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Internal Family Systems Therapy for Trauma Recovery and Addiction in Sexual and Gender Minorities

Walter Saunders
Walden University

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Walden University

College of Social and Behavioral Health

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Walter William Saunders

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the review committee have been made.

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Walden University
2026

Abstract

Internal Family Systems Therapy for Trauma Recovery and Addiction in Sexual and
Gender Minorities

by

Walter William Saunders

MSW, University of New England, 2019

BASW, Brandman University, 2017

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

May 2026

Abstract

Sexual and gender minorities (SGM) experience disproportionately high rates of substance use disorders linked to trauma exposure, minority stress, and barriers to affirming behavioral health care. Although trauma-informed approaches have expanded, little is known about how SGM individuals experience and make meaning of their engagement in internal family systems (IFS) therapy for trauma and addiction. Guided by Schwartz's theory of the multiplicity of the mind and minority stress theory, the purpose of this qualitative phenomenological study was to explore how SGM individuals describe and interpret their engagement in IFS therapy within the context of trauma and addiction. Interpretative phenomenological analysis was used to examine semi-structured interviews from a purposive sample of 10 SGM participants who had engaged in IFS therapy. Interviews were conducted via secure videoconferencing, transcribed verbatim, and analyzed through iterative coding to identify themes. Findings indicated that participants experienced IFS as promoting identity integration, increasing access to self-energy, and fostering compassionate engagement with parts associated with shame and addictive coping. Participants also described ongoing systemic barriers to affirming addiction treatment, highlighting the interaction between internal healing and external stressors. These findings have implications for clinician training, trauma-informed and identity-affirming practice, and policies that expand equitable access to addiction treatment for SGM communities, thereby supporting positive social change.

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Dedication

This dissertation is dedicated to the individuals whose lived experiences of trauma, identity, and recovery inspired this work, and to the people who sustained me throughout this journey.

To my partner, Phil, who endured the long hours I spent immersed in research and away from the rhythms of home life, your patience, love, and unwavering support made this work possible. I love you deeply.

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To my agency and my executive director, Carol, whose trust in my professionalism and clinical judgment allowed space to pilot and implement emerging interventions addressing trauma and addiction, translating theory into practice in service of those most in need.

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Chapter 1: Introduction to the Study

Background

Trauma, internal and emotional dysregulation, and addiction present complex challenges, particularly for marginalized populations. This is especially evident among sexual and gender minorities (SGM), who often encounter distinctive adversities when addressing these issues personally and while seeking care in behavioral health settings. Research has shown that SGM individuals experience disproportionately high rates of trauma-related mental health disorders and substance use, which can be exacerbated due to systemic inequities, stigma, and discrimination in the behavioral healthcare system (Ayhan et al., 2020). These structural barriers significantly hinder access to affirming and trauma-informed care, often leaving SGM individuals underserved and at an increased risk of chronic distress.

The prevalence of PTSD, including presentations consistent with complex trauma, within SGM communities highlights the severity of this issue. Livingston et al. (2020) found that PTSD rates range from 1.3% to 47.6% among LGB individuals and 17.8% to 42% among transgender and gender-diverse populations, which are significantly higher than in the general population. Despite the need for trauma treatment, many SGM individuals report avoiding PTSD interventions due to concerns about re-traumatization by providers unfamiliar with their unique challenges. While trauma-focused treatments like cognitive processing therapy (CPT) and prolonged exposure (PE) are widely used for PTSD, Livingston et al. noted that these interventions may be insufficient for many SGM

individuals because they do not account for the additional stressors of discrimination, systemic violence, and minority stress.

Beyond the personal impact of trauma and addiction, a parallel and urgent issue lies in the compounded challenges faced by SGM individuals, where internal fragmentation and ongoing exposure to societal stigma and discrimination intersect with systemic failures in behavioral health and healthcare systems. Harper et al. (2021) documented widespread violence, stigma, and social exclusion experienced by SGM individuals in both healthcare and community contexts, contributing to significant distrust and disengagement from mental health and addiction services. Clark et al. (2025) further highlighted that SGM individuals frequently encounter structural and interpersonal stigma in inpatient psychiatric care, including misgendering, the pathologizing of identity, and a lack of affirming discharge planning. These experiences often result in psychological harm, internalized shame, and unmet recovery needs. Cunha and Gomes (2024) emphasized the importance of extending trauma-informed care beyond the individual level to include recognition of historical, sociopolitical, and structural dimensions of trauma. Similarly, Silveri et al. (2022) identified pervasive barriers to culturally competent care and a lack of system-level accountability for the provision of affirming and equitable mental health services.

Given these systemic shortcomings, there is an urgent need for therapeutic approaches that address not only the internal fragmentation and physiological dysregulation associated with trauma, but also the external stressors rooted in structural inequities. Internal family systems (IFS) therapy, developed by Schwartz (1995), offers a

compelling alternative by shifting the clinical focus from pathology and symptom suppression toward relational healing within the internal system.

Grounded in the concept of multiplicity, IFS posits that the mind is composed of distinct subpersonalities, or “parts,” each with its own emotions, perspectives, and protective functions, often shaped by traumatic experiences. Some parts may adopt extreme roles, including avoidance or substance use, as adaptive strategies to manage overwhelming emotional pain. Rather than targeting these parts for suppression or elimination, IFS emphasizes compassionate curiosity, internal connection, and understanding.

Healing occurs through restoring access to the Self, an innately calm, centered, and wise presence that is understood to exist within every individual. From a Self-led state, protective parts can relinquish extreme roles, allowing for increased internal harmony, emotional regulation, and integration.

This model is especially salient for SGM individuals whose trauma is often both deeply personal and structurally reinforced. By affirming internal complexity and honoring the protective roles of even the most extreme parts, IFS provides a culturally attuned framework for working with individuals navigating identity-based stress, shame, and social marginalization. Through unblending from overburdened parts and building internal relationships grounded in compassion, SGM individuals are supported in reclaiming agency, coherence, and emotional resilience in the face of personal and systemic adversity.

While IFS therapy has demonstrated effectiveness in PTSD treatment (Hodgdon et al., 2022), its applicability to SGM individuals with trauma-induced addiction remains largely unexplored. Ji and Cochran (2022) found that despite an increase in agencies claiming to offer SGM-specific substance use treatment, only 17.4% provided distinct, identity-affirming services. Their study also revealed that many SGM individuals seeking treatment experienced misgendering, heteronormative assumptions, and a lack of understanding of minority stress, leading to early treatment dropout and poorer recovery outcomes. Similarly, Kidd et al. (2022) identified significant gaps in trauma-informed substance use treatments for SGM individuals, further underscoring the absence of identity-affirming models tailored to this population.

