
Therapeutic Forgiveness Inventory

(TFI)

Based on the Anthropological Paradigm of Therapeutic Forgiveness:
An Integrative Model

Patrick Fisher, PhD

Licensed Professional Counselor

A clinical assessment instrument for identifying the intersection of psychological and theological orientations toward suffering, and for guiding integrative therapeutic goal-setting.

For use by licensed mental health practitioners in clinical settings.

Not intended for self-diagnosis.

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Administration Guide for Practitioners

Purpose

The Therapeutic Forgiveness Inventory (TFI) is a clinical discussion instrument designed to assess a client's current orientation toward suffering across two intersecting dimensions: the **Therapeutic Dimension** (openness to psychological healing) and the **Theological/Existential Dimension** (engagement with meaning, grace, and transcendent frameworks). The instrument maps the client's responses onto the four-quadrant Therapeutic Forgiveness Matrix, identifying their primary typological position and guiding the formulation of integrative therapeutic goals.

Theoretical Foundation

The TFI is based on the Anthropological Paradigm of Therapeutic Forgiveness (Fisher), which integrates clinical psychology and theology into a single framework for understanding human responses to suffering. The model identifies four categorical dispositions arising from the intersection of therapeutic acceptance/rejection and theological acceptance/rejection: **Resentment** (dual rejection), **Self-Interest** (therapeutic acceptance with theological rejection), **Spiritual Captivity** (theological acceptance with therapeutic rejection), and **Therapeutic Forgiveness** (dual acceptance — the integrative goal).

Administration

- **Setting:** Administer in a private clinical setting during a session of at least 50 minutes. The inventory requires approximately 10–15 minutes to complete and 25–35 minutes for scoring review and therapeutic discussion.
- **Client Preparation:** Introduce the inventory by explaining that it explores how the client relates to their suffering across psychological and spiritual/existential dimensions. Emphasize that there are no right or wrong answers, that the instrument is a discussion tool rather than a diagnostic test, and that the theological/existential items do not require religious belief.
- **Reading Level:** Items are written at an 8th-grade reading level. Practitioners should offer to read items aloud for clients with reading difficulties.
- **Cultural Sensitivity:** The theological/existential items use ecumenical language intentionally. Practitioners should be prepared to translate items into the client's specific faith vocabulary or secular framework as needed.
- **Repeat Administration:** The TFI may be re-administered at clinical milestones (e.g., quarterly, at treatment transitions) to track movement between quadrants over time.

Scoring Overview

The TFI contains **24 items** across two subscales of 12 items each. Each item is rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Six items per subscale are reverse-scored (marked with [R] on the scoring key). After reverse scoring, each subscale yields a raw score from 12–60. Subscale scores are classified as Low (12–28), Moderate (29–43), or High (44–60). The intersection of the two classifications determines the client's primary quadrant position.

Ethical Considerations

The TFI is a clinical discussion tool, not a standalone diagnostic instrument. Results should be interpreted within the context of the full clinical picture, including presenting concerns, treatment history, cultural background, and the therapeutic relationship. The theological/existential dimension is assessed to inform integrative treatment planning,

not to evaluate the adequacy of the client's spiritual life. Practitioners should be attentive to the risk that clients in the Spiritual Captivity quadrant may interpret the inventory as confirmation that their faith is insufficient — a dynamic the instrument is designed to identify and address, not reinforce.

Therapeutic Forgiveness Inventory

Client Name: _____

Date: _____

Practitioner: _____

Session #: _____

Instructions: Please read each statement carefully. For each statement, circle the number that best describes how you feel **right now**, using the following scale. There are no right or wrong answers. Please respond honestly based on your current experience.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral/ Unsure	Agree	Strongly Agree

Section A: How I Relate to My Healing

1.	I believe that professional help (therapy, counseling, medication) can make a real difference in my life.	1	2	3	4	5
2.	When I think about my past experiences with treatment, I feel mostly disappointed or let down.	1	2	3	4	5
3.	I am willing to try new approaches to improve my mental or emotional health.	1	2	3	4	5
4.	I have given up on the idea that therapy or counseling can help someone like me.	1	2	3	4	5
5.	I can identify at least one coping strategy that has helped me manage difficult emotions.	1	2	3	4	5
6.	The mental health system has failed me more than it has helped me.	1	2	3	4	5
7.	I am open to examining painful memories or experiences if it could lead to healing.	1	2	3	4	5
8.	I don't see the point in talking about my problems with a professional.	1	2	3	4	5
9.	I believe I have the ability to develop healthier ways of dealing with stress and pain.	1	2	3	4	5
10.	I have learned not to trust people who say they want to help me.	1	2	3	4	5
11.	I take an active role in managing my mental and emotional health.	1	2	3	4	5

12.	The help that has been offered to me has mostly made things worse, not better.	1	2	3	4	5
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Section B: How I Relate to Meaning and Purpose

