
Body Psychology

Study Guide, Test and Course Evaluation

Accepted for 19 CE Hours

This course is valid for one (1) year from the date of purchase.

Directions

The estimated total time required for completing this home study course is 19 hours.

1. Read this study guide and your learning materials, *The Psychology of the Body* by Elliot Greene and Barbara Goodrich-Dunn (2004).
2. Complete the Open-book Test Answer Sheet and the Course Evaluation within one (1) year from date of purchase and send them to us by one of the following ways:
 - Use the **FREE online test process** and get your score and certificate instantly at www.HealthPositive.com (log-in and go to the online test link in your account)
 - Fax to **317-448-4001**
 - Scan and email to tests@healthpositive.com
 - Send by postal mail to **Health Positive!, PO Box 18, Wabash, IN 46992-0018**
(Please keep a copy of your test answer sheet if you use postal mail.)

DISCLAIMER: Health Positive! believes that **hands-on skills require hands-on education and supervision**, and these are not possible in home study courses. Therefore, the goals of this course are to: 1) enhance the learner's conceptual understanding, logic and/or attitudes so that the learner may render more competent professional service and 2) introduce learners to approaches that are new to them, so that they have a clearer understanding from which to seek hands-on training.

Neither the author of this study guide, nor the author of the textbook, assumes any liability for the learner's application of the information contained herein.

This course is not intended for use in prescribing treatments, therapies or recommendations of any kind.

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Body Psychology

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NCBTMB Approved Provider #054616-00

Through text and cartoons, this course shows you dynamic new ways to create individualized approaches for each client. Based on a book by Elliot Greene and Barbara Goodrich-Dunn, this course explores the amazing connections between the mind and body and how these connections influence the body's shape and the person's responses. Learn new insights into the psychological factors that influence your work and client relations, including the profound dynamics of armoring, how to safely support your clients' emotional responses, and how to confidently collaborate with mental health professionals. The textbook includes numerous cases studies and suggestions for applying the concepts through self-directed exercises. **The textbook is a valuable reference to use over and over.**

Learning Outcomes

At the conclusion of this course, you will be able to:

1. Define the terms "paradox of healing" and "armoring" and correctly describe how they apply to massage and bodywork situations.
2. Identify at least 5 key elements involved in assessing your own values, beliefs and expectations about therapeutic change and resistance to change.
3. Identify the essential elements that characterize the body-mind connection and affect the shape of the body.
4. Identify the main effects that a client's emotional release has on the massage therapy or bodywork process.
5. Identify the essential elements in the nature of armoring and how it develops.
6. Give at least 1 example of each of the following components of armoring: charge; grounding, bounding; tissue patterns and layers of the body.
7. Define the terms disembodied; collapsed and compressed character structures.
8. Describe the key elements in the relationship between armor and character.
9. Describe the essential elements in the disembodied, collapsed and compressed character structures and identify examples of each.
10. Identify an example of each of the 4 types of rigid character structures and a recommended therapeutic strategy for them.
11. Identify an example of each of the following terms: generalized anxiety disorder; phobia; panic disorder; obsessive-compulsive disorder; PTSD; ADHD; addiction; eating disorder; somatoform disorder; mood disorder; psychosis; abuse; and uncontrollable anger or rage.
12. List at least 5 recommended resources for additional information in the field of body psychology.
13. Describe at least 1 key element in successful referrals and/or collaboration with mental health professionals.
14. Achieve at least 70% correct on the open-book test.

Course Outline

The Psychological Life of the Body

- Massage as intervention
- The psychology of touch
- The paradox of healing
- Overcoming resistance and letting go

Psychological Factors Affecting Massage Therapy

- Relationships and role assumptions
- The therapist's world
- The client's world
- Interactive factors and the paradox of the healer

The BodyMind Connection

- An experiential exploration of the body-mind connection
- Characterizing the body-mind connection

Emotional Release

- Why and how emotional release happens in massage
- Dealing with emotional release
- Effects of emotional release on the massage process

Armoring

- The nature of armoring
- How armoring develops
- Components of armoring: charge, grounding and bounding
- Components of armoring: tissue patterns and layers of the body

The Disembodied, Collapsed and Compressed Character Structures

- The relationship between armor and character
- The disembodied structure
- The collapsed structure
- The compressed structure