Despite a growing body of literature advocating for inclusive mental health interventions, little is known about how SGM individuals experience IFS therapy in the context of trauma and addiction. This study seeks to address this gap by examining the lived experiences of SGM individuals who have undergone IFS therapy, guided by Schwartz's theory of the multiplicity of the mind, which provides a framework for understanding the interplay between trauma, identity, and addiction.

In summary, this study situates itself at the intersection of social work, mental health, and phenomenological research. By examining the processes and outcomes of IFS therapy in supporting SGM individuals, this research aims to contribute valuable insights into equitable and effective mental health care for marginalized populations.

Despite growing evidence supporting the effectiveness of IFS therapy in the treatment of trauma and addictive behaviors, there remains limited understanding of how

this intervention is experienced by SGM individuals with trauma-induced addictions. Existing research documents significant disparities in mental health and substance use treatment for SGM populations, underscoring the need for culturally affirming and trauma-informed approaches (Harper et al., 2021). However, the specific therapeutic processes central to IFS therapy, including increasing access to the Self (capitalized) and addressing internal conflicts shaped by trauma, have not been adequately examined within this population. As a result, there is a critical gap in the literature regarding how IFS therapy may support SGM individuals in navigating the intersecting challenges of trauma, addiction, and minority stress.

Purpose of the Study

This phenomenological study explored the lived experiences of SGM individuals who have engaged in IFS therapy to address trauma and addiction. By examining participants' personal narratives and the meanings they ascribe to their therapeutic experiences and healing processes, the study aimed to generate insight into how IFS therapy engages trauma and addictive behaviors within this population. The findings are intended to inform social work and psychology practice by underscoring the importance of identity-affirming and trauma-informed approaches to care.

Research Questions

The following research questions guided this study:

1. How do SGM individuals experience and make meaning of their engagement in IFS therapy for trauma and addiction?

2. How do SGM individuals describe the process of healing, integration, and internal restoration through their work with IFS theory?
3. How do participants make sense of their relationship with addictive behaviors and emotional pain as they explore their internal parts through IFS theory?
4. How do participants describe their experiences of managing protective parts in response to ongoing minority stress within the context of IFS theory?

This study was based on Schwartz's theory of the multiplicity of the mind, which asserts that the mind consists of distinct subpersonalities, or "parts," that shape thoughts, emotions, and behaviors (Schwartz, 2013). A key element of this framework is the concept of "Self" or "Self-Energy," representing an individual's core essence that facilitates healing and integration among the various parts. Schwartz (2013) defined Self-Energy as inherently calm, confident, curious, and connected, encompassing the "8 Cs of Self-Energy": compassion, courage, creativity, clarity, confidence, curiosity, calmness, and connectedness. When individuals operate from this Self, they are better equipped to lead their internal system, fostering internal harmony and emotional resilience. This results in a state of balance, or homeostasis, where the parts are liberated from carrying painful burdens or adopting extreme roles for protection, allowing them to revert to their natural, non-exaggerated states.

For SGM individuals, IFS theory offers a useful lens for understanding the internal conflicts that arise in response to systemic discrimination, identity-related stress, and trauma in the context of addiction. Many SGM individuals experience complex trauma, chronic stress, and ongoing minority stressors, which can contribute to protective

parts, such as managers and firefighters, assuming increasingly extreme roles. Over time, these protective responses may manifest as addictive behaviors, avoidance, or hypervigilance and can come to dominate the internal system, obscuring access to the individual's inherent Self-energy. As a result, individuals may begin to identify more strongly with these protective parts rather than with the Self.

Within IFS therapy, clinicians initially offer a stabilizing presence that supports clients in reconnecting with and mapping their internal system, including relationships with both protective and exiled parts. As therapy progresses, clients often report increased access to their own Self-energy, which allows for greater internal balance and supports the healing of trauma-related burdens. Despite the theoretical relevance and clinical promise of IFS for addressing trauma and addiction in the context of minority stress, empirical research examining its application specifically with SGM populations remains limited. This gap underscores the need for further investigation into how IFS therapy may support healing and recovery for SGM individuals navigating trauma and addiction.

The study also drew on the philosophical foundations established by two key phenomenologists. Husserl's (1970) descriptive approach emphasizes the need to bracket preconceptions to grasp the essence of participants' experiences. Complementing this, van Manen's (1990) hermeneutic phenomenology emphasizes the interpretation of lived experiences within their broader social and cultural contexts. This dual approach ensures the study remains participant-centered and contextually aware, enabling a nuanced understanding of how SGM individuals experience IFS therapy.

Furthermore, the study recognizes recent methodological advancements in interpretative phenomenological analysis (IPA), particularly its growing significance in social work research. Smith et al. (2021) provided a foundational understanding of IPA's theoretical and practical aspects, while Vicary and Ferguson (2024) highlighted its utility in addressing complex social issues. By employing IPA, this study is well-positioned to capture the depth of participants' lived experiences, aligning with both classical and contemporary phenomenological traditions.

This framework explicitly informed the study's research questions, bridging the gap between theory and research. By investigating how SGM individuals experience IFS therapy in the context of trauma and addiction, this study explored whether the framework provides the intended therapeutic benefits and how it may need to be adapted to better support this population. If little is known about these experiences, that absence in the literature constitutes a gap that justifies further investigation.

Theoretical Integration and Terminology Consistency

To ensure clarity and consistency throughout the study, key theoretical constructs are defined in alignment with the foundational models guiding the research. In the context of IFS theory, the term Self refers to an inherent, compassionate internal presence that is distinct from the psychological ego. Parts are understood as subpersonalities commonly categorized as managers, firefighters, and exiles, each serving specific roles within the internal system. Managers function in a proactive manner, attempting to prevent emotional pain and maintain control over daily functioning. Firefighters operate reactively, engaging in urgent strategies to distract from, suppress, or numb distress when

the system becomes overwhelmed. Exiles are burdened parts that carry unresolved traumatic memories, intense emotions, and unmet attachment needs, often related to experiences of shame, fear, grief, or abandonment.

In IFS therapy, parts may be experienced as thoughts, emotions, behaviors, beliefs, somatic sensations, or a subtle felt sense within the body, and they may present as internal dialogue, physical tension, imagery, or other embodied experiences that reflect their protective or burdened roles. Minority stress theory (Meyer, 2003) is used to address both external stressors (distal) and internalized responses (proximal) associated with stigma and discrimination. Terminology drawn from polyvagal theory (Porges, 2001), including concepts such as the ventral vagal state and dorsal vagal shutdown, is applied in accordance with Porges's definitions. These concepts are introduced in this chapter and used consistently across Chapters 2 through 5 to maintain coherence, conceptual clarity, and theoretical fidelity throughout the study.

