Essential Self-Forgiveness
Letting Go of Fear

THE SITUATION

1. A situation around which I feel I feel afraid is...
   __________________________________________________________
   __________________________________________________________

2. The name of the person/entity involved in this situation is ________

3. I am most afraid of_________________________________________
   __________________________________________________________

THE FEAR FEELINGS

4. Other names for the kind of fear I feel are ■ Anxious ■ Scared
   ■ Panicky ■ Worried ■ Terrified ■ Apprehensive ■ Dread ■ Concern
   ■ Timid ■ Uneasy ■ Phobic ■ Suspicious ■ Other ________________

5. On a scale of 0 to 10, the intensity of this fear is about a ________

6. The physical sensations that I feel when I feel this fear is...
   __________________________________________________________
   __________________________________________________________

7. I would describe my physical posture when I feel this fear as...
   __________________________________________________________

8. I would describe my facial expression as ______________________

THE THOUGHTS AND BEHAVIORS

9. I’m telling myself things like __________________________________
   __________________________________________________________
   __________________________________________________________

10. I’m imagining things like __________________________________
   __________________________________________________________
   __________________________________________________________

11. The way I’m acting is _____________________________________
    __________________________________________________________
## BELIEFS, EXPECTATIONS AND PERCEPTIONS

12. What I am afraid will happen is __________________________________________________________

13. The *worst* thing I imagine is __________________________________________________________

14. How I view myself is ________________________________________________________________

15. What I think I should do is ____________________________________________________________

## TAKING RESPONSIBILITY

16. Could I *welcome* this fear? __________________________________________________________

17. Could I *take responsibility* for this fear? ______________________________________________

## CONNECTING THE PAST WITH THE PRESENT

18. Previous time(s) and place(s) where I felt a similar fear was when…
   - The time when ________________________________________________________________
   - The time when ________________________________________________________________

19. What I made these situations mean about me was ______________________________________

20. The core beliefs that I developed about myself and my life were __________________________

## THE IMPACT OF THESE EMOTIONS

21. What this fear is doing *to* me is ______________________________________________________

22. What this fear is *costing* me is ______________________________________________________

23. The *payoff* that I get in keeping this fear is ____________________________________________

24. The possible difference it could make to me and my life if I could be free of this fear is  
   ________________________________________________________________
UNDOING THE FEAR

25. Is this feeling of fear a part of me or the whole of me? ______________
26. How long do I believe I need to feel afraid? ______________________
27. Is it possible for me to let this fear go? ______________________
28. My biggest fear or resistance to letting this fear go is ______________
29. Does any other time but now exist? ______________________
30. Am I willing to let this fear go? ______________________
31. When? ______________________
32. Are these feelings present in this moment as I write? ______________
33. The intensity of these feelings on a scale of 0 to 10 are about a ______

NEW POSSIBILITIES

34. If I had the power to create any other feeling in place of this fear, I would like to feel ______________________
35. Could I let that feeling in? ______________
36. Would I let that feeling in? ______________
37. When? ______________
38. Am I present in this moment at all to that new feeling? ______________
39. If this new feeling made a statement or had a voice in me this new feeling might say…
   ______________________
40. The way I could view this situation differently is…
   ______________________
   ______________________
41. A loving action I might take could be ______________________
   ______________________
42. Could I love and accept myself as I am? ______________________
43. What I could be grateful for is ______________________
   ______________________
44. A loving note to myself: ______________________
   ______________________