

## Chapter 12 Teachers

1. When an individual is suffering from body dysmorphic disorder  
The symptoms include
  - a. Becoming obsessively concerned about imagined or minor physical defects in their appearance. (A)
  - b. Having unnecessary invasive procedures
  - c. Feelings of hopelessness
  - d. All of the above
  
2. Somatoform disorders include which of the following
  - a. conversion disorder,
  - b. somatization disorder,
  - c. hypochondriasis
  - d. All of the above (A)
  
3. Which of the following is a somatoform disorder?
  - a. Pain disorder (A)
  - b. Depression
  - c. Malingering
  - d. Munchausen's syndrome
  
4. Many with somatoform disorders may often display a surprising indifference about their symptoms— especially when the symptoms to most people would be disturbing (e.g. blindness, paralysis). This is sometimes known as
  - a. la belle indifference (A)
  - b. Vive la difference
  - c. Quelle difference
  - d. Que ce que se la difference
  
5. Physical or psychological symptoms that are *intentionally* produced in order to assume the sick role are known as

- a. factitious disorder (A)
  - b. conversion disorder,
  - c. somatization disorder,
  - d. hypochondriasis
  
6. An extreme form of factitious disorder is known as
  - a. Munchausen's syndrome (A)
  - b. MacDonald's syndrome
  - c. Munkaiser's syndrome
  - d. Manchester Syndrome
  
7. When parents or carers make up or induce physical illnesses in others (such as their children) this is known as
  - a. Munchausen's by proxy (A)
  - b. MacDonald's by proxy
  - c. Munkaiser's by proxy
  - d. Manchester's by proxy
  - e.
  
8. In the 1980s what percentage of a sample of individuals diagnosed with conversion disorder went on to develop a *bona fide* neurological problem?
  - a. 80% (A)
  - b. 60%
  - c. 70%
  - d. 50%
  
9. To be defined as a somataform disorder, which of the following should be present?
  - a. the presence of physical symptoms suggestive of a medical or neurological problem
  - b. the symptoms usually cannot be attributed to any underlying medical or neurological condition,
  - c. the individual has a genuine belief that they have a medical condition or a physical disability,
  - d. All of the above (A)

10. The basic feature of conversion disorder is the presence of which of the following

- a. symptoms or deficits affecting voluntary motor or sensory function suggestive of an underlying medical or neurological condition
- b. these symptoms must cause the individual significant distress
- c. impair social, occupational or other functioning
- d. All of the above (A)

11. which of the following is not a common motor symptom in Conversion disorder

- a. paralysis,
- b. impaired balance,
- c. urinary retention
- d. double vision (A)

12. Which of the following is not a common sensory symptom in Conversion Disorder

- a. loss of touch
- b. loss of pain sensation
- c. blindness
- d. paralysis,(A)

13. In conversion disorder, thorough medical and neurological examination may fail to reveal any underlying medical cause for these deficits, and the symptoms are often preceded by

- a. conflicts or other life stressors (A)
- b. Medical procedures
- c. A virus
- d. Paralysis

14. A Conversion symptom where numbness begins at the wrist and is experienced evenly across the hand and all fingers is known as

- a. Glove anaesthesia (A)
- b. Hand paralysis
- c. Hand anaesthesia
- d. Glove paralysis

15. Prior to its inclusion in the DSM, conversion disorder was popularly known as what in psychodynamic circles?

- a. Hysteria (A)
- b. histrionics
- c. mental paralysis
- d. repression

16. The lifetime prevalence rate of conversion disorder is thought to be less than

- a. 1% (A)
- b. 2%
- c. 3%
- d. 4%

17. . A study by [Sar, Akyuz, Kundakci, Kizitan et al. \(2004\)](#) found at least one other psychiatric diagnosis in what percentage of a group of individuals with a diagnosis of conversion disorder?

