

# GETTING REAL TO HEAL YOUR RELATIONSHIPS

Please use a journal to answer the following questions about your life.  
Trust the process.

Your Name: \_\_\_\_\_

## **FACTS: LIFE + LIFESTYLE**

Relationship Status:

Single   Cruising   Dating   Partnered   Married   Separated   Divorced   Widowed

If you are single, how long have you been single?

What happened with your last breakup? (Bullet point facts. No journaling, please.)

If you are partnered, please list the name(s) and relationships of the person or people with whom you are in partnership.

How long have you each known each other?

Do you have children together?

Children? Names and ages:

Are there children who share your lives that have parents who are elsewhere? If so, please list their names and ages:

Pets? Names, ages, and breeds:

Are you currently working? If so, what do you do?

## **PARENTAL HISTORY**

Who raised you?

Were your parents your biological parents?

Were you raised by a single parent?

If your parents split up, how old were you?

Did you have other primary care givers like aunts or uncles, guardians or foster parents?

## **RELATIONSHIP SAFETY AND STABILITY**

If you're currently in a relationship, do you consider it to be stable? Why or why not?

Do you feel safe in your personal relationships?

Have you ever had the feelings of being repeatedly hurt, repeatedly put down or experienced any other kind of hurting by a parent, parental figure, or a partner?

Are you being or have you ever been hit, slapped, kicked, pushed or otherwise physically hurt by a parent, parental figure, or partner?

Are you experiencing or have you ever experienced uncomfortable touching or forced sexual contact?

Have you ever sought therapy, counseling, or support in dealing with any of the above?

## **MIND**

What do you worry about? What keeps you up at night?

What stresses you out on a regular basis?

Have you ever been treated for or do you believe you have ever struggled with any kind of addiction? To what and when?

What happens when you engage with your addiction?

Are you attending 12-step meetings or working with a doctor?

Have you ever had thyroid or hormonal problems?

Are you being treated for your thyroid or hormonal problems?

If not, has a medical provider ever tested you for thyroid or hormonal problems?

Have you been tested for gluten allergy or intolerance?

Do you have any food allergies or intolerances?

What happens when you consume those foods?

Are you continuing to eat those foods despite the allergy or intolerance?

How is that working for you?

Have you been diagnosed with any blood sugar imbalances?

What are you doing to manage this issue?

How is that working for you?

Are you currently using hormonal birth control? If so, what kind?

Have you spoken with a doctor about any uncomfortable side effects?

Do you experience any pain or discomfort during sex?

If so, have you spoken to an appropriate professional about this issue?

## **BODY**

What did you eat yesterday?

What did you eat today so far?

How is that working for you?

List any vitamins or herbal supplements you are taking:

What is your current consumption of:

Fast food \_\_\_\_\_

White sugar and/or high fructose corn syrup \_\_\_\_\_

Artificial sugar \_\_\_\_\_

Alcohol \_\_\_\_\_

Black tea \_\_\_\_\_

Coffee \_\_\_\_\_

Other caffeine \_\_\_\_\_

Soda \_\_\_\_\_

Cigarettes \_\_\_\_\_

E-cigarettes \_\_\_\_\_

Marijuana \_\_\_\_\_

Tylenol \_\_\_\_\_

Prescription medications that are not prescribed to you \_\_\_\_\_

Hallucinogens (please list types) \_\_\_\_\_

Cocaine \_\_\_\_\_

Heroin \_\_\_\_\_

Crystal Meth \_\_\_\_\_

Other non-legal drugs \_\_\_\_\_

What type of physical activity are you getting each week?

How much exercise do you get per week?

How is that working for you?

How many hours do you sleep at night?

How is that working for you?

## **SPIRIT**

Please describe your current emotional status:

What is your religious/spiritual preference?

Do you have a word you like to use for a “higher power” or an “inner power”? Ex: God/the universe/energy/life?

Describe your spiritual beliefs and how they affect your life.

Do you have a daily spiritual or wellness practice? What does it involve?

How often do you do this practice?

When did you implement this practice into your life?

Do you meditate?

If so, what type(s) of meditation do you practice?

How is that working for you?

## **RELATIONSHIPS: PARENTAL IMPRINT**

*This is not the time to be positive; it's time to release the poison.*

What did you believe about marriage/long-term relationships and the people who had them when you were a child?

Do any wonderful or not-so-wonderful conversations about marriage or long-term relationships stand out in your mind and delight you or bother you?

What did you learn from parent #1 about marriage and long-term relationships? (Please specify who they are to you—e.g. “my mother”.)

What did you learn from parent #2 about marriage and long-term relationships?