Nature of the Study

This study utilized IPA to explore the lived experiences of SGM individuals who have experienced trauma-induced addiction and have engaged in IFS therapy as part of their recovery process. Participants were recruited using purposive and snowball sampling strategies to build a diverse, information-rich participant pool aligned with the study focus. IPA was particularly well-suited for this study because it focuses on how individuals make sense of significant personal experiences, making it an ideal approach for investigating the meaning and impact of IFS therapy in addressing trauma-induced addiction. Unlike descriptive phenomenology, which seeks to identify universal

structures of experience by setting aside the researcher's preconceptions, IPA incorporates an interpretative, double hermeneutic approach, meaning both the participant and the researcher engage in meaning-making (Smith et al., 2021; Vicary & Ferguson, 2024). This enables a contextualized understanding of participants' therapeutic experiences, considering their individual identities, social influences, and systemic factors that may shape their perceptions.

The study's focus on lived experience within a unique sociocultural context drives the selection of IPA over other phenomenological approaches. Descriptive phenomenology (Husserl, 1970) prioritizes bracketing preconceptions to capture the "pure essence" of an experience. However, this approach may not fully account for the layered, identity-specific meanings that SGM individuals ascribe to therapy. By contrast, IPA embraces individual variability while identifying overarching patterns, making it more appropriate for capturing how SGM individuals process and internalize their experiences with IFS therapy in the context of trauma, addiction, and identity-related stressors (Smith et al., 2021).

Semi-structured interviews were conducted with a purposive sample of 8-12 participants who self-identified as SGM, had experienced trauma-induced addiction, and had undergone IFS therapy. This sample size was methodologically appropriate for IPA research, emphasizing depth over breadth (see Smith et al., 2021). Small, homogeneous samples (typically 6-12 participants) enable rich, idiographic analysis while still facilitating the identification of shared themes across cases (Vicary & Ferguson, 2024). This approach ensures that the study can both respect individual differences in meaning-

making and draw insights into broader experiential patterns among SGM individuals engaging with IFS therapy.

The data were analyzed using thematic analysis within an IPA framework, which involves identifying recurring patterns and key themes in participants' narratives while maintaining a commitment to individual meaning-making. By integrating both individual and collective narratives, the study will provide a detailed and nuanced exploration of the effectiveness and applicability of IFS therapy for SGM individuals recovering from trauma and addiction.

Definitions

Internal family systems (IFS) therapy: A psychotherapy model that emphasizes access to the Self and the resolution of internal conflicts among subpersonalities, or “parts,” of the mind through compassionate internal relationships (Schwartz, 2013).

Neurobiology of addiction: The neurobiology of addiction involves maladaptive changes in the brain's reward system, particularly the mesolimbic dopamine pathway, which reinforces compulsive substance use or behaviors. Chronic exposure to addictive substances or behaviors hijacks neural circuits, leading to tolerance, withdrawal, and compulsive seeking despite adverse consequences. This is further exacerbated by stress-induced dysregulation of the HPA axis and impaired prefrontal cortex function, which impair impulse control and decision-making (Koob & Volkow, 2010).

Neurobiology of trauma: The neurobiology of trauma refers to how traumatic experiences alter brain structure and function, particularly affecting the amygdala (fear processing), hippocampus (memory consolidation), and prefrontal cortex (executive

functioning). Traumatic stress dysregulates the hypothalamic-pituitary-adrenal (HPA) axis, leading to heightened cortisol and altered autonomic responses, often resulting in hypervigilance, affect dysregulation, and impaired decision-making (Bremner, 2006; Van der Kolk, 2014).

Parts: In IFS therapy, “parts” are understood as distinct subpersonalities or internal aspects of the psyche that carry specific thoughts, emotions, behaviors, or somatic experiences. Parts may be experienced as emotions such as fear or anger; thoughts or beliefs such as “I am not good enough”; felt-sense awareness such as noticing internal shifts; bodily sensations such as tightness or heaviness; urges such as withdrawing or using substances; or as images and inner voices. Within IFS, parts are commonly grouped into three broad categories: managers, which work to control daily life and prevent emotional pain; exiles, which hold traumatic memories and intense emotions; and firefighters, which attempt to distract from or numb distress when exiles or old, unhealed wounds become activated.

Each part serves an adaptive role within the internal system, even when its strategies become extreme or problematic over time. IFS therapy aims to help individuals unblend from their parts, develop trusting and compassionate internal relationships, and support parts in releasing the burdens they have carried as a result of past trauma. Through increased access to the Self and compassionate engagement with all parts, this process promotes internal balance, emotional regulation, and psychological integration.

Self (or self-energy): In IFS therapy, the Self is the inherent core of a person characterized by qualities such as compassion, calmness, curiosity, confidence, and

clarity. According to Schwartz (2021), Self-energy is distinct from internal parts and is described through the “8 Cs”: calmness, curiosity, clarity, compassion, confidence, courage, creativity, and connectedness. When individuals have increased access to the Self, they can relate to their parts with nonjudgmental awareness and compassion, supporting internal balance, emotional regulation, and psychological integration.

Self-led (or access to the self): In IFS therapy, this refers to a state in which an individual has greater access to the Self and can relate to internal parts with calmness, compassion, curiosity, and clarity. From this state, the Self can comfort, guide, and support wounded or protective parts, promoting emotional regulation, internal balance, and resilience. Increased access to the Self is considered central to the therapeutic process in IFS and is associated with greater psychological integration and adaptive functioning (Schwartz, 2021).

Sexual and gender minorities (SGM): Include individuals who identify as lesbian, gay, bisexual, transgender, queer, or other identities that deviate from cisgender and heterosexual norms (Ayhan et al., 2020).

Trauma-induced addiction: A pattern of substance use or compulsive behavior that develops in the context of exposure to potentially traumatic life events, where substances or behaviors are used to cope with trauma-related distress, such as affective dysregulation, intrusive experiences, or emotional pain. In this framework, addiction is understood as a maladaptive coping response shaped by trauma rather than a discrete trauma subtype or diagnostic category (Levin et al., 2021).

Assumptions

1. Participants would provide honest and accurate accounts of their experiences with IFS therapy.
2. The IPA was suitable for exploring the lived experiences and meanings participants ascribe to IFS therapy.
3. Participants' narratives would reflect the complex interplay between trauma, addiction, and the therapeutic process.