- a. 89.5% (A)
- b. 69.5%
- c. 49.5%
- d. 29.5%

18. Which of the following are considered to be comorbid diagnoses with conversion disorder

- a. anxiety disorder
- b. major depression
- c. specific phobia
- d. All of the above(A)

19. Which of the following is not considered to be a comorbid diagnosis with conversion disorder?

- a. borderline personality disorder
- b. histrionic personality disorder
- c. bipolar disorder (A)
- d. substance abuse

20. A cardinal feature of somatization disorder is a pattern of

- a. Recurring, multiple, clinically-significant somatic symptoms that require medical treatment,
- b. Significant impairment in social, functioning
- c. Significant impairment in occupational functioning.
- d. All of the above (A)

21. To meet the diagnostic criteria for somatization disorder, an individual must display which of the following:

- a. at least four pain symptoms in different bodily locations

- b. two gastrointestinal symptoms
- c. one sexual or reproductive symptom
- d. All of the above (A)

22. The lifetime prevalence rate in women of somatization disorder is around

- a. 0.2-2% (A)
- b. 3-4%
- c. 1-2%
- d. 0.1-4%

23. The lifetime prevalence rate in men of somatization disorder is around

- a. less than 0.2% (A)
- b. less than 0.1%
- c. less than 0.4%
- d. less than 0.3%

23. Which of the following are common complaints in body dysmorphic disorder?

- a. facial asymmetry,
- b. hair thinning,
- c. acne
- d. All of the above (A)

24. In a study of individuals seeking cosmetic surgery, [Aouizerate, Pujol, Grabot, Paytout et al. \(2003\)](#) found that

- a. 9.1%(A)

- b. 10.1%
- c. 12.1%
- d. 14.1%

of applicants were diagnosable with body dysmorphic disorder.

25. In a study of individuals seeking cosmetic surgery, who had no defects or only a slight physical defect [Aouizerate, Pujol, Grabot, Paytout et al. \(2003\)](#) found that

- a. 40%(A)
- b. 30%
- c. 50%
- d. 10%

were diagnosable with body dysmorphic disorder.

26. Body dysmorphic disorder can also occur in those who are preoccupied with their musculature, and it is often associated with excessive weight training and the use of body-building anabolic steroids (Olivardia, Pope & Hudson, 2000). Such an obsession is known as

- a. Muscle dysmorphia (A)
- b. Shape dysmorphia
- c. Fit fetish
- d. Tone dysmorphia

27. The exact prevalence rates of body dysmorphic disorder are unclear, although a nationwide German study suggested a community prevalence rate of around

- a. 7% (A)
- b. 5%
- c. 3%
- d. 9%

28. According to Rief, Buhlmann, Wilhelm, Borkenhagen et al. (2006).what percentage of individuals with body dysmorphic disorder reported suicidal ideation?

a.19% (A)

b. 29%

c.39%

d 49%

29. 29. According to Rief, Buhlmann, Wilhelm, Borkenhagen et al. (2006).what percentage of individuals with body dysmorphic disorder reported suicidal attempts due to appearance concerns ?

a. 7% (A)

b. 9%

c. 11%

d. 5%

30. Hypochondriasis: or Health Anxiety is a preoccupation with fears of having or contracting a serious disease or illness based on a misinterpretation of bodily signs or symptoms, even though a thorough medical examination fails to identify any underlying medical condition. The preoccupation can be with which of the following?

a. bodily functions

b. minor physical abnormalities

c. vague and ambiguous bodily sensations

d. all of the above (A)

31. The prevalence rate for hypochondriasis in the general population is estimated to be

a. 1-5% (A)



- b. 3-7%
- c. 5-7%
- d. 7-11%

32. The prevalence rate for hypochondriasis in chronic pain patients can be as high as

- a. 36% (A)
- b. 46%
- c. 56%
- d. 66%

33. Risk factors for developing hypochondriasis include which of the following?

- a. history of childhood abuse
- b. an overprotective mother
- c. close family members who have suffered a genuine physical illness
- d. all of the above (A)

34. The central features of pain disorder are

- a. The pain itself (and not any other feature of the physical symptoms) is the predominant focus of the individual's complaints.
- b. The pain causes significant distress
- c. The pain causes impairment in social, occupational or other functioning
- d. All of the above (A)

35. . Subtypes of pain disorder include which of the following

- a. those that are associated with only psychological factors without evidence for a general medical condition, (A &B)
- b. those whose onset can be attributed to a general medical condition that may play an important role in generating the experience of pain.
- c. those that are associated with only physiological factors without evidence for a general medical condition

- d. those whose onset cannot be attributed to a general medical condition that may not play an important role in generating the experience of pain.

36. Pain disorder may be one of the most prevalent psychopathologies, with a 12-month prevalence rate of

- a. 8.1% (A)
- b. 9.1%
- c. 10.1%
- d. 11.1%

in the German population ([Frohlich, Jacobi & Wittchen, 2006](#)).

