

Amazing New Workshop! EFT and the Awakened Mind: Cultivating Advanced Brain States



Eric Robins, MD

Co-author of [Your Hands Can Heal you](#).**"I frequently use EFT for my patients with great results."**

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EFT In The News

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Fears and Phobias

In this fascinating case study, Roberta Leah Moon shows how traumatic memories can manifest as seemingly unrelated present-day issues. Once the root of the problem is uncovered, the negative energetic charge is released through the use of EFT and Moon's client is freed from his phobia. [Email Roberta](#) and visit [her website](#).

- Courtney A.

By **Roberta Leah Moon**

HIGH ALTITUDE CASE STUDY: or trauma, strangulation, and suffocation

Background/Presenting Issues

This client, we will call him Edgar, is in his late 50's, married and is a secondary teacher with an ongoing interest in nutrition and alternative modalities. Edgar has been an EFT client previously with positive outcomes. He stated on several occasions that high **altitude sickness** had reduced his enjoyment when visiting the mountains. He had an upcoming trip to the mountains and came for a session with the hopes of a more successful visit to the mountains. In the past, he had tried various herbal preparations prior to and during his higher altitude visits. He still experienced dizziness, **headache**, and tiredness without ability to rest. He stated he was slow to adjust to the thinner air despite these preparations. He also indicated he made great effort to stay well hydrated and still remained without any relief. He stated how much he looked forward to and enjoyed his visits to the mountains. He said he even hoped to move to such a place in the future.

Edgar did not understand why the others that traveled with him experienced little, if none, or very brief adjustment, while he was forced to limit his activities due to his lack of ability to adjust. He said he had no negative memories from visits to these kinds of regions and did not understand and expressed his curiosity and desire to **apply** EFT to the symptoms.

Session

Edgar indicated his desire to participate in this trip without the side effects of his previous experiences, but, he was now concerned about how he might feel once there. Before we began I asked him to blow up a small brown paper bag, close it with a twisty. This was a fun way to begin our session that relaxed us both. The bag acts as my **Tester** as it contains the client's own CO2 and is an ideal **high altitude simulator**. I came across the brown bag high altitude simulator in my studies several years ago and I have used it since then. Edgar was looking forward to seeing how the bag was used.

Beginning SUDS

When I asked him if he were to imagine now how he might feel in the mountains on this trip, he gave a SUDS level of 8. I started with a general **global** approach and round to evaluate where we were.

Set Up

Using the "**Sore Spot**" we did a setup for **psychological reversal**:

"Even though I have this altitude sickness, I deeply and completely love and accept myself."

1st Round using classic sandwich including Gamut. I use the full rounds with Edgar to start with because he seems to enjoy it and have comfort with the exactness of the routine. This also provides with me the opportunity to "log on and in" to his session energetically. Shortly thereafter, I institute shortcuts as I sense where and how to tap. **SUDS = 8/9.**

Practitioner/Core Issue Reveals Itself

Edgar said a memory had come back to him of being strangled when he was younger. He said he had no SUDS level on this incident and did not feel any intensity. Edgar did not place much emphasis on this memory just a passing comment.

All of his body indicators suggested this was correct. We had previously treated this "strangle incident" and gone to a zero and we both felt it was just a memory without a **zzzzt**. Just in case we had missed an **aspect**, I **reframed** my



question one more time.

Test "Is there anything else about the "strangle incident" we previously worked on that bothers you?"

I noticed as I asked this question that the brown paper bag was right next to Edgar's hand and he may have even been touching it or it him as we had done our 1st round. Before continuing I removed the bag to another room out of sight. I sensed that this simple brown paper bag was instrumental in what had just happened and worth keeping an open mind about through the rest of his session.

Edgar/New Aspect

(Paraphrased) No,...oh...a little of the feeling of his hands on my throat.

Set Up

"Even though I have this feeling of his hands on my throat I deeply and completely accept myself."

SUDS = 8

Edgar/Aspect

(Paraphrased) *My muscles are tight, I can feel how I tightened them to protect myself and it stays with me. I can feel it right now.*

Set Up

"Even though I have these tight throat muscles I'm okay now and I deeply and completely love and accept myself."

