

Zones of Communion

The Zones of Communion are the six areas of life that are key to unlocking profound fulfillment, joy, and meaning in life.

INSTRUCTIONS

For each Zone, rate the truth of the declaration for you.

1 equals never true.
5 equals always true.

Then, connect the dots for each rating to create a visual depiction of the areas of your life that may be holding you back from the experience of a spiritual connection.

Bring your results with you to the Yoga Masterclass.



CONTRIBUTION

I feel completely aligned with my inspired life's purpose.

CONNECTION

I am nurtured and fulfilled by my relationships with my family and friends.

SELF IMAGE

I feel worthy, seen, cherished, and loved for who I am, as I am.

SELF EXPRESSION

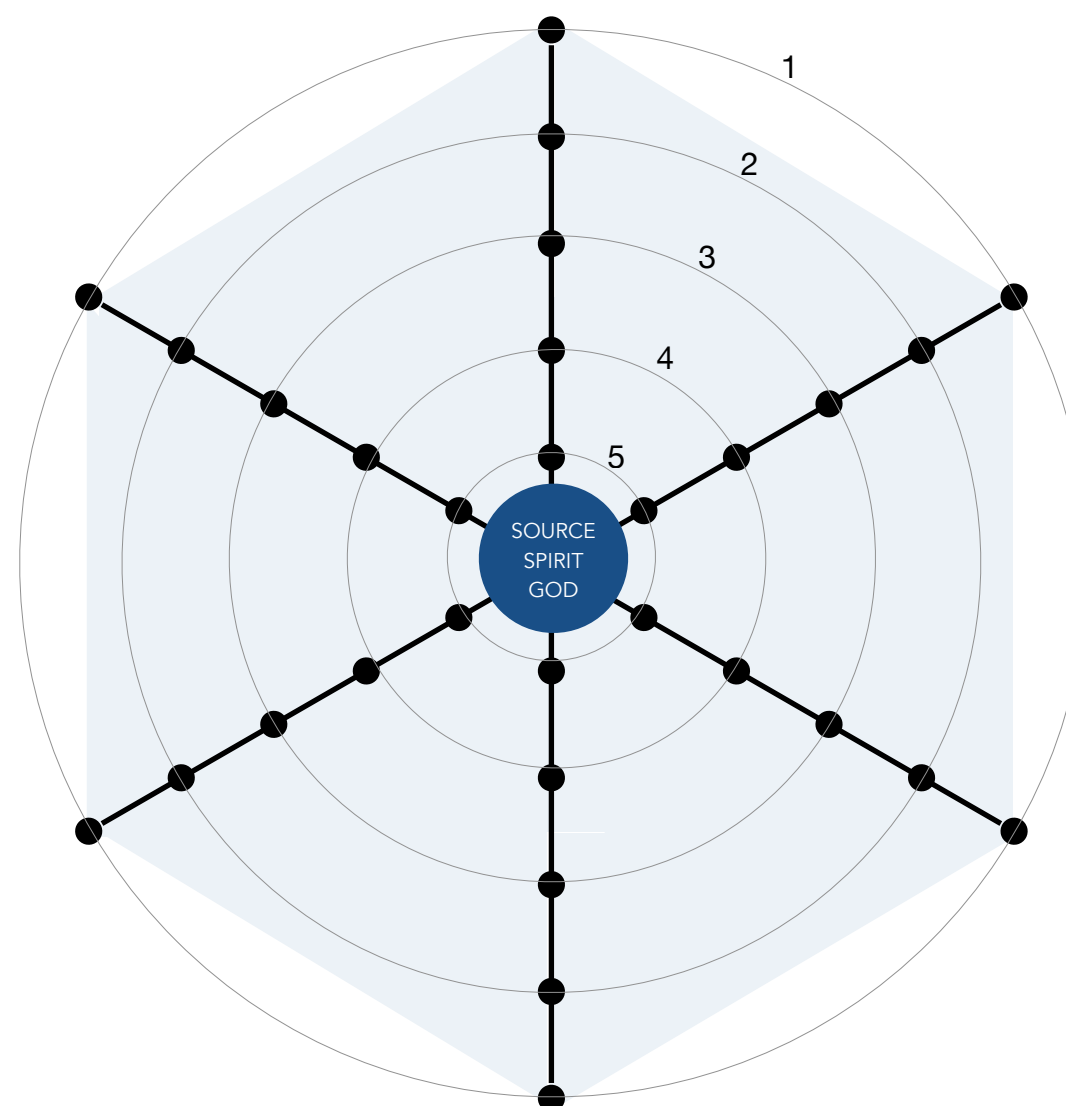
I feel free and unencumbered in my expression of my authentic self in word and in deed.

ABUNDANCE

I feel completely safe and supported with everything I need.

HEALTH

I live in radiant health with all the energy I need for the things I love.



The Road to Happiness

INSTRUCTIONS

For each of the Six Zones of Communion, record the disturbing emotion that most regularly arises in relation to that Zone.

Then, note what relief from that emotion would mean as well as who or what would most benefit.

See Masterclass Video Session #1 for examples.



CONTRIBUTION

I feel completely aligned with my inspired life's purpose.

Disturbing Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

CONNECTION

I am nurtured & fed by my relationships with my family and friends.

Disturbing Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

SELF IMAGE

I feel worthy, seen, cherished, and loved for who I am, as I am.

Disturbing Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

SELF EXPRESSION

I feel free and unencumbered in my expression in word and in deed.

Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

ABUNDANCE

I feel completely safe and supported with everything I need.

Disturbing Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

SAMPLE EMOTIONS

Anxiety	Hopeless	Anger
Fear	Frustration	Guilt
Loneliness	Jealousy	Resentment
Self-doubt	Envy	Despair
Sadness	Grief	Overwhelm
Impatience	Powerless	Regret
Worry	Disappointment	Shame

HEALTH

I live in radiant health with all the energy I need for the things I love.

Disturbing Emotion

What relief from that emotion would mean

Who or what would most benefit from this relief

Yoga Practice Planner

Use this Worksheet to develop a strategic practice plan tailor made to help you achieve your goals



ISSUE

The specific issue I'm addressing...

Type of issue

- ☐ Limiting belief
 ☐ Tendency of attention
☐ Emotional disturbance
 ☐ Habit or behavior
☐ Mental narrative
 ☐ Physical limitation
☐ Other _____

PRACTICES

On-the-Mat practices

1. _____
2. _____
3. _____

Off-the-Mat practices

1. _____
2. _____
3. _____

SCHEDULE

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
On-the-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-the-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>