The Rigid Character Structures

- The rigid and controlled rigid structures
- The achieving rigid structure
- The entertaining rigid structure
- The romantic rigid structure

Understanding Mental Health Conditions and Disorders

- Generalized anxiety disorder; phobias and panic disorder; obsessive-compulsive disorder; post-traumatic stress disorder; attention-deficit hyperactivity disorder
- Addiction and substance abuse; eating disorders; somatoform disorder; mood disorders; psychosis
- Sexual or physical abuse; chronic pain; chronic illness; uncontrollable anger or rage; marital problems

Working with Mental Health Professionals

- Situations that may require referral
- Professionals within the mental health field
- Collaborating with mental health professionals
- Networking with other professionals

Open-book Test and Course Evaluation

This Evaluation Form Is Required

Return both your test answer sheet and this feedback form, and please provide comments to help us understand any low scores. * *If you wish to return this evaluation anonymously, send separately from your test answer sheet.*

Name (optional) _____ Date _____

Course: _____

How much total time did you spend on this course, including reading it and taking the test?	_____ hours					
Questions	5 Excellent	4 Very Good	3 Good	*2 Fair	*1 Poor	N/A
1) What was the degree of ease in communicating with Health Positive about the course's learning materials?						
2) What is the quality of the learning materials? (For example: Are they professional in appearance? Is the information accurate? Are they relatively free of typos?)						
3) How well did Health Positive! provide you with support for course content questions, if any?						
4) How well did the learning materials support the learning objectives?						
5) If you requested it, how well was feedback given regarding your progress throughout the course?						
6) How well was your testing carried out (i.e., was it done in a private and secure manner)?						
7) Was a test score given to you in a timely manner? Was the test grading fair and accurate?						
8) How well did the content and learning outcomes of the course lend themselves to a home study format?						
9) How was the course described prior to your purchase? In addition to scoring, circle all that apply: catalog / web site / phone						
10) How was the ordering process? In addition to scoring, please circle all that apply: catalog / web site / phone						
11) How is the course's value relative to its price?						
12) How did the course arrive? (timely; undamaged; etc)						
13) Overall, how well did the course meet your expectations?						

Which of the following proficiency levels does this course fit best? (Circle one.)

- 1. general practice
- 2. advanced practice

What can you share that might improve this course? _____

May we use your positive comments (if any) in the promotion of this course? _____

What would you like to say? _____

How should we list your name, credentials, business (optional), city, and state?

How do you search for home study courses? (Check all that apply)

- web site direct mailings catalogs phone calls word of mouth

What other home study topics would you like to purchase in the future? _____

How can we serve you better? _____

Other Comments: _____

Body Psychology
Home Study Course for 19 CE Hours

Name _____ Phone _____

Address _____

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Email address* _____ Fax _____

*Please check here if you do NOT wish to receive: our periodic electronic newsletter any print mailings

Please send my Certificate of Achievement and results via _____ e-mail _____ fax _____ postal mail

Message License or Certification Number: _____

Testing Acknowledgment: I hereby certify that I personally completed this test based upon the course materials.

(Signature)

Test Answer Sheet

(9-08)

Darken the oval for the one BEST answer from each question. Return all of the Answer Sheet and Course Evaluation pages to us via one of the methods on page 1.

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Open-book Test for *Body Psychology*

(9-08)

Using the content of this course as a guide, choose the ONE best answer for each question and mark the corresponding oval on the answer sheet provided.

1. In this course, the word “intervention” means
 - a. confrontation between therapist and client
 - b. any action by the massage therapist which changes the course of a session
 - c. any therapeutic action that blocks unconscious negative memories
 - d. a somatic treatment to help the client understand “it’s all in his/her head”

2. Which of the following indicates how infants directly and non-symbolically experience love?
 - a. through feeding/food
 - b. through nurturing touch
 - c. through sanitary procedures
 - d. through verbal “aahs and coos” made by the mother

3. What is the paradox of healing?
 - a. consciously wanting change while unconsciously dreading it
 - b. having sexual or sensual feelings towards the therapist/healer
 - c. adopting patterns of tension as a means of protection from emotional pain
 - d. projecting our negative feelings or feelings of ill health onto someone else