37. According to [Frohlich, Jacobi & Wittchen, \(2006\)](#). Of those with diagnosed pain disorder, what percentage exhibited concurrent anxiety and depression?

- a. 53% (A)
- b. 63%
- c. 43%
- d. 23%

38. Regardless of how the theorists approach the aetiology of somatoform disorders, explanations of these disorders must address certain important questions. Which of the following is NOT one of those questions?

- a. Are physical symptoms a manifestation of underlying psychological conflict and stress?
- b. Are physical symptoms generated in an involuntary fashion?
- c. What is the role of life stress and childhood abuse in the development of somatoform disorders?
- d. How often is the individual hospitalised? (A)

39. The basic psychodynamic view of somatoform disorders is one of
- a. conflict-resolution (A)
  - b. repression analysis
  - c. ego state resolution
  - d. script analysis
40. According to Kuechenoff, 2002; Kellner, 1990; Phillips (1996), Some psychodynamic theorists view those suffering from somatoform disorders as
- a. regressing to the state of a sick child,
  - b. unconsciously seeking attention and relief from symptoms and responsibilities
  - c. reducing experienced anxiety
  - d. all of the above (A)
41. Oakley (1999) draws attention to the many similarities between the behaviour of the individual with conversion disorder or somatization disorder and the effects of
- a.hypnosis.(A)
  - b.hysteria
  - c.anxiety
  - d.catastrophisation
42. A significant factor in the history of most somatoform disorders is which of the following?
- a. history of trauma or abuse
  - b. significant periods of stress and anxiety (A&B)
  - c. history of physical illness

d. history of extensive hospitalization

43. According to Harris, Deary & Wilson, (1996) high levels of negative life events in the year prior to onset have been found in individuals with *globus pharyngis*. This refers to

a. A form of conversion disorder in which the sufferer experiences a sensation of a lump in the throat (A)

b. A form of conversion disorder in which the sufferer experiences an inability to swallow

c. A form of conversion disorder in which the sufferer experiences a sensation being strangled

d. A form of conversion disorder in which the sufferer experiences a loss of voice

44. Which of the following is a factor often found in the history of body dysmorphic disorder (Phillips, 1991).

a. Parental neglect (A)

b. Parental abuse

c. Bullying

d. Sibling rivalry

45. According to several researchers, many somatoform disorders develop following exposure to acute stressors, such as

a. recent loss

b. relationship difficulties

c. exposure to dead bodies following military combat

d. All of the above (A)

46. Some parents may view all underlying problems (including psychological ones) as being physical rather than emotional. Consequently many individuals may learn to describe emotional symptoms in physical terms and in extreme cases begin to adopt:

- a. A sick role (A)
- b. Learned hopelessness
- c. Demand characteristics
- d. Psychotic tendencies

47. A common occurrence in somatoform disorders is that the sufferer believes they have physical deficits or symptoms that are significant and threatening, but in most cases there is little or no medical justification for these beliefs. Such cognitive biases are termed:

- a. Interpretation biases (A)
- b. Cognitive dissonance
- c. Hyperchondrial biases
- d. Overt reaction biases

48. Individuals with hypochondriasis tend to actively seek out and accept information that agreed with their own view of their medical state, but ignore or reject arguments against their own beliefs. [Smeets, de Jong & Mayer \(2000\)](#) proposed that individuals exhibiting such behaviour possessed:

- a. A reasoning bias (A)
- b. A memory bias
- c. Cognitive dissonance

d. Inflated knowledge structure

49. Individuals with pain disorder usually fear pain itself rather than the illness, injury or disease that might give rise to pain, and so when experiencing pain they have a tendency to catastrophise it. This results in which of the following?

- a. Individuals have a bias towards attending to pain
- b. Individuals are unable to distract themselves from pain-related thoughts
- c. Individuals are impaired in their ability to use pain distraction coping strategies
- d. All of the above (A)

50. Which of the following are cognitive factors which maintain somatoform disorders?

- a. Attentional biases to physical threats
- b. Reasoning biases that maintain beliefs about illness and being ill
- c. Catastrophising of symptoms
- d. All of the above (A)

51. Brown (2004) suggests that information biases acquired by those with somatoform disorders are developed by a range of experiences, and these representations provide inappropriate templates by which information is selected and interpreted. These are termed:

- a. Rogue representations (A)
- b. Deviant representations

c. Biased representations

d. Maladaptive representations

52. Brown (2004) proposed that individual's information processing biases such as rouge representations acquired by those with somatoform disorders can be created by experiences that include:

a. A history of physical illness that causes a tendency to interpret any sensation as a symptom of illness

b. A history of experiencing emotional states that have strong physical manifestations

c. Exposure to physical illness in others which creates a memory template by which one's own physical sensations are interpreted

d. All of the above (A)

53. Using positron emission tomography (PET scan), evidence for a biological basis of conversion disorder suggests activation in which areas of the brain?

a. Right orbito-frontal and anterior cingulate cortices (A)

b. Hippocampus

c. Hypothalamus

d. Corpus callosum

54. In a study following-up the progress of individuals with somatoform disorders, Kent, Tomasson & Coryell (1995) found that what percent of conversion patients still met the diagnostic criteria for these disorders 4 years after initial diagnosis?

- a. 63% (A)
- b. 35%
- c. 47%
- d. 25%

55. In a study following-up the progress of individuals with somatoform disorders, Kent, Tomasson & Coryell (1995) found that what percent of somatization patients still met the diagnostic criteria for these disorders 4 years after initial diagnosis?

- a. 92% (A)
- b. 65%
- c. 45%
- d. 32%

56. Meta-analyses have indicated that psychodynamic therapy for somatoform disorders is:

- a. More effective than no treatment
- b. Treatment as usual
- c. Is likely to be more successful the greater the competence of the therapist
- d. All of the above (A)

57. Many somatoform disorders involve some learning and behavioural-based components that can be treated by the use of the learning principles implicit in behaviour therapy. Two prominent examples of such components include which of the following:



- a. The reinforcing function of attention given to individuals which will maintain their 'illness' behaviours (A)
- b. Continuous checking for physical signs of illness or deformity (A)
- c. Continual visits to the doctors surgery
- d. Continuous hospitalisation

58. When treating somatoform disorders which form of treatment has been found to be significantly more effective than no treatment control conditions:

- a. Behavioural stress management (A)
- b. Exposure and response prevention
- c. Cognitive restructuring
- d. Psychotherapy

59. Behavioural methods can be used to prevent and extinguish undesirable behaviours associated with somatoform disorders. These include which of the following?

- a. Behavioural stress management
- b. Exposure and response prevention (A)
- c. Cognitive restructuring
- d. Psychotherapy

60. Cognitive Behavioural Therapy for pain disorder would normally include which of the following?

- a. Educating the client about factors that can influence the experience of chronic pain
- b. Cognitive and behavioural procedures designed to increase physical activity and adaptive responses to pain
- c. Training in skills designed to modify the perception of pain
- d. All of the above (A)

61. [Schmidt & Harrington \(1995\)](#) used CBT to treat an individual with body dysmorphic disorder by:

- a. Getting him to gather normative information about hand size (e.g. by observing others) and this indicated that his hands were not abnormally small
- b. Reading a study which suggested that hand size was not one of the physical features most commonly noticed on individuals
- c. Getting people to notice his hands and seeing if they commented on his hand size
- d. All of the above (A)

62. Individuals with body dysmorphic disorder often exhibit rapid improvement in symptoms when treated with which types of drugs?

- a. SSRIs or tricyclic antidepressants (A)
- b. Benzodiazepines
- c. Antibiotics
- d. Antihistamines

63. What percentage of individuals diagnosed with conversion disorder have later been found to have neurological deficit?

- a. 13-30% (A)
- b. 23-46%

- c. 56-63%
- d. 10-20%

64. Prevalence rates for hyperchondrasis in the general population is estimated to be:

- a. 1-5% (A)
- b. 5-10%
- c. 15-18%
- d. 20-24%

65. Pain disorder may e one of the most prevalent psychiatric conditions with a 12 month prevalence rate of around:

- a. 8.1% (A)
- b. 15.5%
- c. 20.6%
- d. 5%

66. Most of the somatoform disorders are characterised by cognitive and information processing biases, including:

- a. Interpretation biases
- b. Reasoning biases
- c. Catastrophizing of symptoms
- d. All of the above (A)

67. The DSM-IV-TR diagnostic criteria for somatization disorder proposes that a history of pain must be related to how many different sites or functions:

- a. Four (A)

- b. Eight
- c. Ten
- d. Two

67. Which of the following is not a treatment for body dysmorphic disorder?

- a. Exposure and response prevention
- b. Cognitive restructuring
- c. Psychoeducation
- d. Anti-psychotic drugs **(A)**