Scope and Delimitations

Scope

This study examined SGM who have experienced trauma-related addiction and have participated in IFS therapy. The objective was to investigate their perceptions of this approach's therapeutic processes and outcomes.

Delimitations

The study was confined to individuals who self-identified as SGM and had engaged in IFS therapy. It did not compare the efficacy of IFS therapy with other therapeutic modalities.

Limitations

1. The findings of this study are not intended to be statistically generalizable due to the small, purposive sample size characteristic of IPA.
2. Participants' accounts may have been influenced by recall bias or their current psychological state at the time of the interviews.

3. The interpretative nature of IPA involves the researcher's active role in meaning-making, which may introduce subjective bias; however, reflexivity, bracketing, and systematic analytic procedures were used to enhance credibility.

Significance

This study holds the potential to make significant contributions to the fields of social work, mental health, counseling, and psychology by addressing a critical gap in understanding how trauma-informed and identity-affirming interventions, such as IFS therapy, can effectively support marginalized populations. By exploring the lived experiences of SGM individuals in IFS therapy, this research offers insight into how trauma, addiction, and identity development intersect within this population.

Findings from this study have broader implications for mental health policy, clinical training, and addiction treatment models. Beyond its immediate contributions to trauma-informed addiction care, this research may inform the development of evidence-based guidelines for SGM affirmative practice, supporting more inclusive treatment approaches that explicitly account for systemic discrimination and minority stress. Given that many existing therapeutic frameworks do not adequately address internal fragmentation, shame, and identity-related distress, this study highlights the value of clinical interventions that integrate trauma healing with increased access to the Self and internal integration. In doing so, the findings support the advancement of addiction treatment models that are both trauma-responsive and attuned to the lived realities of SGM individuals.

Additionally, this research has the potential to influence training programs for mental health professionals, equipping clinicians with better tools to support SGM individuals in recovery from drug addiction. By highlighting the impact of IFS therapy in reducing self-fragmentation and addiction risk, this study may contribute to the development of specialized interventions for SGM individuals, particularly those seeking trauma-informed, identity-affirming therapeutic models.

Furthermore, this study aligns with the broader goal of promoting social change by advocating for equitable access to mental health services. By emphasizing the potential benefits of IFS therapy, the research seeks to destigmatize mental health care for SGM populations, advance inclusive therapeutic practices, and inform policy recommendations that prioritize culturally competent, trauma-informed addiction treatment.

Summary

This study builds upon existing literature on trauma, addiction, and therapeutic interventions by examining how IFS therapy is particularly suited to address trauma-induced addiction among SGM populations. While previous research has highlighted the impact of minority stress, trauma responses, and self-fragmentation on addiction vulnerability, there has yet to be an investigation into how IFS therapy fosters healing and identity integration within this demographic. Chapter 2 critically synthesizes foundational concepts, identifies gaps in the literature, and underscores the necessity of this study. Chapter 3 outlines the research design, methodological framework, and data collection strategies employed to explore participants' lived experiences using IPA.

Chapter 4 presents the study's findings, organized around emergent themes that illustrate how SGM individuals derive meaning from IFS therapy in relation to trauma and addiction. Finally, Chapter 5 discusses the implications of these findings for clinical practice, theoretical understanding, and future research, highlighting the potential of identity-affirming, trauma-informed interventions to facilitate recovery within marginalized populations.

Chapter 2: Literature Review

Introduction

This chapter presents a comprehensive review of current literature on trauma-induced addictions and the application of IFS theory, particularly as it relates to SGM populations. Through an interdisciplinary examination of empirical studies, several key themes emerged. First, research consistently demonstrates a strong connection between early life adversity, trauma exposure, and increased vulnerability to addiction, particularly among SGM individuals. Second, the literature highlights the role of neurobiological dysregulation, including dysfunction of the hypothalamic pituitary adrenal (HPA) axis and reduced heart rate variability (HRV), as physiological mechanisms linking trauma to addictive behaviors. Third, studies explore how autonomic nervous system (ANS) regulation and trauma-informed therapeutic approaches, particularly IFS theory, support emotional balance and resilience. Fourth, the literature supports the integration of minority stress theory (MST) and IFS theory to address both internal and external dynamics that contribute to addiction in SGM populations. Finally, recent studies on IFS theory emphasize its effectiveness in fostering self-regulation, identity integration, and recovery, although its use with addiction in SGM contexts remains underexplored. These themes guide the structure of this chapter and provide the foundation for the present study, which investigates how SGM individuals experience IFS theory in relation to trauma and addiction.

Literature Search Strategy

To ensure a comprehensive and interdisciplinary literature review, peer-reviewed sources were gathered through an expanded database search of PsycINFO, PubMed, and LGBTQ+ Source, with supplemental searches in Academic Search Complete, ScienceDirect, and Google Scholar to identify emerging or niche scholarship. The review was intentionally cross-disciplinary, drawing not only from the field of social work but also from fields such as clinical psychology, neuroscience, addiction studies, trauma theory, and affirmative psychotherapy in order to capture the complexity of trauma-induced addiction among SGM populations.

Search terms were selected to reflect both the conceptual and clinical dimensions of the study. These terms included “trauma-induced addictions,” “trauma and addiction,” “internal family systems therapy,” “internal family systems theory,” “sexual and gender minorities,” “neurobiology of trauma,” “neurobiology and addiction,” “addiction treatment,” “trauma-informed care,” “identity-affirming therapy,” “IFS and addiction,” and “IFS and trauma.” These keywords were chosen to capture a broad yet targeted range of literature addressing the intersections of trauma, addiction, minority stress, and therapeutic approaches, particularly IFS theory as applied to SGM populations.

Filters for publication years (2018–2024) and peer-reviewed articles were applied to ensure the inclusion of recent and credible sources. However, foundational works that predate this range; such as those by Schwartz (1995), Van der Kolk (2014), Porges (2001), Bremner (2006), Koob and Le Moal (2001), and Felitti et al. (1998) were also included due to their enduring and seminal contributions to the understanding of trauma,

addiction, neurobiological mechanisms, and relevant therapeutic approaches.

Additionally, reference lists from selected studies were reviewed to identify further literature aligned with the research focus.

Theoretical Foundation

This study is grounded in Schwartz's (1995) theory of the multiplicity of the mind, which proposes that the mind comprises distinct subpersonalities or parts, each influencing thoughts, emotions, and behaviors. These parts develop as adaptive responses to life experiences, especially trauma. When distress remains unresolved, certain parts can become extreme in their roles. These parts often exist to protect more vulnerable aspects of the self, known as exiles, which carry deep emotional wounds. Their protective function is to prevent these exiles from overwhelming the system.

