

Release of Liability for **Whole Soul Ministry**, Paula Finch and  
Team Members for Providing Ministry

I (name) \_\_\_\_\_ acknowledge that Paula Finch and other team members for **Whole Soul Ministry** have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members are, to the best of their ability, doing what they can to help me achieve more freedom in my life.

I understand that **Whole Soul Ministry (WSM)** does not charge for its services. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry. All guidance, counsel, and advice that I receive will be based on Scriptural principles and Christian biblical standards as spelled out in the Holy Bible, the written Word of God. I further understand and acknowledge that all ministry is under the direction and control of the Holy Spirit and that no guarantees are made, nor can be made, with regard to my healing and/or freedom.

I understand that if I receive ministry from **Whole Soul Ministry, Paula Finch and WSM** team, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared anonymously with other leaders of **WSM** to further train leaders.

I agree to hold **WSM, Paula Finch** and all other team members free from any and all liability, loss, or damage of any kind that may arise as a result of assistance or ministry which I have received or from my involvement with **WSM**.

I have read this disclaimer and release of liability. I understand and agree with it and have executed it as a free and voluntary act on my part.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email \_\_\_\_\_

Phone \_\_\_\_\_

Recommended Donation Guidelines

Ministry is free but donations are appreciated to cover the cost of materials and time off from work.

[General information about receiving ministry](#)

As you share your heart on the following pages, we assure you of confidentiality. Please be certain that you have read *and understood* the liability release on the previous page. Let us know if you have any concerns regarding the privacy of

your information. For those requesting complete privacy, we will strike liability release language to void the clauses that allow for anonymous sharing of information in teaching.

This ministry cannot be reduced to a formula by which you know that healing is complete. It is rare to heal all broken parts of a person in one multi-day ministry. This is usually because our hearts are not always emotionally ready to deal with every issue that caused a break. Please understand that some degree of follow-up may be needed within weeks or months after completing the first round of ministry to ensure complete healing.

**A word about medication:** Parts are typically found through our emotions. Some medications can pacify emotions enough to cause some parts to remain unfound until the medication has ceased. Consult your doctor before altering or stopping your medication for your ministry appointment. Stay in touch with your doctor if you alter usage of medication for ministry. Ministry and medical care are and should be managed as separate, non-interchangeable services. We do not provide advice concerning medical care.

### Filling out the Confidential Personal Inventory Form

The purpose of this form is to provide a profile of areas of your life in which emotional and spiritual strongholds may have been formed. This requires your complete honesty. Please be assured that you cannot tell us anything that will cause us to think less of you, scorn you, or look down upon you in any way. Honesty endears us to our ministry recipients. When we see problems and struggles, we rejoice in the opportunity people will have to experience God's wonderful blessings as they are set free from these same problems and struggles.

As you fill out the form, please:

- Pray before and during your work on the form.
- Be thorough but we will cover details during your sessions. If we are missing important information, the freedom process can be made much more difficult, or even fail.
- Read the instructions for each step carefully.
- Provide the year (or your age) for all significant events that you describe.
- Tell us your story!!! At the end of the form, there is free space for you to write in your own words. Feel free to send us a Word document or email in place of this. It is not uncommon for people's stories to provide us with as much or more useful information than the inventory form itself! Please tell us:
  - About the major events of your life that caused you hurt, difficulties, trauma, or great disappointment.
  - How these events made you think and feel about yourself.
  - How old you were when each event occurred.
  - How you feel about yourself now, and why you are seeking freedom ministry.

Remember, more information is better. If in doubt about whether you should include something, please do.

This form must be brought to your first ministry session or you can mail the form to **2745 Collins Drive, Conway, AR 72034** or provide us with a **very legible scanned copy via email** to **info@wholesoulministry.org**. We reserve the right to reschedule appointments when forms are incomplete or not brought to the scheduled session.