68. Which of the following procedures involves injecting radioactive molecules into the bloodstream:

- a. Positron emission tomography (PET) (A)
- b. Functional magnetic resonance imaging (fMRI)
- c. Magnetic resonance imaging (MRI)
- d. Computerised axial tomography (CAT)

69. Which of the following is not a successful treatment for body dysmorphic disorder?

- a. Reverse role-play
- b. Exposure and response prevention
- c. Cognitive restructuring
- d. Flooding (A)

70. Which of the following is not on Roefels, McCracken, Peters, Crombez et al. (2004) Pain Anxiety Symptoms Scale (PASS)?

- a. I can't think straight when I am in pain
- b. When I feel pain I am afraid that something terrible will happen
- c. Pain sensations are terrifying
- d. Pain makes me worry (A)

71. Which syndrome is sometimes known as factitious illness by proxy?

- a. Munchausen's Syndrome by Proxy (A)

- b.** MacDonald's syndrome by proxy
- c.** Manchester's syndrome by proxy
- d.** Munkaiser's syndrome by proxy

72. **Abnormal illness behaviour by proxy** is a controversial diagnosis in which sufferers are;

- a.** Prompted to deliberately falsify illnesses in others in order to attract attention to themselves (A)
- b.** Prompted to falsify illnesses in themselves in order to attract attention
- c.** Self harm
- d.** Deliberate falsification of medical records

73. In DSM-IV-TR diagnostic criteria for pain disorder, the pain is not better accounted for by:

- a. Mood disorder
- b. Psychotic disorder
- c. Does not meet the criteria for Dyspareunia.
- d. All of the above (A)

74. There are also important cultural differences in the way that conversion disorder manifests itself. According to , Janca, Isaac, Bennett & Tacchini (1995), which of the following symptoms were prominent in western cultures?

- a. sexual and menstrual (A)
- b. Kidney problems
- c. Body odour complaints
- d. Body temperature irregularities

75. There are also important cultural differences in the way that conversion disorder manifests itself. According to , Janca, Isaac, Bennett & Tacchini (1995), which of the following symptoms were prominent in Nigeria?

- a. Body temperature (A)
- b. sexual and menstrual

- c. Kidney problems
- d. Body odour complaints

76. There are also important cultural differences in the way that conversion disorder manifests itself. According to Janca, Isaac, Bennett & Tacchini (1995), which of the following symptoms were prominent in China?

- a. Kidney problems (A)
- b. Body temperature
- c. Body odour complaints
- d. Body teempertaure irregularities

77. There are also important cultural differences in the way that conversion disorder manifests itself. According to Janca, Isaac, Bennett & Tacchini (1995), which of the following symptoms were prominent in China?

- a. Kidney problems
- b. Body temperature
- c. Body odour complaints (A)
- e. Body teempertaure irregularities

78. According to Maldonado & Spiegel (2003) the *lower* the economic or educational standards in a culture or community, the higher the prevalence rates of:

- a. Conversion disorder (A)
- b. Somataform disorder
- c. Hyperchondriasis
- d. Body dysmorphic disorder

79. According to Iezzi, Duckworth & Adams, 2001, the *higher* the educational standards in a community the more likely it is that the symptoms will resemble

- a. A known medical or neurological disorder (A)

- b. Conversion disorder
- c. Munchhousens disorder
- d. Hypercondriasis

80. According to Gureje, Simon, Ustun, & Goldberg (1997), somatization disorder is also be associated with:

- a. Impulsive and antisocial behaviour
- b. Suicide threats
- c. Deliberate self-harm
- d. All of the above (A)

81. In body dysmorphic disorder individuals may indulge in excessive grooming behaviour which may include:

- a. Skin picking,
- b. Hair combing,
- c. Dieting
- d. All of the above (A)

82. Theodor & Mandelcorn (1973) describe a study undertaken with a 16-year-old girl who complained of a loss of peripheral vision with no underlying neurological explanation. In their study they presented a buzzer followed by:

- a. Bright visual stimulus (A)
- b. An electric shock
- c. Colour coded words
- d. High pitched sound

83. In the study by Theodor & Mandelcorn (1973) they found that the individual always correctly reported when the buzzer was followed by a stimulus to the central visual field. However, what percnateg of the times was she correct when reporting a visual stimulus to the peripheral visual field?