4. Which of the following types of tension patterns tends to recur, even after they have been worked on and cleared by a therapist several times?
 - a. consciously-based
 - b. externally-based
 - c. mechanically-based
 - d. psychologically-based

5. Which of the following tries to undo the effects of massage?
 - a. catharsis
 - b. armoring
 - c. emotional release
 - d. the sympathetic nervous system

6. In addition to therapeutic massage treatment, which of the following is necessary to permanently disrupt certain tension patterns?
 - a. a therapeutic alliance between the conscious and unconscious mind of the therapist
 - b. an attitude of submission and/or passive surrender within the client
 - c. numerous medical exams and treatments
 - d. active participation of the client

7. Due to the archetype of a healer that a massage therapist carries, clients ascribe _____ to them.
 - a. empathy
 - b. autonomy

- c. power
 - d. beneficence
8. If a therapist begins to believe s/he is the all-knowing archetypal healer, s/he is experiencing
- a. ultimate truth
 - b. a rejected identity of the client
 - c. confusion about the scope of practice
 - d. ego inflation
9. Which of the following is key to healing and creating an effective therapeutic process?
- a. the relationship between client and therapist
 - b. the location at which the therapeutic session takes place
 - c. the amount of time in which the client has been dreading change
 - d. conscious recognition within the client of all emotional holding patterns
10. Which of the following is a method to enhance the therapist/client relationship?
- a. make eye contact when talking to clients
 - b. talk about your own personal issues with the client
 - c. stand within the client's personal space when talking with him/her
 - d. nod your head to show you are listening to the client, even if these gestures are mechanical and glib
11. Which of the following areas shape massage therapists' thoughts and actions about what is an effective massage?
- a. rigid beliefs
 - b. massage education
 - c. religious and spiritual beliefs
 - d. all of the above
12. What is the key that helps massage therapists to be aware of their own beliefs, to understand them and avoid imposing them onto their clients?
- a. self-knowledge
 - b. shadowing a role model
 - c. casual observation of other therapists
 - d. walking in the shoes of their clients for a day
13. Expectations are normal human functions and they can serve a massage therapist well if
- a. they are unconscious and hidden
 - b. they raise the expectations of the client
 - c. the massage therapist is conscious of them
 - d. the client's responses to the work are unconscious
14. When do a massage therapist's expectations become automatic?
- a. when several clients experience similar results over time
 - b. when s/he works with the same client repeatedly with no obvious results
 - c. when s/he consciously works with the positive or negative experiences of clients
 - d. when s/he does NOT consciously work with the positive or negative experiences of clients

15. When it comes to the client's roles and motivations, what should the therapist be aware of?
 - a. the degree to which the client's and therapist's beliefs converge or diverge
 - b. the strength of the client's determination to remain unchanged
 - c. his/her own feelings about the archetype of the client
 - d. the client's personal history

16. A therapist's initial felt reaction or response to a client may have some significant relationship to the client's
 - a. characteristic psychological patterns
 - b. resistance to change
 - c. trust in the therapist
 - d. recovery time

17. What is the paradox of the healer?
 - a. being present through doing
 - b. doing by not doing, by being
 - c. experiencing you as me and me as you
 - d. authentically relating through doing absolutely nothing

18. When we over-ride our body's natural way of movement with a more tense way of movement, this becomes our
 - a. translated tension
 - b. somatic preference
 - c. characteristic pattern
 - d. involuntary interpretation

19. We are conditioned from a very young age to consciously suppress our emotions through
 - a. play
 - b. imitation
 - c. projection
 - d. muscle tension

20. As we grow, our conscious learned response of muscular tension progresses to
 - a. learned voluntary relaxation
 - b. a controlled response to life
 - c. a reduction in the number of pain receptors
 - d. an unconscious involuntary habitual pattern

21. Which of the following indicates a phenomenon of the bodymind connection?
 - a. Your body continually reacts to whatever you are thinking. *p.100
 - b. Your body feeds on your thoughts as nutrition and sustenance.
 - c. Your body interprets negative thoughts into patterns of muscular release.
 - d. Your mind interprets muscular tension into patterns of emotional release.