Practitioner (New Aspect/Cognitive Shift)

As we did the setup above, Edgar stopped to tell me his muscles were tight to protect himself and he thought he tightened them now whenever he found himself in an unsafe situation. He added he also thought he clenched his teeth at the same time. And, as he looked back it seemed to him that he had begun clenching his teeth after the incident but had never connected it. Edgar felt he had a great insight into something he thought he had resolved as well as an answer to his long-standing dental issues of clenching his teeth.

New Set Up

"Even though I have these tight teeth and throat muscles to protect myself, I'm okay and I deeply and completely love and accept myself."

Rounds on head, CB, wrists, UA, CB...

SUDS = 6/7

Practitioner

A discussion followed as he processed his realization of connecting the teeth and the throat and how he used that combination after the incident to protect himself in various situations.

Cognitive Shift

He said he was relieved to understand the connection now. It was suggested that the incident was over and that there might be value letting it go. It may not be necessary to clench and tighten now. He agreed and indicated he was open and willing to release this but still felt he was carrying the sensation quite a bit.

Set Up - Remainder

"Even though I still have some of this throat and teeth tightness, I'm still okay and I deeply and completely accept myself."

Round/Remainder

Remaining throat and teeth tightness

SUDS = 4

Set Up

"Even though I still have some of this remaining "protection tightness" I choose to let it go and I deeply and completely love and accept myself."

Round =Protection Tightness

Practitioner

We tapped as we discussed and moved from "Protection Tightness" to various statements of a positive nature. TOH (top of head), UE, UN, Chin, CB, UA, Wrists, CB, KC... *I can choose to let it go, Wrist, CB, UE, It is in the past,I can let it go....clenching my teeth and throatending with tapping up the sternum and ending under the nose.*

SUDS = 2

Edgar

(Paraphrased) *It's not his hands on my throat but how my throat felt afterwards.*

New Aspect

He has moved from the hands on his throat to the feeling afterwards.

Set Up on KC Point

"Even though I have this "throat feeling" afterwards, I'm really okay and I choose to let it go while continuing to love and accept myself."

Round

KC, CB, KC, *added tap up sternum, 6 second eye roll.*

SUDS = 1

Round

Here I chose to use some of Pat Carrington's positive installation technique with three rounds without stopping.

1st with negative, 2nd with positive and negative and third with positive.

1st Round

"Even though I still have some throat feelings left, it's okay and I chose to love and accept myself just as I am."

"These feelings"

Top of Head, all points on head, CB, underarm *"remaining feelings"* wrist.....tapping until this phase feels complete.

2nd Round

Starting at top of head and continuing to tap spontaneously alternating positive and negative statements as I moved through the points.

I chose to release these "feelings". I don't need them anymore to protect myself, eyebrow = yes I do, SE= No I don't. UE = I really don't need them anymore- alternating positive statements with negative statements. I no longer need to protect myself clenching and tightening.

3rd Round

Starting at top of head and tapping spontaneously according to where I was led.

I used positive statements and ended with filling any voids or spaces where the negative ones could have been.

"I chose to release these feelings, I am free to feel safe about my throat now. I chose to release this incident..."

SUDS = 0

Testing

Is there anything else about this strangling incident that bothers you?

Edgar

(Paraphrased) I don't think it really was the strangling incident.

Test/Daisy Chain Possibility

Does that remind you of something else?

Edgar/Core Issue

(Paraphrased) *I can see a pillow over my face as a tiny child or infant –someone had to put it there - I don't know who it could be but my mother or brother? I think the real cause is this pillow of suffocation before I am old enough to remember. This memory is so clear but so faint that I feel like I am making it up or maybe betraying someone by remembering it.*

Practitioner

Daisy Chain did present itself here. High altitude sickness is making so much sense as we continue on to the next event. Who would have known? We really are on a direct path to the cause of high altitude sickness. "What about this memory bothers you most?"

Edgar

(Paraphrased) *I see the white pillow, a pillow that looks like it doesn't have the pillowcase on it. It is the image of this rather large white pillow and it must be on my face or why else would I see it so close up?*

Practitioner

Is there anything else about this pillow?

Edgar

No – I can just see it over me.

Practitioner

Do you want to do some rounds with the pillow?