Call or email us if you have questions: [info@wholesoulministry.org](mailto:info@wholesoulministry.org), 501-428-3943

# CONFIDENTIAL PERSONAL INVENTORY

## **Personal Information**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Church affiliation: Present \_\_\_\_\_ Past \_\_\_\_\_

Vocation: \_\_\_\_\_ Employment: \_\_\_\_\_

Education—Highest completed and degree/diploma received:  
\_\_\_\_\_  
\_\_\_\_\_

Please give the names and ages of your siblings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Number of times divorced (if any): \_\_\_\_\_

Please list full name/s of ex-spouse(s), date of marriage and divorce:  
\_\_\_\_\_  
\_\_\_\_\_

Children's names and birth dates; indicate if adopted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding felonies/warrants for your arrest? \_\_\_\_\_

## **Video Ministry Information:**

1. If receiving ministry via the internet, what video service do you prefer?

Zoom \_\_\_\_\_ Google Hangouts \_\_\_\_\_ Apple FaceTime \_\_\_\_\_

2. What ID do you use with your video service? \_\_\_\_\_

**Reason(s) for seeking ministry**

1. What kind of struggles motivated you to seek ministry?

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2. Are there some personal behaviors that particularly trouble you? \_\_\_\_\_ If yes, please describe:

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3. What kind of ministry, mental health, and/or medicinal help have you sought in the past?

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Did it help? \_\_\_\_\_ If so, how? \_\_\_\_\_

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4. Do you feel that there are “different parts” of you that pull you in different directions, want different things in life, etc.? \_\_\_\_\_

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5. Do you experience periods of intense emotions or obsessions that can take over your behavior or mood? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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6. Have you ever felt as if you were watching yourself do something (as described in the brochure)?

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## **Salvation**

1. If you were to die today, do you have any doubt about where you would spend eternity? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. When did you receive Christ as Savior? \_\_\_\_\_
3. Describe your salvation experience: \_\_\_\_\_  
\_\_\_\_\_
4. Are you trusting in anything other than the shed blood of Jesus alone for your salvation? \_\_\_\_\_  
\_\_\_\_\_
5. Do you struggle with doubts about your eternal security? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. What religion or denomination were you raised in? \_\_\_\_\_  
\_\_\_\_\_
7. Describe the religious atmosphere of the home where you grew up: \_\_\_\_\_  
\_\_\_\_\_

## **Identity**

1. What do you really think about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What do you really believe other people think about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you really believe God thinks about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Relationship with God**

1. Do you feel that God loves and favors you equally to other people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you angry at God? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do have trust issues with God? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Do you feel that God is withholding blessings from you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Why does God love you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Do you read the Bible regularly? \_\_\_\_\_ If yes, where, when, and to what extent? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Do you find prayer time with God difficult mentally? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Do have trouble hearing God speak to you? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. While attending church or other Christian ministries and functions, are you plagued with foul thoughts, jealousies, or other mental harassments? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Childhood**

1. Were you conceived out of wedlock? \_\_\_\_\_
2. Are you adopted? \_\_\_\_\_
3. To your knowledge, was there any trouble bonding with your mother at birth? \_\_\_\_\_  
 Explain: \_\_\_\_\_
4. To your knowledge, did you have a difficult, complicated, or traumatic birth? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
5. In whose home(s) were you raised?  

<input type="checkbox"/> Both biological parents	<input type="checkbox"/> Adoptive parents	<input type="checkbox"/> Mother's home
<input type="checkbox"/> Father's home	<input type="checkbox"/> Grandparents' home	<input type="checkbox"/> Orphanage
<input type="checkbox"/> Foster home(s)	<input type="checkbox"/> Friend's home	<input type="checkbox"/> Other relative's home
6. Are your parents presently married or divorced? \_\_\_\_\_ Briefly explain the attitude of their relationship: \_\_\_\_\_  
 \_\_\_\_\_