22. Which of the following is manifested in the body?
 - a. only thoughts and feelings we are aware of
 - b. only thoughts and feelings we are unaware of

- c. only thoughts and feelings we choose to suppress
 - d. both thoughts and feelings we are aware and unaware of
23. According to Nina Bull's studies, when our bodies are chronically blocked in a specific pattern representing one emotion, we are predisposed to feel that emotion and
- a. that emotion is unconscious
 - b. that emotion influences all other felt emotions
 - c. pleasant emotions are more easily felt than negative ones
 - d. we can experience only that emotion until we clear that pattern
24. Factors that affect body appearance and shaping are: genetics, nutrition, culture, physical history and
- a. family relationships
 - b. professional history
 - c. psychological history
 - d. personal expectations
25. Which of the following indicates a direct cultural influence upon body shape and appearance?
- a. unconscious or forgotten feelings
 - b. the practice of wearing high heels
 - c. specific vitamin deficiencies
 - d. physically active childhood
26. Cultures that favor individualism and success-seeking behavior reinforce body phenomena, such as
- a. tucking in the chin
 - b. holding the head high
 - c. rounding the shoulders
 - d. softening the chest and belly
27. A client may experience emotional release during massage because massage is capable of
- a. altering or disturbing patterns of defense or protection
 - b. symbolically satisfying the needs and attachment issues of the client
 - c. changing the paths of neurons within the brain, thereby changing unconscious and conscious memories
 - d. anchoring and transmuting psychological experiences within the body through psychomotor and facing techniques
28. Which of the following are the most obvious and clear expressions of emotional release?
- a. tears, nonverbal sounds and large movements
 - b. change in breathing, body temperature or color
 - c. moving, twitching and/or fluttering of the eyelids
 - d. muscle tightening in other parts of the body, such as hands or belly
29. People with chronic pain experience emotional release because they tend to _____ their pain.
- a. resist

- b. ignore
 - c. intensify
 - d. normalize
30. If a client is experiencing emotional release, which of the following responses are the most damaging on the part of the therapist and could cause the client to tighten his/her body and stop the release?
- a. guilt and anxiety
 - b. affection and approval
 - c. judgment and withdrawal
 - d. confusion and hesitation
31. A therapist nonverbally conveys to the client that the emotional release is safe and that it will complete itself. S/he does this through the calm presence that stems from his/her
- a. confidence and self-knowledge
 - b. attention and interpretations
 - c. affection and approval
 - d. probing and questions
32. What are the most vital elements of providing support to a client who is experiencing emotional release?
- a. an empathic and placating attitude
 - b. confrontation, comparison and analysis
 - c. the ability to accurately interpret what is heard and give advice accordingly
 - d. being present, listening reflectively and maintaining some form of contact, such as holding the client's hands or feet
33. As the emotional release is ending, ground the client by focusing on the
- a. upper back
 - b. stomach and chest
 - c. hands, feet and eyes
 - d. head, neck and shoulders
34. Which of the following is imperative to assist the client in integrating the experience of an emotional release?
- a. analyzing the release
 - b. talking about the release
 - c. expecting further release
 - d. keeping silent about the release
35. For some clients, emotional release results in resistance, the most blatant form of which is
- a. canceling the next session or never coming back
 - b. guilt, self-inflicted punishment and blame
 - c. re-normalization of the tense muscles
 - d. confusion, disappointment and anger
36. Clients may feel fear after an emotional release. These fears occur because the new feelings threaten the clients' defenses, the client feels s/he may be judged and/or the client feels