- a. 30% (A)

- b. 5%
- c. 15%
- d. 22%

84. Zimmerman & Gross (1966) found that an individual with hysterical blindness performed a visual task at:

- a. Significantly below chance (A)
- b. At chance levels
- c. Significantly above chance
- d. None of the above

85. Craig, Cox & Klein (2002) compared the childhood histories of three groups of women – those with somatization disorder, those with a long-term illness, or healthy controls. They found that those with somatization disorder were:

- a. Three times (A)
- b. Five times
- c. Ten times
- d. Twelve times

more likely than those in the other groups to have had a parent with a serious physical illness.

86. [Craig, Bialas, Hodson et al. \(2004\)](#) observed mothers playing with their 4-8 year-old children. Mothers who exhibited somatization symptoms were:

- a. Less emotionally expressive (A)
- b. More emotionally expressive
- c. As emotionally expressive
- d. Showed no emotion



than control mothers during most play tasks

87. According to [Craig, Bialas, Hodson et al. \(2004\)](#) observed mothers playing with their 4-8 year-old children. When [playing with mediacly related toys mothers](#) who exhibited somatization symptoms were:

- a. Significantly *more* responsive to their children (A)
- b. Significantly less responsive to their children
- c. Did not respond to their children
- d. Were excessively responsive

88. Adopting a sick role has a number of disadvantages. Which of the following is not one of these?

- a. Loss of power
- b. loss of pleasure
- c. Loss of influence
- d. Loss of responsibility (A)

89. Barsky (1992) argued that patients with somatization disorder have a bias towards describing minor automatic bodily sensations in:

- a. Catastrophic manner (A)
- b. Repressed manner
- c. Dismissive manner

d. Confused manner

90. [Lim & Kim \(2005\)](#) used an emotional Stroop procedure to demonstrate that individuals diagnosed with a somatoform disorder showed:

a. A significant Stroop interference effect (A)

b. A non-significant Stroop interference effect

c. No Stroop interference effect

d. All of the above (A)

91. Which of the following is a characteristic of somatoform disorder?

a. Complaints cannot be explained by a known general medical condition (A)

b. An imbalance of serotonin in the brain

c. A genetically inherited medical condition

d. Formation of plaques in the brain

92. The individual diagnosed with somatization disorder will report a very wide range of:

a. Neurological symptoms

b. Physiological symptoms

c. Phantom symptoms

d. Unconnected physical symptoms (A)

93. Conversion disorder has a life time prevalence rate of :

- a. <1% (A)
- b. >1%
- c. 5%
- d. <5%

94. Hyperchondriasis has a community prevalence rate of:

- a. 1-5% (A)
- b. 5-10%
- c. 4-6%
- d. 2-4%

95. In order to measure the degree to which people 'fear' pain symptoms, Roefels, McCracken, Peters, Crombez et al. (2004) developed which questionnaire?

- a. Penn State Worry Questionnaire (PSWQ)
- b. Anxiety and Depression Questionnaire (HADS)
- c. Pain Anxiety Symptoms Scale (PASS) (A)
- d. Pain Self-measurement Scale

96. A study by Halligan, Athwal, Oakley & Frackowiak (2000) suggested that paralysis in both conversion disorder and under hypnosis may be a result of movement being inhibited by the activation of which brain areas?

- e. Cortical (A)
- f. Hypothalamic

- g. Hippocampal
- h. All of the above

97. Positron emission tomography (commonly known as "PET scans") involves injecting:

- a. Radioactive molecules into the bloodstream (A)
- b. Mercury molecules into the bloodstream
- c. White blood cells into the blood stream
- d. Cloned molecules into the blood stream

98. Which of the following is not a diagnostic criteria for pain disorder according to in DSM-IV-TR?

- a. Not intentionally produced or feigned

The pain causes clinical significant distress or impairment in social, occupational, or other important areas of functioning

- c. Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain

- d. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition (A)

99. Which of the following is not a diagnostic criteria for conversion disorder according to in DSM-IV-TR?

- a. The symptom or deficit is not intentionally produced or feigned
- b. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition
- c. Preoccupation with imagined defect in appearance (A)
- d. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation

100. Which of the following is a symptom of body dysmorphic disorder?

- a. Preoccupation with imagined defect in appearance (A)
- b. Obesity
- c. Preoccupation with having fears of a serious disease
- d. Problems with motor function