Schwartz describes the Self as the natural healing presence within each person. The Self is characterized by calmness, curiosity, clarity, compassion, confidence, courage, creativity, and connectedness (Schwartz & Sweezy, 2019). However, when an individual has experienced significant trauma, access to the Self is often obstructed. Protector parts may take control of the system to manage emotional pain. These protectors can appear as hypervigilance, emotional numbing, dissociation, or substance use. Over time, these patterns can create internal conflict and fragmentation, limiting an individual's ability to live from a place of balance and inner harmony.

Protective parts can become so dominant in highly overwhelmed internal systems that they merge with an individual's sense of identity. For example, a part that engages in substance use to escape emotional pain may become so prominent that the individual

comes to identify almost entirely with this behavior. In IFS theory, this process is referred to as blending (Schwartz, 2021). When blending occurs, it becomes difficult to recognize addictive behavior as a protective survival strategy rather than a reflection of the individual's authentic self. As a result, access to the Self may be obscured, limiting engagement with the internal resources necessary for healing and integration.

For individuals who identify as part of the SGM population, repeated experiences of social rejection, discrimination, and internalized stigma can reinforce the development of protective parts. These parts may adopt roles such as self-silencing, compulsive behaviors, or the maintenance of internalized shame. IFS theory offers a structured approach to healing by encouraging individuals to relate to their parts with curiosity and compassion rather than fear or judgment. Through this process, individuals may release trauma-related burdens, reintegrate fragmented aspects of their internal system, and regain greater access to the Self.

This study aimed to explore how SGM individuals experience IFS therapy in relation to trauma recovery, addiction healing, and identity affirmation. Specifically, it examined how participants understand and engage with their internal systems through IFS, including the ways trauma, protective strategies, and minority stress shape their internal experiences and healing processes.

Schwartz's Theory of the Multiplicity of the Mind and IFS Theory

Unlike Freud's tripartite model of the psyche (id, ego, and superego) or cognitive-behavioral models that focus primarily on distorted thought patterns, Schwartz's (1995) theory of the multiplicity of the mind conceptualizes the psyche as consisting of multiple

subpersonalities or “parts,” each with a distinct emotional and protective function. These parts are not viewed as pathological but as adaptive responses that emerged to manage overwhelming life experiences, particularly trauma. Schwartz categorizes these parts into three core groups:

- Managers – proactive protectors that attempt to control emotions and maintain daily functioning (e.g., perfectionism, self-criticism, emotional detachment).
- Firefighters – reactive protectors that suppress distress through impulsive coping mechanisms, such as drug or behavioral addictions, binge eating, compulsive behaviors, or self-harm.
- Exiles – vulnerable parts that carry unresolved trauma, shame, or painful emotions.

While the IFS therapy model is the most widely used therapeutic modality, it is undergirded by guiding principles, techniques, and clinical goals of Schwartz’s theory of the multiplicity of the mind. This study draws directly from the multiplicity of the mind theory as the conceptual foundation for interpreting participants’ lived experiences. By grounding the research in theory rather than focusing solely on clinical techniques, the study emphasizes how core concepts, such as the organization of internal parts and the emergence of the Self, provide a framework for meaning-making. This theoretical foundation is essential for understanding how participants relate to their internal systems, how they interpret the roles of parts that have responded to trauma, and how healing occurs through reconnection to Self. While IFS theory offers a structure for engaging in the healing process, Schwartz’s theory guides the interpretive lens throughout this study.

IFS theory offers a structured and compassionate framework for helping individuals recognize, understand, unburden, and integrate their protective parts rather than suppressing or eliminating them. A fundamental principle of IFS is that all parts have a positive intention, even when the consequences of doing their job are maladaptive or harmful. Parts can assume extreme roles when the system becomes highly dysregulated, because they are unaware of or unconcerned with the long-term consequences of their behaviors; their sole focus is to prevent the individual from re-experiencing the pain held by exiled parts.

IFS theory conceptualizes addiction not as a moral failing or the result of flawed thinking, but as a firefighter part's extreme effort to protect the internal system from overwhelming emotional pain. In contrast to traditional addiction models that emphasize behavioral correction or cognitive restructuring, IFS focuses on restoring connection to the Self, understood as an inherent, compassionate presence characterized by curiosity, clarity, calm, and confidence. With increased access to the Self, individuals can engage their parts with understanding rather than judgment, creating the conditions necessary for healing. This process supports a gradual reduction in reliance on substances, the development of more adaptive coping strategies, and greater alignment with a coherent and integrated sense of self.

While Schwartz's (1995) IFS model provides a compelling lens for understanding the intrapsychic effects of trauma, it does not fully account for how external sociocultural forces shape these internal dynamics. For SGM, chronic exposure to stigma, discrimination, and rejection contributes to internalized shame, emotional suppression,

and identity fragmentation. These external stressors reinforce and intensify the roles of protective parts, especially those related to addiction and avoidance.

To address this limitation, the present study integrates MST (Meyer, 2003) with IFS theory to offer a holistic framework linking systemic oppression to internal fragmentation. By combining MST's emphasis on sociocultural stressors with IFS's conceptualization of internal parts and trauma-related adaptation, this research examines how trauma and addiction develop and persist among SGM individuals. In doing so, the study explores how IFS theory may support recovery by increasing access to Self-energy and fostering identity-affirming, trauma-informed care.

Conceptual Framework

Integrating MST With IFS

In addition to Schwartz's IFS model, this study incorporates Meyer's (2003) MST to contextualize the unique stressors faced by SGM individuals in relation to trauma and addiction. MST outlines three primary mechanisms of minority stress:

- External minority stressors (e.g., discrimination, hate crimes, systemic exclusion).
- Internalized minority stress (e.g., self-directed stigma, internalized shame, identity suppression).
- Identity concealment (e.g., masking one's gender or sexuality to avoid rejection or harm).

While MST (Meyer, 2003) explains how systemic discrimination influences mental health disparities, it does not account for how individuals internally respond to this stress.

Integrating MST with IFS theory provides a dual framework:

- MST identifies the persistent external stressors that shape the lived experiences of SGM individuals.
- IFS explains how these external pressures are internalized and managed through protective parts, such as hypervigilant or self-critical managers, substance-using firefighters, or deeply wounded exiles.