- a. s/he is losing control
 - b. the session will cost more money
 - c. his/her truths have been made visible
 - d. the therapist hurt him/her in some way
37. Which of the following is one of the most pleasant byproducts of emotional release but unless it is grounded, the client will usually crash into disappointment?
- a. bewilderment
 - b. dissolution
 - c. euphoria
 - d. denial
38. Sometimes clients appear “spaced-out” or unable to focus after an emotional release. This means that the content of the release was overwhelming and is known as
- a. dissolution
 - b. dissociation
 - c. disintegration
 - d. disappearance
39. What quality of armoring demonstrates the conflict and disconnection between the conscious and unconscious motivations within a client?
- a. the involuntary nature of armoring
 - b. the personality traits of the client
 - c. conscious perceptual patterns
 - d. voluntary dimensions
40. Which of the following statements about armoring is TRUE?
- a. Body armor intensifies bodily activation in emotion and somatic feedback that makes emotional experience conscious.
 - b. People usually assume their armoring patterns are an innate part of their personality rather than a defense.
 - c. The effects of armoring encourage a heightened sense within the client that his/her body is interfering with self-direction.
 - d. The effects of armoring promote development of the ability to imagine or visualize movement and any expression related to that movement.
41. In the illustration of Johnny and his mother, Johnny responded to his mother’s angry reaction with fear, manifested physically through the rising of his shoulders and diminished breathing. This physical behavior is known as a(n)
- a. mechanical release
 - b. deep-seated insecurity
 - c. organismic response to a threatening situation
 - d. existential integration of a threatening situation
42. When a person feels s/he needs something or someone s/he is afraid of, anxiety ensues. Humans usually resolve this anxiety by either expressing the feeling or
- a. numbing the feeling
 - b. defending the feeling

- c. witnessing the feeling within the self
 - d. witnessing the feeling within others
43. Armoring usually occurs when a child is in a negative situation s/he cannot escape or change and when
- a. the child doesn't identify with either of his/her caregivers
 - b. the negative event is observed objectively
 - c. the negative event is short-lived
 - d. the child is in a dependent state
44. Generally, bounding is related to
- a. blood and lymph
 - b. eyes, ears, nose and mouth
 - c. feet, legs, hands and arms
 - d. the skin and musculature
45. An overcharged continuum is indicated through frequent small movements, constant shifting, inability to sit still and
- a. feeling extreme heat on the skin
 - b. cool flaccid muscles and poor muscle tone
 - c. the energy is kept high through will-power
 - d. the feet and legs seem to push into the ground
46. The energy of an undergrounded person seems to be
- a. directed within
 - b. pushed into the ground
 - c. directed upward into the air
 - d. still, unmoving or reined in
47. The held-up knotty armoring pattern is usually found in the
- a. diaphragm
 - b. sagittal front line
 - c. lumbar region of the back
 - d. upper back between the scapulae
48. Two of the features of mesh armoring are emotionality and
- a. relaxation into the core of the body
 - b. a hypersensitivity to body sensations
 - c. increased capacity to regulate one's energetic output
 - d. the ability to feel one's body at a deep level beyond the musculature
49. The three layers of the body are the endoderm, mesoderm and the ectoderm. The most subtle aspect of armoring occurs on _____, from which emanates the body's vital energy.
- a. the endodermal layer
 - b. the mesodermal layer
 - c. the ectodermal layer
 - d. all three layers

50. Armor and character work together in that armor is the _____ of characteristic psychological defenses.
- emotional content
 - static integration
 - physical partner
 - visceral cause
51. Survival strategies of people with disembodied character structures include superiority, becoming hypercritical and
- withdrawal
 - aggression
 - perfectionism
 - conscious manipulation
52. Disembodied structures have knotty armoring, especially around the
- joints
 - diaphragm
 - lower back areas
 - chest and rib cage areas
53. People with disembodied character structures have faces that appear
- heavy and tired
 - flushed and peaked
 - frightened and edgy
 - drawn and expressionless
54. The key to massaging a client with a disembodied character structure is to
- break him/her open with strong, deep, vigorous movements
 - invite him/her back into his/her body with incremental work
 - increase body awareness with stimulating, energetic treatment that creates an "opening" with which to charge through
 - increase the mental experience of the body with long, slow effleurage strokes until s/he thinks of the body as 3-dimensional
55. A primary trait of the collapsed structure is a tendency to
- exaggerate personal worth and alienate others
 - feel needed and dominate the service industry
 - be dependent and lean on or cling to others
 - live independently and avoid contact with others
56. What is the reflexive and immediate feeling of a client with a collapsed structure?
- "I can't"
 - "I won't"
 - "I don't want to"
 - "I don't know how"
57. People with a collapsed structure expect other people to

