PERMISSION

I, _____ give myself permission:
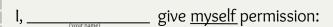(your name)

To leave situations where I do not feel safe.

Date: Any day   Time: Any time

@vesseltherapyservices

PERMISSION

I, _____ give myself permission:
(your name)

To decline an invitation, even though I am physically able to attend.

Date: Any day   Time: Any time

@vesseltherapyservices

PERMISSION

I, _____ give myself permission:
(your name)

To change my mind without having to explain myself.

Date: Any day   Time: Any time

@vesseltherapyservices

PERMISSION

I, _____ give myself permission:
(your name)

To lie to those who aren't receptive to my truth.

Date: Any day   Time: Any time

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PERMISSION

I, _____ give myself permission:
(your name)

To let go of relationships that no longer serve me.

Date: Any day   Time: Any time

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PERMISSION

I, _____ give myself permission:
(your name)

To not want to be around someone, even if I care about them.

Date: Any day   Time: Any time

@vesseltherapyservices

PERMISSION

I, _____ give myself permission:
(your name)

To express thoughts and feelings that might make someone uncomfortable.

Date: Any day   Time: Any time

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PERMISSION

I, _____ give myself permission:
(your name)

To not have to share everything, or include everyone.

Date: Any day   Time: Any time

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