Together, Schwartz's theory of the multiplicity of the mind, IFS theory, and MST form an integrated theoretical framework for understanding trauma-induced addiction among SGM individuals. Schwartz's theory offers the foundational understanding of the mind as comprising distinct internal parts that can carry trauma (exiles), manage daily functioning (managers), or react impulsively to distress (firefighters). IFS theory operationalizes this internal model by offering a structured, non-pathologizing approach to healing that restores access to the Self and facilitates internal harmony. MST complements this internal lens by identifying the external sociocultural stressors, such as discrimination, stigma, and identity concealment, which contribute to chronic emotional burden and reinforce internal fragmentation. When integrated, these theories explain how systemic oppression becomes internalized as psychological distress and maladaptive coping, and how IFS theory provides a pathway to healing by addressing both the internalized effects of trauma and the need for identity affirmation. This combined framework positions the study to explore how SGM individuals experience addiction,

trauma, and recovery through a lens that honors both internal dynamics and external lived realities.

Phenomenological Perspective: Husserl and van Manen

This study also drew on two foundational phenomenological perspectives to ensure a contextually aware and participant-centered approach:

1. Husserl's (1970) descriptive phenomenology emphasizes bracketing preconceptions to capture the essence of participants' lived experiences. This ensures the study remains participant-driven, focusing on how SGM individuals uniquely describe their engagement with IFS theory.
2. Van Manen's (1990) hermeneutic phenomenology highlights how broader social and cultural contexts shape lived experiences. Given that SGM individuals navigate trauma, addiction, and systemic marginalization, this framework helps explore how societal factors influence their healing journey within IFS theory.

Summary

While previous research has often investigated trauma and addiction as interconnected yet distinct constructs, there has been a notable lack of studies examining how IFS theory addresses the intersection of trauma, addiction, and minority stress within SGM populations. This study sought to fill this gap by exploring how IFS therapy facilitates trauma healing, identity integration, and enhanced access to the Self among SGM individuals grappling with addiction. By merging IFS theory with MST, the research provides a framework for understanding the internal dynamics shaped by trauma

and the external stressors stemming from stigma and discrimination. The findings are intended to inform the development of identity-affirming and trauma-informed interventions tailored to the unique needs of SGM individuals, who often remain underserved by traditional treatment models.

Literature Review Related to Key Variables and/or Concepts

This section examines the key concepts essential to understanding the phenomenon under study, including trauma exposure, addiction-related behaviors, neurobiological dysregulation, minority stress, and internal psychological fragmentation. It also reviews the central principles of IFS theory and identity affirmation by examining how these concepts interact, particularly within the context of SGM populations. This review highlights the complex and intersecting challenges faced by SGM individuals and considers how IFS theory may address trauma and addiction through both psychological and physiological pathways.

Each subsection of this chapter is organized around primary themes that emerged from the literature. These themes reflect the major conceptual and empirical areas that inform the present study and provide a foundation for exploring the lived experiences of SGM individuals who have engaged in IFS therapy. The four themes are as follows:

- The role of trauma in addiction, including the impact of adverse childhood experiences (ACEs), minority stress, and systemic discrimination.
- Neurobiological mechanisms of trauma and addiction, specifically HPA axis dysregulation, HRV, and ANS through the lens of polyvagal and how they function as key predictors of addiction susceptibility and treatment outcomes.

- The impact of chronic stress and physiological dysregulation in SGM populations, contributing to increased vulnerability to addiction and reduced access to affirming healthcare.
- The therapeutic mechanisms of IFS theory, notably how it restores self-regulation, enhances autonomic balance, and fosters identity integration in marginalized populations.

This review integrates neurobiological research with trauma-informed psychotherapy to establish a conceptual foundation for understanding how SGM individuals articulate and make meaning of their experiences with IFS theory in the context of trauma and addiction. The sections that follow examine the relevant theoretical constructs and frameworks in greater depth, highlighting the importance of holistic, identity-affirming approaches as reflected in the existing literature.

Early-Life Adversity, HPA Axis Dysregulation, and Addiction Vulnerability

Early-life adversity, as measured by the ACEs study, can trigger a cascade of physiological, neurological, and psychological responses that profoundly shape long-term health outcomes. The original ACE Study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, involved over 17,000 adults and examined their exposure to categories of childhood adversity such as abuse, neglect, and household dysfunction prior to age 18 (Felitti et al., 1998). This study found a significant, graded relationship between the number of ACEs and the risk of developing various adult health behaviors and diseases, including a marked increase in alcoholism, drug abuse, depression, and suicide attempts among individuals reporting four or more ACEs.

Moreover, these individuals were significantly more likely to engage in health-risk behaviors such as smoking, having poor self-rated health, contracting sexually transmitted diseases, having numerous sexual partners, and sexual behavior and contact starting at a much younger age (Felitti et al., 1998). Additional research expanded upon these findings by establishing a direct link between childhood trauma and illicit drug use, demonstrating that each additional ACE increased the likelihood of early initiation into illicit drug use by 2 to 4-fold, with individuals reporting five or more ACEs being substantially more likely to experience severe drug-related problems (Dube et al., 2003).

Central to understanding the link between early-life adversity, trauma, and addiction is the dysregulation of the HPA axis, a critical system responsible for stress regulation. Chronic or severe stress exposure results in HPA axis dysregulation, characterized by excessive cortisol release and altered stress responsiveness (Mayer et al., 2020). This disruption has lasting physiological effects, as Van der Kolk (2014) noted, highlighting that trauma fundamentally alters the body's stress regulation capacities. Supporting this, Mayer et al. (2020) observed that individuals with childhood trauma-related PTSD exhibited significantly blunted cortisol and adrenocorticotropic hormone (ACTH) responses, indicative of impaired stress regulation mechanisms. Similarly, Seo et al. (2019) identified trauma-induced hypocortisolism, wherein chronic stress activation leads to persistently low basal cortisol levels. Neuroimaging from their research further revealed heightened activity within the amygdala and hippocampus, which are brain regions pivotal to emotional regulation and stress processing. These combined findings suggest chronic stress profoundly impacts both neuroendocrine and neural pathways,

contributing substantially to emotional dysregulation and increased addiction vulnerability. Additionally, Karin et al. (2020) introduced a model proposing that prolonged stress exposure leads to structural changes in hormone-secreting glands, resulting in persistent dysregulated cortisol patterns, further explaining why trauma-exposed individuals often experience enduring states of physiological imbalance and turn to substances to manage heightened internal distress.

Understanding how early-life adversity and HPA axis dysregulation contribute to addiction vulnerability provides a necessary foundation for examining more dynamic, real-time physiological indicators of stress resilience and susceptibility, such as HRV. The following section explores HRV in greater depth, highlighting its role as a key marker linking autonomic function, trauma exposure, and addiction risk.