- a. motivate them to change
 - b. ask them what their needs are
 - c. disappoint them over and over again
 - d. figure out in detail what their needs are
58. A collapsed structure results from _____ during the first 18 months of life, which eventually leads the child to believe that by being collapsed, they can be saved or nurtured.
- a. deprivation
 - b. punishment given
 - c. rules and restrictions
 - d. threats of potential harm
59. There are two patterns of the collapsed structure: collapsed and compensated collapse. Which of the following statements are true of both structures?
- a. The collapsed structure appears more often in women whereas the compensated collapse structure appears only in men.
 - b. The appearance of both structures is similar; however, the eyes and jaw of the person with compensated collapse are strong with the high energy of determination.
 - c. In contrast to the collapsed pattern, which includes rounded shoulders that are curled forward, the shoulders and upper back of a compensated pattern tries to hold up the weight.
 - d. In a collapsed position, the head and shoulders are forward, with tension placed on the upper back while the compensated position pushes the head up and the shoulders back.
60. The typical flaccidity of the collapsed structure is the cause of a client's aches and pains as well as the
- a. inability to locate them
 - b. barrier against the same aches and pains
 - c. location at which aches and pains are "corralled"
 - d. containment needed to control feelings on emotional and sensation levels
61. Which of the following massage movements can a therapist give to a client with a collapsed structure to help the client somatically experience the possibility of supporting him/herself?
- a. invigorating massage of the back, legs and feet
 - b. soft, flowing effleurage while barely touching the client's skin
 - c. gentle depression of the shoulder girdle while the client breathes into the area
 - d. massage is contraindicated for a client with a collapsed structure
62. Because massage therapists can be drawn into the collapsed structure's pattern of acting out, therapists should
- a. raise their expectations even higher
 - b. avoid people with a collapsed structure altogether
 - c. play along with the beliefs and complaints of the client
 - d. set clear boundaries from the outset and hold firmly to them
63. The compressed structure is
- a. overcharged, overgrounded and overbounded

- b. undercharged, undergrounded and underbounded
 - c. undercharged, overgrounded and underbounded
 - d. overcharged, undergrounded and overbounded
64. A person with a compressed structure can release aggression only through the experience of
- a. threats
 - b. being pushed into it
 - c. play acting and role reversal
 - d. psychotherapy where it is coaxed out of him/her
65. A client with a compressed structure has usually experienced suffocation of his/her _____ as a child.
- a. attention and responsibility
 - b. mental exploration and interpretation
 - c. personal expectations and motivations
 - d. individual impulses and autonomy
66. Compressed structure has a sheath armor that tends to be
- a. thin, yielding and sensitive
 - b. thickened, dense and numb
 - c. brittle, edgy and over-stimulated
 - d. moderate, coarse and undefined
67. People with compressed structures usually have
- a. concave chests
 - b. barrel chests
 - c. deflated chests
 - d. flattened chests
68. A massage technique that works well with people with a compressed structure is called "taking over the holding". A form of this technique is _____ through which pressure is applied broadly to the sheathy tissue.
- a. skin rolling
 - b. percussion
 - c. compression
 - d. trigger point therapy
69. Since it is easy for a client with a compressed structure to become locked into "compliance and defiance," how can a therapist verbally direct this client toward a positive result or goal, such as, breathing and relaxing?
- a. simply ask the client to perform the procedure
 - b. frame suggestions as choices and experiments
 - c. offer an open-ended suggestion about feeling the relaxing benefits
 - d. tell the client of expectations and plans for the outcome of the session
70. Which of the following signifies a rigid structure?
- a. function over feeling
 - b. feeling over function

- c. pleasure before gain
 - d. immediate gratification
71. The controlled rigid structure has _____ as a goal and fears _____.
- a. simplicity, complexity
 - b. satisfaction, monotony
 - c. perfection, spontaneity
 - d. pleasure, predictability
72. The “held up” aspect of the controlled rigid structure can be seen in the
- a. swollen, distended belly and the shoulder girdle
 - b. colossus stance, where the feet are placed far apart
 - c. tightened, pinched buttocks and tilted, undercharged pelvis
 - d. long extensor muscles of the posterior half of the body
73. Which of the following therapeutic techniques can help disorganize the monotonous energetic rhythm of the controlled rigid structure?
- a. tapotement
 - b. shaking the limbs
 - c. Japanese trepidation
 - d. all of the above
74. For the achieving rigid structure, satisfaction gained from achievements lies more in _____ the achievements rather than _____ them.
- a. resisting, enjoying
 - b. enjoying, resisting
 - c. obtaining, experiencing
 - d. experiencing, obtaining
75. In terms of balance, the knots in the paraspinal muscles of a person with an achieving rigid structure help to brace his/her body and take the place of
- a. well-grounded legs and feet
 - b. a well-bounded shoulder girdle
 - c. well-grounded arms, hands and eyes
 - d. a charged balance of the musculature in the lower half of the body
76. It is beneficial to perform deep tissue work on a client with an achieving rigid structure as well as to
- a. talk his/her internal critic into submission
 - b. teach him/her to let go through breathing
 - c. encourage him/her to seek psychological help
 - d. work randomly so the s/he cannot predict your next move
77. During or after massage, a therapist may see a degree of release or relaxation in a client with an achieving rigid structure and interpret the session as effective; however, the client may have a reaction ranging from
- a. disinterest to disdain
 - b. gratitude to humility

