts to reassure these patients about their health and focus them on their psychological problems only increase their fear that they will be overwhelmed by pain with nobody to turn to for support. A more effective approach would be through desensitization by having the patient retell the frightening earlier experiences relating to pain and fear of death and thereby diffusing the emotional charge that led the client to overprotect against bodily harm and loss of bodily function. The main focus in therapy should lie to encourage the client to "...express anger and sadness about past losses without blaming themselves or others (Nims, 1998).

They tend to be shy, quiet, inhibited, and 'invisible*' because of the fear that any attention would be degrading or rejection. They expect that no matter what they say, others will see it as wrong so they may say nothing at all. They react strongly to any cues that are suggestive of mockery or derision. Despite their longing to be active participants in social life, they fear placing their welfare in the hands of others (Christopher, 1997).

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