HRV and the HPA Axis

While HPA axis dysregulation reflects long-term stress exposure at the endocrine level, HRV offers a dynamic, real-time indicator of autonomic regulation that is critical for understanding vulnerability to trauma-related addiction. Both HRV and cortisol release have been examined as biomarkers of the physiological stress response, although their interrelationship has historically produced mixed findings (Bennett et al., 2024). More recent research has clarified the role of HRV as a buffering mechanism in stress physiology, particularly in relation to cortisol regulation. Using latent growth mixture modeling, Bennett et al. (2024) identified distinct cortisol response trajectories during acute stress, with higher HRV associated with more rapid physiological recovery and a return to baseline cortisol levels among typical responders. In contrast, atypical cortisol

response groups demonstrated impaired coordination between autonomic and endocrine systems, reflecting diminished capacity for stress adaptation.

This association underscores HRV as a meaningful indicator of stress resilience and autonomic flexibility, reinforcing its relevance as a predictor of psychotherapy outcomes. For example, Balint et al. (2023) found that individuals with higher vagally mediated HRV demonstrated greater symptom improvement and required fewer treatment sessions, highlighting the role of autonomic regulation in emotional resilience and recovery. Similarly, Puleo et al. (2018) reported that individuals with lower HRV during stress anticipation exhibited heightened cortisol responses, suggesting that impaired autonomic regulation contributes to exaggerated stress reactivity and increased vulnerability to maladaptive coping behaviors, including substance use.

These collective findings appear to support Porges's (2001) polyvagal theory, indicating that lower HRV limits individuals' ability to effectively transition between autonomic states, resulting in chronic emotional dysregulation and an increased risk of addiction. As noted by van der Kolk (2014), unresolved trauma fundamentally alters ANS functioning, further exacerbating stress sensitivity and reducing emotional regulatory capacity. Consequently, low HRV consistently emerges as a physiological marker of poor stress adaptation among trauma-exposed individuals, linking directly to elevated risks for substance use disorders, emotional dysregulation, and compulsive behaviors (Balint et al., 2023; Bennett et al., 2024).

The therapeutic implications of these findings suggest that interventions designed to enhance HRV, such as biofeedback, mindfulness-based practices, and trauma-informed

psychotherapies, may restore autonomic flexibility and improve stress resilience, thereby reducing addiction vulnerability. These insights form a critical bridge to understanding how targeted psychotherapeutic interventions like IFS theory could promote autonomic balance, improve self-regulation, and address underlying trauma, offering promising strategies for addiction treatment and long-term recovery.

IFS Theory, Autonomic States, and Trauma Physiology

A recent systematic review supports this, showing that mindfulness- and compassion-based contemplative practices, which are viewed as neural exercises under polyvagal theory, have increased vagal tone, improved respiratory sinus arrhythmia (RSA), and reduced symptoms of PTSD and OCD (Poli et al., 2021). These interventions help strengthen the ventral vagal complex, which is associated with parasympathetic regulation, and support recovery by reinforcing safety and social connection.

Expanding on this connection between safety, recovery, and the ANS, Mansoor (2024) synthesized literature across multiple psychiatric conditions to demonstrate autonomic dysregulation. Particularly within the ventral vagus complex is a shared feature of disorders like PTSD, depression, and anxiety. When the ventral vagus is underactive, individuals experience a breakdown in social engagement, emotional regulation, and physiological resilience. Mansoor emphasized that fostering a sense of psychological safety is foundational to restoring ventral vagal function, noting that interventions that promote feelings of safety, connection, and attunement may be critical to long-term recovery. This underscores the importance of therapies like IFS, which are

structured around internal relational safety, autonomic self-regulation, and emotional coherence.

Given that IFS theory promotes qualities such as compassion, curiosity, and clarity that align with the ventral vagal system described in polyvagal theory, it may serve as a powerful intervention to enhance HRV and support recovery in trauma-exposed populations. Beyond fostering Self-energy, IFS provides a nuanced framework for engaging with autonomic responses represented as parts. For example, cortisol-driven states may be embodied as parts that manifest through hypervigilance or panic. As described by Porges (2001), dorsal vagal system states can manifest as collapsed, self-harming, or depressed parts, while sympathetic arousal may be experienced as anxious, angry, or agitated parts, often accompanied by somatic markers such as rapid heart rate or muscle tension.

In therapeutic settings, polyvagal theory offers clinically applicable insights for fostering emotional safety and regulation. Techniques that promote activation of the ventral vagal system, such as grounding exercises, co-regulation through relational attunement, and breath-centered mindfulness, are often incorporated into trauma therapy. These interventions align with the goals of IFS theory, which cultivates a regulated, compassionate internal system through Self-led engagement with protective and wounded parts. By fostering a physiological state of safety, Polyvagal-informed strategies can enhance the efficacy of IFS interventions, particularly among SGM individuals who may present with chronic autonomic dysregulation stemming from complex trauma histories.

By working through a Self-to-part relationship, either initiated through the therapist's regulated presence or cultivated within the client, IFS creates opportunities to increase internal safety and coherence. This process can interrupt the cascade that typically activates the amygdala, reducing the downstream activation of the HPA axis and the subsequent drive toward addictive behaviors. According to Porges (2011), the human ANS evolved to promote survival through a phylogenetically ordered hierarchy of response systems, with the most evolutionarily recent being the myelinated vagus, which is part of the ventral vagal complex and supports social engagement, visceral homeostasis, and emotional regulation. When this system is active, it dampens sympathetic arousal and inhibits the fight-flight-freeze defenses, allowing for connection and healing.

However, when neuroception, Porges's term for the subconscious detection of safety or threat, interprets facial expressions, vocal tone, or body posture as unsafe, a threat response is initiated through the amygdala. This process may be driven by feature detectors in the temporal cortex that communicate with both the central nucleus of the amygdala and the periaqueductal gray (PAG). The PAG, a midbrain structure, integrates autonomic, emotional, and behavioral responses to perceived threat. George et al. (2019) highlighted that the PAG plays a pivotal role in mediating both passive and active coping responses, including freezing, fight-or-flight reactions, and emotional shutdown. These survival-oriented responses are often engaged prior to conscious awareness and are shaped by reciprocal connections among the amygdala, PAG, and prefrontal cortex. In individuals exposed to chronic trauma, heightened sensitivity within these subcortical

pathways may lead to repeated autonomic activation, overriding executive functioning and limiting access to reflective, cognitive coping strategies.