7. Were your parents emotionally distant with you in your childhood? \_\_\_\_\_ In your adolescence? \_\_\_\_\_
8. Did you experience night terrors as a child? \_\_\_\_\_ If yes, beginning at what age: \_\_\_\_\_  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
9. Were your parents physically, emotionally, or sexually abusive to you or your siblings? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
10. Were there any events in your childhood that were particularly upsetting or traumatic for you?  
\_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How do/did your parents treat each other? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Would you consider your father as passive, strong and manipulative, or neither?  
\_\_\_\_\_
13. Would you consider either of your parents to be perfectionists? \_\_\_\_\_  
Did they seek perfectionism from you? \_\_\_\_\_
14. Do you struggle with honoring either of your parents? \_\_\_\_\_ If yes, why? \_\_\_\_\_  
\_\_\_\_\_
15. Describe your relationship with your father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Describe your relationship with your mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Did your parents treat you significantly worse than your siblings or heavily favor other siblings over you? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Were you raised in a Christian home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Relationship with Spouse

1. If married, do you love your spouse? \_\_\_\_\_
2. Please share how you get along with your spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is your spouse a Christian? \_\_\_\_\_
4. Please describe your relationship with your children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Addictions

1. Are there any addictive problems in your family (alcohol, drugs, etc.)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever utilized hallucinogenic drugs? \_\_\_\_\_ For how long? \_\_\_\_\_  
Did you have any out-of-body experiences? \_\_\_\_\_  
Were you addicted? \_\_\_\_\_  
What treatments did you receive? \_\_\_\_\_
3. Are you presently struggling with an addiction? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_
4. Have you overcome a past addiction? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any addictions or cravings that you find difficult to control (tobacco, drugs, alcohol, sweets, food in general, etc.)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you struggle with modern idolatry (i.e., materialism, being a workaholic, sports addict, addiction to any **consuming** lifestyle or interest that deters you from God's will)? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_



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### **Mental and Emotional Health**

1. Do you believe that mental disorders and spiritual problems are two different things or basically the same thing? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is there any history of mental illness in your family (including depression)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have any history of cutting or self-mutilation? \_\_\_\_\_ At what ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you presently taking medication for physical and/or psychological reasons? \_\_\_\_\_  
If yes, please list each medication and explain its purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have trouble sleeping? \_\_\_\_\_ Are you having nightmares or disturbances? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have trouble giving and receiving love? \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever thought that perhaps you were "cracking up," "going crazy"? \_\_\_\_\_ If yes,  
have you feared "cracking up" or "going crazy" recently? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been diagnosed with any emotional and behavioral disorders? \_\_\_\_\_
9. If yes, please list the clinical terms and your age when each was diagnosed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever had psychiatric counseling: \_\_\_\_\_ If yes, were you hospitalized? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_  
 How did the hospitalization affect you? \_\_\_\_\_

11. Did you have any particularly troubling experiences in the hospital? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

12. Have you ever heard voices or emotional messages in your mind, had repeating and nagging thoughts that were foreign to what you believe, or felt like there was a dialogue going on in your head? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

13. Have you ever attempted suicide? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ At what ages? \_\_\_\_\_  
 By what method and why? \_\_\_\_\_

14. Do you suffer from lapses of memory or time in your day-to-day life? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

15. Please **state** below, under “**Earliest Age**” the **earliest age you struggled** with any of these subjects, and **check** under “**Present**” if you **still struggle** with any of them:

	<b>Earliest Age</b>	<b>Present</b>		<b>Earliest Age</b>	<b>Present</b>
Daydreaming	_____	_____	Lustful thoughts	_____	_____
Thoughts of inferiority	_____	_____	Thoughts of inadequacy	_____	_____
Worry	_____	_____	Doubts	_____	_____
Fantasizing	_____	_____	Obsessive thoughts	_____	_____
Insecurity	_____	_____	Blasphemous thoughts	_____	_____
Compulsive thoughts	_____	_____	Dizziness	_____	_____
Headaches	_____	_____	Hardness in emotions	_____	_____
Apathy	_____	_____	Skepticism	_____	_____

16. Please **state** below under “**Earliest Age**,” the **earliest age** you remember **strong, prolonged fear** to any of the following, and **check** under “**Present**” if you **still do**:

	<b>Earliest Age</b>	<b>Present</b>		<b>Earliest Age</b>	<b>Present</b>
Failure	_____	_____	Inability to cope	_____	_____
Authority figures	_____	_____	The dark	_____	_____
Rape	_____	_____	Violence	_____	_____
Satan and evil spirits	_____	_____	The future	_____	_____
Insanity	_____	_____	Public speaking	_____	_____