(If you have additional parental figures, please list what you learned from them.)

What did you learn from your community about marriage and long-term relationships?

What did you learn from your teachers about marriage and long-term relationships?

What did you learn from your religious group about marriage and long-term relationships?

What did you learn from culture (television, billboards, social media) about marriage and long-term relationships?

What did you learn from your friends about marriage and long-term relationships?

## **ROMANTIC LOVE: IMPRINT**

*This is not the time to be positive; it's time to release the poison.*

What did you believe about love relationships and the people who had them when you were a child?

Do any wonderful or not-so-wonderful conversations about romantic love stand out in your mind and delight you or bother you?

What did you learn from parent #1 about love? (Please specify who they are to you—e.g. “my mother”.)

What did you learn from parent #2 about love?

(If you have additional parental figures, please list what you learned from them.)

What did you learn from your community about love?

What did you learn from your teachers about love?

What did you learn from your religious group about love?

What did you learn from culture (television, billboards, social media) about love?

What did you learn from your friends about love?

## **SEX: IMPRINT**

What did you believe about sex and the people who had it when you were a child?

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Do any wonderful or not-so-wonderful conversations about sex stand out in your mind and delight you or bother you?

What did you learn from parent #1 about sex? (Please specify who they are to you—e.g. “my mother”.)

What did you learn from parent #2 about sex?

(If you have additional parental figures, please list what you learned from them.)

What did you learn from your community about sex?

What did you learn from your teachers about sex?

What did you learn from your religious group about sex?

What did you learn from culture (television, billboards, social media) about sex?

What did you learn from your friends about sex?

## **SELF-PLEASURE: IMPRINT**

What did you believe about self-pleasure and the people who did it when you were a child?

Do any wonderful or not-so-wonderful conversations about self-pleasure stand out in your mind and delight you or bother you?

What did you learn from parent #1 about self-pleasure? (Please specify who they are to you—e.g. “my mother”.)

What did you learn from parent #2 about self-pleasure?

(If you have additional parental figures, please list what you learned from them.)

What did you learn from your community about self-pleasure?

What did you learn from your teachers about self-pleasure?

What did you learn from your religious group about self-pleasure?

What did you learn from culture (television, billboards, social media) about self-pleasure?

What did you learn from your friends about self-pleasure?

## **SEXUALLY TRANSMITTED DISEASES + INFECTIONS: IMPRINT**

What did you believe about STDs and STIs and the people who had them when you were a child?

Do any wonderful or not-so-wonderful conversations about STDs and STIs stand out in your mind and delight you or bother you?

What did you learn from parent #1 about STDs and STIs? (Please specify who they are to you—e.g. “my mother”.)

What did you learn from parent #2 about STDs and STIs?

(If you have additional parental figures, please list what you learned from them.)

What did you learn from your community about STDs and STIs?

What did you learn from your teachers about STDs and STIs?

What did you learn from your religious group about STDs and STIs?

What did you learn from culture (television, billboards, social media) about STDs and STIs?

What did you learn from your friends about STDs and STIs?

## **RELIGION: IMPRINT**

In what religion or spiritual belief system were you raised, if any? Be as specific as possible.

Were religious beliefs an influential aspect of your upbringing? Describe the ways that stand out to you.

In what ways did your religious beliefs influence your thoughts on relationships and marriage?

Did you experience any shaming or abuse in a religious setting? Please describe and give examples.

Did you experience any religion- or gender-based shaming or abuse from family members?

Have you experienced negative messaging about gender, sexuality, or race from a religious space? Please describe.

Did any of these messages seem connected? (For example, “I felt I was shamed for getting an STD because I was a girl.”)

**FEARS**

List your fears about marriage.

List your fears about long-term relationships.

List your fears about romantic love.

List your fears about sex.

List your fears about self-pleasure.

List your fears about STIs and STDs.

**ANGER**

List any people with whom you are angry regarding what you have learned or experienced pertaining to any of the above. Just list their names.

**YOUR FUTURE**

Restate your one-sentence intention for the course here. Write it down.

**CREATE A VISION**

*Take a moment and imagine your one-sentence intention has already come true: you are this person you imagined becoming. From her perspective, make up new beliefs.*

What does she believe about marriage? (List one joyful belief that makes her feel free.)

What does she believe about long-term relationships? (List one joyful belief that makes her feel free.)

What does she believe about romantic love? (List one joyful belief that makes her feel free.)

What does she believe about sex? (List one joyful belief that makes her feel free.)

What does she believe about STIs and STDs? (List one joyful belief that makes her feel free.)