



Please keep your notes in a journal or binder so that you can mark your Mind Map® Journey, keep track of your challenges, and note the progress you have made.

PSYCHOLOGICAL HEALING CENTER

15615 Castlewoods Drive
Sherman Oaks, CA 9140

152 S. Lasky Drive #1
Beverly Hills, CA 90212

<http://psychologicalhealingcenter.com/>

(310) 739-4491

Panel 1: WOUND



Please list 5 childhood wounds of parent-infant disconnect.

1.

2.

3.

4.

5.



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Panel 2: REACTION



Please list 5 reactions you had in your childhood to the wounds of parent-infant or parent-child disconnect.

1.

DR. JUDY ROSENBERG Ph.D

2.



3.

4.

5.

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Panel 3: ENCODING



Please list 5 negative beliefs about yourself from childhood.
Place * next to the one you feel deepest in the core of your being.

1.

DR. JUDY ROSENBERG Ph.D

2.

3.

4.

5.



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Panel 4: CHAOS



Please list 5 examples of chaos and/or suffering you are presently experiencing in your life.

1.

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2.



3.

4.

5.

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Panel 5: DEFENSES



Please list 5 defense mechanisms you presently use to cope with the chaos and suffering in your life.

1.

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2.



3.

4.

5.

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Panel 6: BREAKDOWN/BREAKTHROUGH



Please list 5 ways in which your defense mechanisms are breaking down or are no longer working for you in your life.

1.

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2.



3.

4.

5.

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Panel 7: PARADIGM SHIFT



Please list 5 ways in which your life is shifting from an unhealthy paradigm to a new, healthier paradigm.

1.

2.

3.

4.

5.

DR. JUDY ROSENBERG Ph.D



dr JUDY
be the cause

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Panel 8: HEALING



Please list 5 ways in your life that you are experiencing healing.

1.

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2.



3.

4.

5.

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Panel 9: UNITY



Please list 5 ways in your life that you are experiencing unity, integration and/or harmony.

1.

2.

3.

4.

5.



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ADDITIONAL NOTES:



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