13.	I believe my suffering has meaning, even when I cannot see what that meaning is.	1	2	3	4	5
14.	I see no purpose or larger significance in the pain I have experienced.	1	2	3	4	5
15.	I feel connected to something larger than myself (God, a higher power, the universe, a sense of purpose).	1	2	3	4	5
16.	The idea that suffering has meaning feels like something people say to avoid dealing with reality.	1	2	3	4	5
17.	I have experienced moments of unexpected peace, comfort, or grace during difficult times.	1	2	3	4	5
18.	I feel completely alone in my suffering, with no spiritual or existential support.	1	2	3	4	5
19.	I am open to exploring how my personal beliefs or values might help me heal.	1	2	3	4	5
20.	Religion, spirituality, and the search for meaning have not been helpful to me.	1	2	3	4	5
21.	I can identify at least one relationship, practice, or experience that gives my life a sense of purpose.	1	2	3	4	5
22.	I have stopped looking for meaning in my suffering because there is none to find.	1	2	3	4	5
23.	I believe that forgiveness (of others, of myself, or of circumstances) is possible, even when it feels impossible.	1	2	3	4	5
24.	The idea of forgiveness feels like being asked to pretend that what happened to me was acceptable.	1	2	3	4	5

Scoring Worksheet

For practitioner use. Complete after the client has finished the inventory.

Step 1: Reverse Score Indicated Items

For reverse-scored items, convert the client's response: 1→5, 2→4, 3→3, 4→2, 5→1.

Reverse-scored items: Section A: Items 2, 4, 6, 8, 10, 12 | Section B: Items 14, 16, 18, 20, 22, 24

Section A — Therapeutic Dimension Score

1	2 [R]	3	4 [R]	5	6 [R]	7	8 [R]	9	10 [R]	11	12 [R]	TOTAL
—	—	—	—	—	—	—	—	—	—	—	—	—

Section B — Theological/Existential Dimension Score

13	14 [R]	15	16 [R]	17	18 [R]	19	20 [R]	21	22 [R]	23	24 [R]	TOTAL
—	—	—	—	—	—	—	—	—	—	—	—	—

Step 2: Classify Each Dimension

Score Range	Classification	Interpretation
12 – 28	Low (Rejection)	Significant resistance to or disengagement from this dimension
29 – 43	Moderate (Ambiguous)	Transitional or ambivalent state; may be moving toward or away from acceptance
44 – 60	High (Acceptance)	Openness to and engagement with this dimension

Step 3: Identify Primary Quadrant

		Therapeutic Dimension	
		Low (Rejection)	High (Acceptance)
Theological/ Existential Dimension	Low (Rejection)	RESENTMENT Dual rejection. Closed to healing and meaning.	SELF-INTEREST Therapeutically engaged but existentially disconnected.
	High (Acceptance)	SPIRITUALLY CAPTIVE Existentially engaged but therapeutically resistant.	THERAPEUTIC FORGIVENESS Integration goal. Open to healing and meaning.

Client's Primary Quadrant: _____

Ambiguity Zones: Clients scoring in the Moderate range (29–43) on either dimension are in an ambiguity zone — a transitional state between quadrants.

Note which dimension(s) are ambiguous: ■ Therapeutic ■ Theological/Existential ■ Both

Interpretation and Therapeutic Goal-Setting Guide

Quadrant 1: Resentment

Therapeutic Dimension: Low | Theological/Existential Dimension: Low

Clinical Presentation: The client demonstrates resistance to both psychological healing and engagement with meaning or transcendent frameworks. This position often reflects the compound effect of institutional betrayal — repeated experiences with systems that have failed to see or serve the client adequately. The resentment is typically rational and evidence-based, which makes it particularly resistant to standard therapeutic interventions.

Therapeutic Goals:

- Establish safety and trust before pursuing symptom-focused interventions
- Validate the resentment as a rational response to documented experiences of failure
- Identify any existing bonds (animal, relational) maintained despite the resentment
- Avoid premature introduction of meaning-making or forgiveness frameworks
- Focus on the therapeutic alliance itself as the primary intervention
- Monitor for movement toward the ambiguity zones on either dimension

"What would need to be different about this experience for you to consider opening the door again?"

Quadrant 2: Self-Interest

Therapeutic Dimension: High | Theological/Existential Dimension: Low

Clinical Presentation: The client is engaged with treatment and demonstrates openness to psychological healing, but reports low engagement with meaning, purpose, or transcendent frameworks. May present as functionally improved — symptom scores reduced, coping skills developed — while reporting a persistent sense of emptiness or existential dissatisfaction that treatment gains have not addressed.

Therapeutic Goals:

- Validate clinical gains while naming the incompleteness the client is experiencing
- Introduce the question of meaning as a legitimate clinical concern
- Explore existing (possibly dormant) spiritual, philosophical, or existential resources
- Consider referral to a chaplain, spiritual director, or meaning-oriented therapist
- Explore logotherapy, existential therapy, or ACT as complementary modalities
- Investigate whether the therapeutic bond provides meaning the client has not yet named

"You've done so much work on healing. What do you think all of this suffering has been about?"