Opinions of people	_____	_____	Old age	_____	_____
Enclosed spaces	_____	_____	Terminal illnesses	_____	_____
Open spaces	_____	_____	Spiders	_____	_____
Crossing bridges	_____	_____	Animals	_____	_____
Insects	_____	_____	Loud noises	_____	_____
Snakes	_____	_____	Grocery stores/malls	_____	_____
Pain	_____	_____	Death	_____	_____
Being alone	_____	_____	Accidents	_____	_____
Women	_____	_____	Death or injury of loved one	_____	_____
Men	_____	_____	Divorce or marriage break-up	_____	_____
Water/swimming	_____	_____	Other	_____	_____
Flying in an airplane/etc.	_____	_____	Other	_____	_____

17. Please **state** below under “**Earliest Age**,” the **earliest age** you remember having any **behavioral patterns** with the following subjects, and **check** under “**Present**,” if you **still do**:

	<b>Earliest Age</b>	<b>Present</b>		<b>Earliest Age</b>	<b>Present</b>
Impatience	_____	_____	Irritability	_____	_____
Temper	_____	_____	Racial prejudice	_____	_____
Legalism	_____	_____	Moodiness	_____	_____
Rebellion	_____	_____	Violence	_____	_____
Anti-Semitism	_____	_____	Religious pride	_____	_____
Stubbornness	_____	_____	Grudge-holder	_____	_____
Vengeance	_____	_____	Intimidator	_____	_____
Manipulation	_____	_____	Self-centered	_____	_____

18. **State** below, under “**Earliest Age**” the **earliest age** you remember experiencing difficulty in **controlling any of the following emotions** and **check** under “**Present**” if you still struggle with controlling those emotions:

	<b>Earliest Age</b>	<b>Present</b>		<b>Earliest Age</b>	<b>Present</b>
Frustration	_____	_____	Bitterness	_____	_____
Anger	_____	_____	Depression	_____	_____
Anxiety	_____	_____	Fear of losing your mind	_____	_____
Loneliness	_____	_____	Fear of committing suicide	_____	_____
Worthlessness	_____	_____	Fear of hurting loved ones	_____	_____
Hatred (for self)	_____	_____	Fear of death	_____	_____
Hatred (for others)	_____	_____	Fear of _____	_____	_____

### **Religious Cult History**

- Are/were your parents or grandparents superstitious? \_\_\_\_\_ Are you superstitious? \_\_\_\_\_
- Were your parents, grandparents, or other close relatives, pastors, or family friends involved occult organizations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What level were they in their organization(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Did any of these people have unsupervised access to you during your childhood years?  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you experience unexplained or supernatural events as a child such as seeing unexplained shadows in your room, hearing footsteps when no one was there, seeing demons, seeing angels, seeing Jesus, levitation, etc.? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of those experiences continue today? \_\_\_\_\_

4. Have you ever had out of body experiences that were not drug-induced? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Please mark any activities below that you or your relatives have ever been involved in. Initial where applicable with: **S = Self, F = Family member**

Freemason _____	Satanism _____	Zen Buddhism _____
Eastern Star _____	Theosophical Society _____	Hare Krishna _____
Daughters of Eastern Star _____	Witchcraft _____	Mormonism _____
Job's Daughters _____	Fortune-telling _____	Jehovah's Witness _____
Ouija board _____	Tarot cards _____	Unification Church _____
Boys Order of DeMolay _____	Palm-reading _____	Christian Science _____
Shriners _____	Black or White Magic _____	Scientology _____
Rainbow Girls _____	Automatic writing _____	Unitarianism _____
Moose Lodge _____	Table-lifting _____	Astrology _____
Elks Lodge _____	Druids _____	New Age _____
	Rosicrucian _____	Islam _____
H. W. Armstrong (World Wide Church of God) _____		Astral projection _____

List any others you know of: \_\_\_\_\_  
\_\_\_\_\_

6. Is there any Masonic or occult regalia or memorabilia in your possession? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been hypnotized, attended a "New Age" seminar, or participated in a séance, or been through a Native American ceremony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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8. Have you ever learned about or used any form of mind communication or mind control?  
If yes, explain: \_\_\_\_\_