- c. disbelief to satisfaction
 - d. hostility to righteousness
78. Since the emotions of a person with an entertaining rigid structure are real but defensive, they tend to feel an unstable
- a. reality
 - b. identity
 - c. boundary
 - d. musculature
79. What is the primary behavioral mode of children with an entertaining rigid structure that gets them the reaction they crave from their parents?
- a. being needy and clingy
 - b. being loving and open
 - c. being demanding
 - d. being charming
80. Due to a rich stream of feedback from a client with an entertaining rigid structure, the therapist may
- a. easily and confidently break through any unconscious and conscious resistance of the client
 - b. be elated that the therapeutic work is causing so much release in the client
 - c. be drawn into "chasing" the tension all over the client's body
 - d. locate and relieve tension in the client's body with ease
81. Open still-handed touch provides a sense of security that diminishes the hypervigilance of a client with an entertaining rigid structure. This touch is effective when used on the client's scapulae,
- a. feet and knees
 - b. eyes and hands
 - c. forehead and belly
 - d. upper and lower back
82. The holding pattern of a romantic rigid structure is
- a. held up or forward
 - b. held out or back
 - c. held down
 - d. held in
83. A client with a romantic rigid structure grew up with caregivers that placed an inordinate positive or negative emphasis on
- a. seduction and eroticism
 - b. gratification and achievement
 - c. sexuality and gender roles
 - d. body acceptance and affirmation
84. The pelvis of a client with a romantic rigid structure is _____, which supports his/her entire body being overcharged.

- a. hyper-extended and locked
 - b. often held in a posterior tilt
 - c. "cocked back" in an anterior tilt
 - d. tensed, prepared to act and very upright
85. During a massage session, a client with a romantic rigid structure may
- a. apologize for an involuntary or unintended arousal
 - b. fear therapeutic touch while simultaneously desiring it
 - c. attempt to seduce the therapist into a romantic relationship
 - d. consciously plan to act out immediate sexual gratification on the table
86. If a client with a romantic rigid structure becomes sexually excited during a massage, it is important for the therapist to encourage the client to experience the sensations of the massage throughout the body by
- a. moving away from the torso to the hands, feet and head
 - b. moving from the periphery of the client's body to the torso
 - c. asking the client about his/her excitement and focus of the massage
 - d. pausing in the massage until the excitement wears off and then continuing
87. Generalized anxiety disorder affects _____ of the U.S. adult population and is more common in _____.
- a. 2.8% - 5%, men
 - b. 2.8% - 5%, women
 - c. 6.7% - 8.5%, the elderly
 - d. 9.3% - 12%, adolescents
88. Phobias have been most successfully treated with
- a. massage therapy
 - b. Japanese Trepidation
 - c. systematic desensitization
 - d. electric muscle stimulation
89. Which of the following indicates procedures a therapist should use in coping with a client in panic?
- a. Remain grounded and protect the client from harm.
 - b. Tell the client to fight the feelings or try to make them go away.
 - c. Try to figure out why the panic attack happened while the client is having the attack.
 - d. Encourage the client to look to the therapist as the source of a safe, secure person and the use of massage as an outlet.
90. Obsessive-compulsive disorder is now considered to be mainly _____ with _____.
- a. a brain disorder, genetic origins
 - b. a genetic disorder, familial interactions
 - c. the result of life experiences, cognitive limitations
 - d. environmentally-influenced, neurobiological factors

