## Essential Self-Forgiveness
### Letting Go of Guilt

#### THE SITUATION

1. A situation around which I feel some sort of guilt is...
   – [Blank Line]
   – [Blank Line]
   – [Blank Line]
2. The name of the person/entity involved in this situation is _________
3. I blame myself for _______________________________________________
   – [Blank Line]
   – [Blank Line]

#### THE GUILT FEELINGS

4. Other words that describe the kind of guilt I feel are... □ Ashamed □ Embarrassed □ Regret □ Sorrow □ Remorse □ Sinful □ At fault □ Worthless □ Failure □ Humiliated □ Inferior □ Useless □ Other _____
5. On a scale of 0 to 10, the intensity of this guilt is about a __________
6. The physical sensations that I feel when I feel this guilt are...
   – [Blank Line]
   – [Blank Line]
7. I would describe my physical posture when I feel this guilt as...
   – [Blank Line]
8. I would describe my facial expression as ______________________

#### THE THOUGHTS AND BEHAVIORS

9. I’m telling myself things like ______________________
   – [Blank Line]
   – [Blank Line]
10. I’m imagining things like ______________________
   – [Blank Line]
   – [Blank Line]
11. The way I’m acting is ______________________
   – [Blank Line]
   – [Blank Line]
BELIEFS, EXPECTATIONS AND PERCEPTIONS

12. The values and beliefs I feel I’ve violated are ____________________________
                                                                                   __________________________________________________________
13. What I would not want anyone to know is…
                                                                                   __________________________________________________________
14. How I view myself is ____________________________
15. What I think I should have done is ____________________________
                                                                                   __________________________________________________________

TAKING RESPONSIBILITY

16. Could I welcome this guilt? ____________________________
17. Could I take responsibility for this guilt? ____________________________

CONNECTING THE PAST WITH THE PRESENT

18. Previous time(s) and place(s) where I felt a similar guilt 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 guilt is doing to me is ____________________________
                                                                                   __________________________________________________________
22. What this guilt is costing me is ____________________________
                                                                                   __________________________________________________________
23. The payoff that I get in keeping this guilt is ____________________________
                                                                                   __________________________________________________________
24. The possible difference it could make to me and my life if I could be free of this guilt is ____________________________
                                                                                   __________________________________________________________
UNDONE THE GUILT

25. Is this feeling of guilt a part of me or the whole of me? ______________
26. How long do I believe I need to feel guilty? __________________________
27. Is it possible for me to let this guilt go? ____________________________
28. My biggest fear or resistance to letting this guilt go is__________________
29. Does any other time but now exist? _________________________________
30. Am I willing to let this guilt 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 guilt, 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:______________________________________
    _____________________________________________________________