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9. Have you ever taken a class or read books on parapsychology or witchcraft? \_\_\_\_\_ If yes,  
please explain: \_\_\_\_\_

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10. Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance  
or companionship? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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11. Have you experienced unexplained supernatural events of any kind? \_\_\_\_\_  
Describe: \_\_\_\_\_

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12. Do you have missing periods of memory from your childhood? \_\_\_\_\_ During approximately  
what years are your memories missing? \_\_\_\_\_

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13. Have you ever made a pact with the Devil? \_\_\_\_\_ Was it a blood pact? \_\_\_\_\_ If either of  
your answers is "yes," please explain: \_\_\_\_\_

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### ***Abuse and Sexual History***

1. Have you ever been emotionally, spiritually, and/or physically battered/abused (excluding  
sexual abuse)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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2. Did you experience any type of sexual desire or activity (including masturbation) in very early  
childhood? \_\_\_\_\_

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3. Were you sexually promiscuous as a teenager? \_\_\_\_\_

4. Tell us about any incidents of molestation or rape, including incest. in your life or the life of

your siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there any other information regarding your sexual history that you believe would help us minister to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you believe you are sexually addicted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had an abortion? \_\_\_\_\_ If yes, please tell how many and at what ages:  
\_\_\_\_\_  
\_\_\_\_\_

8. How did the abortion affect you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you active in or addicted to pornography? \_\_\_\_\_  
If yes, what is the earliest age you remember pursuing it? \_\_\_\_\_ How were you introduced to pornography: \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever had homosexual or lesbian thoughts and desires? \_\_\_\_\_  
Do you currently entertain those thoughts? \_\_\_\_\_

## 1. Lies about Self and Negative Mindsets<sup>1</sup>

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Circle each statement that describes your thinking about yourself

I am all alone.  
I don't matter.  
God has forsaken me.  
I cannot trust anyone.

I have been overlooked.  
No one ever cares.  
There is no one to protect me.  
I'm afraid they won't come back.

They do not need me.  
They are not coming back.  
No one will believe me.

I am stupid, ignorant, an idiot.  
I was a participant.  
I should have done something to have stopped it from happening.  
I knew what was going to happen, yet I stayed away.  
I felt pleasure so I must have wanted it.  
It happened because of my looks, my gender, my body, etc.  
I did not try to run away.  
I was paid for service rendered.  
I was bad, dirty, shameful, sick, and nasty.

I allowed it.  
I should have known better.  
It was my fault.  
I should have told someone.  
I was a participant.  
I should have stopped them.  
I am cheap like a slut.  
I deserved it.  
I did it to him/her first.

I am going to die.  
I do not know what to do.  
If I trust, I will die.  
It is just a matter of time before it happens again.  
If I let him/her/them into my life, they will hurt me too.  
Something bad will happen if I tell, stop it, confront it.

He/she is going to hurt me.  
If I tell they will come back and hurt me.  
He/she/they are coming back.  
They are going to get me.

He/she/they are too strong to resist.  
I am going to die and I cannot do anything about it.  
I am too weak to resist.  
I cannot get away.  
I am overwhelmed.  
Everything is out of control.  
Not even God can help me.

I cannot stop this.  
There is no way out.  
The pain is too great to bear.  
I cannot get loose.  
I don't know what to do.  
I am pulled from every direction.  
I am too small to do anything.

I am dirty, evil, shameful, perverted, because of what happened to me.  
No one will be able to really love me.  
Everyone can see my shame-filled dirtiness, etc.  
I will always be hurt/damaged/broken because of what has happened.  
God could never want me after what has happened to me.

My life is ruined.  
I will never be happy.  
I will always be unclean, filthy, etc.  
My body parts are dirty.  
I will never feel clean again.

I am not loved, needed, cared for, or important.  
I am worthless and have no value.  
I was a mistake.  
I was never liked by them, because I was \_\_\_\_\_!  
I could never jump high enough to please him/her.  
I could never be as \_\_\_\_\_ as he/she.