Edgar

Yes

SUDS = *I don't know. I can just see it and I feel it is more important and the reason -more so than the strangling we worked with. That doesn't feel important now. I don't have a number.*

Practitioner/NO SUDS Technique

Is what you see fuzzy or clear? = Fuzzy

Is it in black and white or colour? = Black and white

Are you part of the picture or watching the picture? = I am part of it.

Is the scene far away or near? = Right in my face

Set up

"I accept myself even though I have this fuzzy pillow memory."

Round

"This fuzzy pillow memory."

TOH, CB, UA, Wrist, UN.....

Test

Is the picture more fuzzy or clearer? = Fuzzier, fainter, I can barely see it.

Is it still black and white? = Grey now.

Is it farther away? = Yes, fading, weaker, I cannot really see it well at all – off in the distance.

Round/Remaining

"Even though I still have some of this fuzzy grey image left, I deeply and completely love and accept myself."

"Remaining image"

Test

How does the picture look now? = I can barely see it or know what it is and it is way in the distance.

Round

"Even though I can barely see this picture, I love and accept myself."

"Remaining"

Test

What does the picture look like now? = It is a tiny distant dot.

Round/remainder

"Even though there is still some of this dot left, I love and accept myself."

"Remaining dot"

Test

Where is the dot now?

Edgar

It's gone.

Test/Practitioner

Is there anything else that bothers you about that picture?

Edgar

Not that I can think of.

Test/Practitioner

Does it remind you of anything or something else?

Edgar

No

Test/Practitioner

When is your upcoming trip? = 2 weeks

What would you say your concern is on a 1-10 as you now imagine this trip?

SUDS = 2

Set Up

"Even though I have this high altitude "2" I deeply and completely accept myself."

SUDS= 1

Set Up/Remainder

"I accept myself even though I still have some of this high altitude 1."

Round/Remainder

TOH, CB, Wrist, KC and ended with 6 second eye roll and tapping up the sternum to under the nose.

SUDS = 0

Test

I retrieved the brown paper bag filled with Edgar's own expelled air from the other room and asked him to hold it in his hand while he imagined how he would feel while at his trip's destination at high altitude.

SUDS = 0, He said he felt fine.

Follow-up

Edgar said he did not have any anxiety towards his trip for the remaining two weeks before he went. He said he forgot about his concern and spent his time before the trip excited and looking forward to seeing how our session impacted his adjustment to the thinner air. Edgar's trip was cut short to less than 3 days for other reasons, but he experienced no noticeable reactions to the higher altitude while there. He wished he were able to have stayed longer to test it even more and is happily anticipating his next trip to do just that.

Practitioner's Thoughts

I believe that the brown paper bag played a role in triggering the core issue for Edgar's high altitude sickness while he was blowing it up and fastening it as well as it being in proximity of his body through the first round.

Edgar also feels handling the bag while he blew it up, tied it off, and being in touch or proximity of it during the first round catalyzed his strangling and pillow memories.

It is curious that the "constricted breathing" technique never came in to play in this session. It is in the front of my tool box, used to begin many sessions or as a standalone and it did not come to the forefront as a tool. I did not even think of it until writing this summary now. I believe if one is diligent in having a good knowledge base that the right tools will present themselves and this tool was not for this session.

It is my observation that the subconscious mind remembered and recognized the energy of the CO2 in the bag and equated it with both the strangling incident and the pillow/infant incident allowing him to recall these memories. The pillow incident was more quickly dealt with, rapidly going to a 0. Since Edgar could not initially give me a SUDS on the pillow I switched to a picture of it and the color and where he was in the picture....Either the pillow aspect was a quick one minute miracle or the round was able to address all that was needed to release this memory.

Edgar was not interested in learning more details about the fuzzy picture and took its own natural conclusion with a few short rounds.

Conclusion

This session surely reflects that what appears to be purely physical may not be at all. High Altitude was not the core issue as it initially appeared but the strangling and pillow.

This was an interesting series of events from what looked like a simple attempt to relieve high altitude sickness that led us through a trauma and into his infancy and onto a successful "0" and finally a successful trip without symptoms. Some sessions take on a sequence and life of their own as both practitioner and client traverse interesting ground (mountains and brown paper bags) together. I look forward to hearing about his experiences when he is able to spend a longer time in the mountains.

No new appointment was made.

Roberta Leah Moon

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