

Figure 5. Limiting belief worksheet

Write painful thought here

Now ask yourself – “If this thought were true what would this say about me?”

And “If this thought were true what would it mean about me?”

And “If this thought were true what would it say about me?”

And “If this thought were true what would it mean about me?”

And “If this thought were true what would this say about me?”

Limiting Belief

Note how it feels in your body when you have this thought (e.g., stomach tightening, fists clenching, throat drying etc.)

Note feelings in your body when you have this thought

Note feelings in your body when you have this thought

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