They do not need me.  
I am unimportant.  
I should have never been born.  
God could never love me or accept me.  
I am not acceptable.  
I am in the way. I am a burden.

It is never going to get any better.  
It will just happen again and again.  
I have no reason to live.

There is no way out.  
There is no good thing for me.  
There are no options for me.

I just want to die.

Nothing good will ever come of this.

I don't know what is happening to me.  
This does not make any sense.

Everything is confusing.  
Why would they do this to me?

## **Inner Vows**

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*Please check anything in the list below that reflects a spoken or unspoken mindset, statement, or attitude that you feel characterized your thinking at any time past or present.*

I will not trust \_\_\_\_\_ again.  
I will not trust a \_\_\_\_\_.  
I will not trust \_\_\_\_\_ with money.  
I will not trust \_\_\_\_\_'s judgment.  
I will not trust \_\_\_\_\_'s word.  
I will not \_\_\_\_\_ (do this) \_\_\_\_\_ unless he/she \_\_\_\_\_ (does this) \_\_\_\_\_ first.  
I will not trust an authority figure again.  
I will not trust there will be enough.  
I will not be safe financially.  
I will not trust anyone.  
I will not let myself love \_\_\_\_\_ again.  
I will not let anyone love me.  
I will not love my step-children.  
I will not love my in-laws.  
I will not try to make \_\_\_\_\_ love me again.  
I will not let myself love a job again.  
I will not love my \_\_\_\_\_ again.  
I will not love my spouse again.  
I will not enjoy intimacy with my spouse.  
I will not give in to my spouse without a struggle.  
I will not cry again.  
I will not let \_\_\_\_\_ see my emotions.  
I will not allow myself to be vulnerable.  
I will not let \_\_\_\_\_ hurt me again.  
I will not let a man/woman control me.  
I will not believe anyone again.  
I will not forgive my \_\_\_\_\_.  
I will not forgive him/her unless he/she apologizes first.  
I will not have another friend like \_\_\_\_\_.  
I will not put myself at risk by \_\_\_\_\_.  
I will not be beautiful/handsome again.  
I will not be attractive again.  
I will not talk to \_\_\_\_\_ again.  
I will not eat \_\_\_\_\_ again.  
I will not talk about my past again.  
I will not try to please people; it can't be done.  
I will not sing in public again.  
I will not dance in public again.  
I will prove they were wrong about me.  
I will prove to people that Jesus did call me.  
I will prove that I am not worthless.  
I will not care about \_\_\_\_\_ again.  
I will not claim my step-kids as my own.  
I will not ask anyone for help again.  
I will not let other people's anger affect me.  
I will not allow myself to feel pain again.  
I will not allow myself to feel sorrow.

I will not allow myself to receive other people's evil/negative words.  
I will not own a \_\_\_\_\_.  
I will not let my mother cook.  
I will not let things be disorganized.  
I will not allow myself to be weak.  
I will not allow myself to need.  
I will not let them take anything from me. I will not allow anyone to touch me.

I will not share what is mine.  
I will not allow anyone to give me money.

I will not fight back again.  
I will not give birth to a boy child.  
I will not try \_\_\_\_\_ again.  
I will not be rejected again.  
I will discipline my life.  
I will be in control of my life.  
I will protect my heart from pain.  
I will protect my heart from sorrow.  
I will remain aloof, separate.  
I will be logical, not emotional.  
I will be in charge...I will win.  
I will be better than everyone else.  
I will trust my opinion over others.  
I will prove that I am not worthless.  
I will make \_\_\_\_\_ proud of me.  
I will take care of myself first.  
I will have the best of everything.  
I will hurt others more than they hurt me.  
I will make \_\_\_\_\_ proud of me someday.  
I am a loser.  
I am less than others.  
I have more problems than others.  
I am ugly.  
I will always be overweight.  
I am unattractive.  
I am clumsy.  
I am accident prone.  
I am dumb.  
I cannot be a good reader.  
I cannot be a good speaker.  
I will always be a day late and a dollar short.  
I will always have money troubles.  
I will always be unemployed.