91. Which of the following are the most likely symptoms to appear while massaging a client with post-traumatic stress disorder?
- incremental increase in patterns of defense or protection
 - emotional numbness or disconnection with the body
 - episodes of physically acting out
 - fragmentary body memories
92. Despite a normal or high level of intelligence, people with attention-deficit hyperactivity disorder often have
- nightmares
 - low self-esteem
 - emotional anesthesia
 - exaggerated startle responses
93. The most prevalent and pervasive symptom that an alcoholic exhibits overall is
- denial
 - gastritis
 - agitation
 - sleep disturbance
94. Signs of anorexia include
- intense fear of gaining weight
 - loss of healthy sensation in the body
 - weak kinesthetic sense of body proportion
 - all of the above
95. One study on the effects of massage on bulimic subjects indicated
- improved body image overall
 - lower levels of anxiety and depression
 - decreased use of self-induced vomiting
 - improved sense of control over eating habits
96. Symptoms such as feelings of emptiness and diminished interest in activities, must be present for at least _____ to be considered a depressive mood disorder.
- 5 days
 - 2 weeks
 - 6 weeks
 - 3 months
97. Psychosis is generally
- responsive to massage
 - indicated for massage
 - contraindicated for massage
 - triggered by massage therapy
98. Massage therapy can be beneficial for clients who have experienced sexual and physical abuse if
- the massage therapist uses a still hand or a soft touch that barely touches the skin

- b. performed in collaboration with a qualified mental health professional
 - c. it works through the emotional resistance that is associated with shameful feelings and other symptoms of abuse
 - d. the therapist interprets symptoms of the client as those of sexual abuse and leads the client to this conclusion
99. According to the material, which of the following fears is associated with chronic illness?
- a. fear of abandonment
 - b. fear of close places
 - c. fear of victimization
 - d. fear of unpredictability
100. If a client complains of marital problems, the therapist should
- a. offer advice
 - b. talk about his/her own marital problems
 - c. forcefully direct the client to a marriage counselor
 - d. remain aware of transference and countertransference issues
101. Which of the following offers more information about disorders, problems and health conditions?
- a. Anxiety Disorder Association of America
 - b. The Wounded Healer Journal
 - c. HealingWell.com
 - d. all of the above
102. If a mental health professional refers a client to a massage therapist and discusses with the therapist what s/he wants done on the client, then
- a. a written authorization for the professional and therapist to consult with each other is needed
 - b. an oral authorization by the client is all that is necessary for the professional and therapist to consult with each other
 - c. authorization may or may not be needed, depending on the people involved
 - d. the therapist and professional may consult with each other without any authorization whatsoever
103. Which of the following types of mental health professionals is the most likely to treat people with mental health problems?
- a. psychiatrist
 - b. clinical psychologist
 - c. psychopharmacologist
 - d. body psychotherapist
104. According to the American Psychological Association, what is an objective of counseling?
- a. healing the mind and soul
 - b. preventing and/or treating mental disorders
 - c. helping people toward overcoming obstacles to their personal growth
 - d. integrating alienated aspects of a person into a consciously acknowledged whole

105. The two most common risks of collaboration between a client's massage therapist and mental health professional are
- disabling and role reversal
 - splitting and triangulation
 - elevated and depressed emotional states
 - delusions and flattening of emotional expressiveness
106. If a client is seeing a mental health professional and s/he balks at a suggestion from the massage therapist to bring relevant psychological information to his/her mental health professional, the therapist should
- simply tell the client's mental health professional
 - forcefully direct the client to tell the mental health professional
 - seek supervision as to how to proceed and what legal obligations exist
 - ignore the information, however important, while figuring it's the client's responsibility
107. In all cases, permission must be granted by the client before his/her massage therapist and mental health professional can communicate with each other except when the client refuses to take appropriate action and
- the client is clearly a danger to him/her self
 - the client says something about one to the other
 - the massage therapist and mental health professional are related
 - both the massage therapist and mental health professional are on friendly terms with the client
108. A massage therapist's referral network should include
- physicians and psychotherapists
 - hospices and refuge houses for domestic violence
 - eating disorders and sexual dysfunctions specialists
 - all of the above