Quadrant 3: Spiritual Captivity

Therapeutic Dimension: Low | Theological/Existential Dimension: High

Clinical Presentation: Strong engagement with meaning, faith, or transcendent frameworks but resistance to psychological healing. The client may report that prayer, faith, or spiritual practice should be sufficient. May interpret persistent symptoms as evidence of spiritual inadequacy rather than clinical need. Often reflects faith communities that have discouraged professional mental health treatment (the spiritual bypass).

Therapeutic Goals:

-
- Affirm the client's faith and spiritual engagement as genuine strengths
 - Gently challenge the belief that faith and treatment are mutually exclusive
 - Explore whether the client's tradition contains resources that support integration
 - Identify and address the shame cycle: suffering → increased practice → continued suffering → perceived failure
 - Consider collaboration with the client's faith leader (with consent and boundaries)
 - Reframe clinical treatment as consistent with, not competitive with, spiritual healing

"Your faith is clearly important to you. What would it mean for your faith if you also allowed professional help to be part of your healing?"

Quadrant 4: Therapeutic Forgiveness (Integration)

Therapeutic Dimension: High | Theological/Existential Dimension: High

Clinical Presentation: The client demonstrates engagement with both psychological healing and meaning/transcendent frameworks. This is the integrative goal. The client may report that treatment gains are complemented by a sense of purpose, that their existential life provides a framework within which suffering has meaning, and that the integration produces well-being exceeding what either dimension alone could provide. Clients may still carry significant symptoms; integration does not eliminate suffering but transforms the client's relationship to it.

Therapeutic Goals:

- Support and deepen the integration — a dynamic balance requiring ongoing practice
- Develop the four movements: naming, grieving, releasing, reorienting
- Explore how the client can extend integration to others (mentoring, advocacy, service)
- Monitor for regression during periods of stress or crisis
- Address remaining specific wounds the client is ready to bring to the naming process
- Explore the therapeutic bond as a daily practice of receiving grace

"How do you hold your suffering and your sense of meaning together? What does that look like on a daily basis?"

Clinical Discussion Guide

The following questions facilitate a structured therapeutic discussion after the inventory has been scored and the client's primary quadrant identified. Conduct collaboratively — share scoring results and the matrix framework with the client in accessible language.

Opening the Discussion

Share the matrix with the client using the visual (2x2 grid or Venn diagram). Explain the four positions:

- **Resentment:** "I've been hurt, and I don't trust that healing — from therapy or from anything bigger — is possible for me."
- **Self-Interest:** "I'm doing the treatment work, but I still feel like something is missing — like the healing doesn't quite reach the deepest part."
- **Spiritual Captivity:** "I have faith and I believe my suffering means something, but the suffering isn't getting better, and I wonder if that's my fault."
- **Therapeutic Forgiveness:** "I'm working on my healing and I've found a way to hold my suffering that gives it meaning. Both feel important. Both are helping."

Ask the client: "*Which of these sounds most like where you are right now?*" Compare their self-identification with the inventory results. Discrepancies are clinically valuable.

Exploring the Therapeutic Dimension

- "When you think about all the help you've received — therapy, medication, programs — what stands out as most helpful? What stands out as most harmful?"
- "What would need to be true about a therapeutic relationship for you to feel safe opening up?"
- "If healing were possible — not perfect, not complete, but genuinely better — what would that look like?"
- "Is there anyone or anything that helps, even a little? (Probe for animal bonds, relationships, practices.)"
- "What has the mental health system gotten wrong about you? What have they missed?"

Exploring the Theological/Existential Dimension

Adapt to the client's vocabulary. Religious clients may use God, prayer, faith. Secular clients may prefer meaning, purpose, values. Both are valid expressions of the same dimension.

- "Do you believe your suffering means something? If so, what? If not, what would it mean if it did?"
- "Have you ever experienced a moment of peace or grace — even briefly — in the middle of a difficult time?"
- "Is there a spiritual or philosophical tradition important to you? Has it helped or hindered your healing?"
- "What gives your life purpose right now, even on the hardest days?"
- "When you imagine forgiveness — of yourself, of others, of circumstances — what comes up? What feels possible? What feels impossible?"

Identifying Therapeutic Goals

Based on the inventory results and discussion, collaboratively identify 2–3 therapeutic goals:

Goal	Goal Statement	Dimension
1.		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Existential <input type="checkbox"/> Both
2.		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Existential <input type="checkbox"/> Both
3.		<input type="checkbox"/> Therapeutic <input type="checkbox"/> Existential <input type="checkbox"/> Both

Follow-Up Plan

Re-administration date: _____

Target quadrant movement: From _____ toward _____

Referral considerations: Spiritual director Chaplain Faith community liaison Meaning-oriented therapy Support group Other: _____

Practitioner Notes:

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