

Awakening Forgiveness Resolving Bitterness

STEP 1: WHO

On a separate sheet of paper, list each person who has offended you in the past.

STEP 2: WHAT

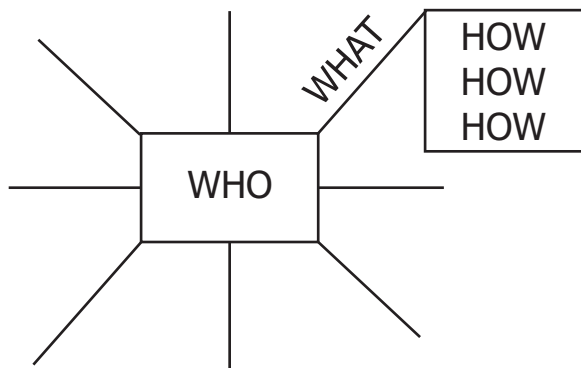
What did they do?

Take the first name on that list, and on another sheet of paper begin listing each offense.

STEP 3: HOW

How or what did you feel when you were offended? Take the emotional word list on page 28 and choose two to three words for each offense.

Example 1



Example 2

1. WHO
 - WHAT
 - ◆ HOW
 - ◆ HOW
 - ◆ HOW
2. WHO
 - WHAT
 - ◆ HOW
 - ◆ HOW
 - ◆ HOW
3. ETC.

Pattern for Prayer

Use the following suggestions as a guide and let the Holy Spirit lead as you pray.

- Ask the Lord to help you pray from your heart, and not your head.
- Pray out loud through each offense separately.
- Tell the Lord that you choose to forgive your offender. Tell Him their name, what they did and how the offense made you feel.
- Recognize and acknowledge the pain that you felt.
- Release him or her from the debt of the offense and the pain it caused.
- When you finish your list ask the Lord to show you any one, or anything else you need to forgive. Pray through anything He reveals.
- Ask the Lord to take back any ground you gave to the enemy and yield that ground to God's control. (Ephesians 4:27)
- The final step, when you can honestly do so, is to ask the Lord to bless your offender. (Romans 12:14; 1 Corinthians 4:12)

Suggested Prayer

This prayer is only a guide.

Allow the Spirit to lead as you pray and put it into your own words.

"LORD Jesus, I choose to forgive (who) for (what) causing me to feel (how).

I am willing to release (who) from the debt that I feel (who) owes me. (Who) has no obligation to me anymore. I gladly transfer all of this pain and the consequences that I have suffered to You, LORD Jesus. Thank you for being willing to take it.

LORD Jesus, I choose to confess my unforgiveness against (who) as sin. I ask You to take back the ground I gave to the enemy in that area of my heart and I yield it to Your control".

Emotional Words

Mark the words you experience S for sometimes; O for often; or A for always. If you have never experienced the feeling, leave it blank.

Negative

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Left out | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Empty | <input type="checkbox"/> Like an | <input type="checkbox"/> Terror |
| <input type="checkbox"/> Alarmed | <input type="checkbox"/> Enraged | <input type="checkbox"/> annoyance | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Exasperated | <input type="checkbox"/> Nervous | <input type="checkbox"/> Trapped |
| <input type="checkbox"/> Annoyed | <input type="checkbox"/> Exposed | <input type="checkbox"/> No good | <input type="checkbox"/> Unacceptable |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Failure | <input type="checkbox"/> Offended | <input type="checkbox"/> Unappreciated |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Out of control | <input type="checkbox"/> Unfit |
| <input type="checkbox"/> Ashamed | <input type="checkbox"/> Flawed | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Unlovable |
| <input type="checkbox"/> Avoided | <input type="checkbox"/> Forgotten | <input type="checkbox"/> Panic | <input type="checkbox"/> Unnoticed |
| <input type="checkbox"/> Bad | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Unsafe |
| <input type="checkbox"/> Defective | <input type="checkbox"/> Good-for-nothing | <input type="checkbox"/> Powerless | <input type="checkbox"/> Upset |
| <input type="checkbox"/> Dejected | <input type="checkbox"/> Gross | <input type="checkbox"/> Provoked | <input type="checkbox"/> Vile |
| <input type="checkbox"/> Despairing | <input type="checkbox"/> Heavyhearted | <input type="checkbox"/> Put down | <input type="checkbox"/> Violated |
| <input type="checkbox"/> Desperate | <input type="checkbox"/> Helpless | <input type="checkbox"/> Rage | <input type="checkbox"/> Vulgar |
| <input type="checkbox"/> Despondent | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Rejected | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Devastated | <input type="checkbox"/> I don't belong | <input type="checkbox"/> Repulsive | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> Ignored | <input type="checkbox"/> Resentful | Other |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Infuriated | <input type="checkbox"/> Revengeful | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Disgusting | <input type="checkbox"/> Insecure | <input type="checkbox"/> Sad | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Disgraced | <input type="checkbox"/> Insignificant | <input type="checkbox"/> Scared | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Disliked | <input type="checkbox"/> Irate | <input type="checkbox"/> Shameful | <input type="checkbox"/> _____ |

Positive

- | | | | |
|--------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Abundant | <input type="checkbox"/> Delighted in | <input type="checkbox"/> Merry | <input type="checkbox"/> Strong |
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Desirable | <input type="checkbox"/> Needed | <input type="checkbox"/> Tranquil |
| <input type="checkbox"/> Adored | <input type="checkbox"/> Desired | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Treasured |
| <input type="checkbox"/> Admired | <input type="checkbox"/> Exhilarated | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Appreciated | <input type="checkbox"/> Fearless | <input type="checkbox"/> Poised | <input type="checkbox"/> Unconditionally |
| <input type="checkbox"/> Assured | <input type="checkbox"/> Focused on | <input type="checkbox"/> Precious | <input type="checkbox"/> loved |
| <input type="checkbox"/> Authentic | <input type="checkbox"/> Forgiving | <input type="checkbox"/> Protected | <input type="checkbox"/> Valuable |
| <input type="checkbox"/> Belonging | <input type="checkbox"/> Free | <input type="checkbox"/> Pure | <input type="checkbox"/> Valued |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Glad | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Wanted |
| <input type="checkbox"/> Cared for | <input type="checkbox"/> Gentle | <input type="checkbox"/> Respected | <input type="checkbox"/> Whole |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Good | <input type="checkbox"/> Safe | <input type="checkbox"/> Worthy |
| <input type="checkbox"/> Cherished | <input type="checkbox"/> Happy | <input type="checkbox"/> Satisfied | Other |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Secure | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Content | <input type="checkbox"/> Joyful | <input type="checkbox"/> Serene | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Courageous | <input type="checkbox"/> Lighthearted | <input type="checkbox"/> Smart | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Delighted | <input type="checkbox"/> Loved | <input type="checkbox"/> Special | <input type="checkbox"/> _____ |