Kirk et al. (2022) provided further evidence of subcortical dominance in anxious individuals, finding that individuals with high behavioral threat vigilance exhibit increased resting-state functional connectivity between the amygdala and the PAG. This chronic engagement of subcortical circuitry may reflect a system persistently scanning for threats, even in the absence of external danger, leaving the prefrontal cortex underutilized or offline. As such, trauma survivors may become stuck in defensive states that restrict their capacity for reflection, regulation, and relational engagement.

Therapeutic interventions, such as IFS, which begin with gentle somatic awareness, such as asking, “What part is showing up for you?” and “Where are you noticing this part in your body?” may interrupt this cycle by engaging the nervous system before the full activation of the threat response occurs. Over time, through consistent Self-to-part interactions and the presence of a regulated therapist, the system may begin to down-regulate, allowing protectors to soften and creating safe conditions for accessing and healing exiled parts.

The Role of IFS Theory in Restoring Autonomic Balance and Reducing Addiction Risk

Given the strong connection between trauma, autonomic dysregulation, and addiction, IFS theory presents a promising intervention for individuals struggling with trauma-induced substance use disorders. IFS theory conceptualizes addiction as a

firefighter response in which substances serve as a maladaptive protective strategy to suppress emotional pain carried by exiled parts of the self (Schwartz, 2021).

Wolfe et al. (2024) suggested that therapeutic approaches that enhance HRV by promoting emotional self-regulation through practices such as present-moment awareness, controlled breathing, body scanning, and mindfulness may be critical for addressing autonomic dysregulation commonly observed in individuals recovering from trauma and addiction. Consistent with these findings, IFS therapy emphasizes internal harmony through increased access to the Self and compassionate engagement with parts, often facilitated through body-focused awareness, self-compassion, and trauma processing. Engagement in IFS-informed practices may therefore support improvements in HRV by facilitating a shift from chronic autonomic threat activation toward greater physiological regulation and flexibility.

This alignment is consistent with Porges's (2001) polyvagal theory, particularly the role of ventral vagal activation in supporting physiological safety, social connection, and emotional resilience. Notably, qualities associated with ventral vagal regulation closely parallel the 8 Cs of the Self in IFS theory: curiosity, calm, clarity, compassion, confidence, courage, creativity, and connectedness. This convergence between polyvagal theory and IFS suggests that mindfulness-based interventions, HRV biofeedback, and parts-based therapeutic approaches may operate synergistically to support autonomic regulation and reduce vulnerability to addiction.

By integrating neurobiological insights with trauma-informed interventions, IFS theory provides a structured, holistic approach to addiction treatment, fostering long-term resilience, emotional stability, and self-regulation.

SGM and Trauma Across the Lifespan

SGM individuals face elevated trauma exposure beginning in childhood and extending across the lifespan due to persistent societal marginalization. This chronic exposure often stems from external factors, including familial rejection, institutional discrimination, bullying, religious shaming, and internalized stigma. MST (Meyer, 2003) contextualizes these experiences as chronic, identity-based stressors that elevate mental health risk.

Multiple studies have documented the early emergence of trauma in SGM populations. McCabe et al. (2020) found that bisexual women reported the highest prevalence of ACEs and comorbid mental health and substance use disorders, with 43.8% reporting four or more ACEs and 38% experiencing dual diagnoses. These findings underscore a high early vulnerability to addiction. Similarly, Craig et al. (2020) found that over 43% of LGBTQ+ youth reported four or more ACEs, with transgender and gender-nonconforming youth reporting exceptionally high rates of emotional neglect and familial dysfunction. These elevated ACE scores predict significantly higher risks for PTSD, substance use, and anxiety.

Significantly, Craig et al. (2020) also developed a frequency-based Likert scale that better captures the cumulative nature of trauma in SGM youth than traditional binary ACE metrics. This is further reinforced by Schnarrs et al. (2023), who introduced the

Sexual and Gender Minority Adverse Childhood Experiences (SGM-ACEs) scale, which captures identity-specific traumas such as school bullying, religious condemnation, family rejection, and vicarious exposure to violence. Their national study revealed a strong correlation between high SGM-ACEs scores and adult depression, anxiety, and PTSD, making a compelling case for trauma-informed interventions tailored to SGM populations.

Importantly, trauma exposure continues beyond childhood. Marchi et al. (2023) conducted a systematic review and meta-analysis showing that LGBTQ individuals face a significantly higher risk for PTSD than their heterosexual and cisgender peers. The study analyzed over 31,000 LGBTQ individuals across 27 studies and found an overall odds ratio of 2.20 for a PTSD diagnosis. Transgender individuals were at the highest risk (OR = 2.52), followed by bisexual individuals (OR = 2.44). These elevated rates were attributed to not only childhood abuse and assault but also persistent exposure to identity-based violence, including hate crimes, interpersonal victimization, and sexual assault.

Other studies have corroborated that adult discrimination exacerbates trauma and discourages engagement with mental health services. Paschen-Wolff et al. (2024) reported that 64% of transgender participants avoided seeking behavioral health support due to prior experiences of discrimination. This disengagement perpetuates cycles of untreated trauma and self-medication through substance use. The 2024 systematic review by Vargas et al. also found that individuals facing multiple forms of discrimination (e.g., heterosexism and racism) had elevated symptoms of depression and suicidality, especially among LGBTQ people of color (Vargas et al., 2020). Notably, heterosexism

uniquely predicted suicidality in this group, emphasizing the distinct psychological toll of identity-based trauma.

These cumulative findings demonstrate that trauma for SGM individuals is not restricted to childhood but evolves through layered exposures over time. Discrimination and stigma remain active psychological stressors into adulthood, reinforcing internalized shame and maladaptive coping behaviors. This underscores the importance of trauma-informed, identity-affirming interventions that recognize and treat both early and ongoing traumatic stress.

IFS theory is particularly relevant in this context. By focusing on healing the internal system, especially trauma-burdened exile parts and protective Firefighter behaviors such as substance use, IFS offers a structured method for addressing both early ACE-related wounds and present-day defenses. Unlike traditional models that pathologize behaviors, IFS fosters compassion and access to Self-energy, making it well-suited to support SGM clients in reconnecting with their internal sense of coherence and regulating distress in the face of ongoing external oppression.

Given the compelling evidence across lifespan trauma in SGM individuals, future research and clinical applications should prioritize integrative models like IFS that can address both early and ongoing trauma within a culturally responsive and affirming framework.

IFS Theory

IFS theory, introduced by Schwartz (1995), provides a comprehensive framework for understanding and addressing internal psychological dynamics, particularly those

shaped by trauma. At its core, IFS conceptualizes the mind as composed of distinct subpersonalities, or “parts,” each with its own roles, intentions, and emotional experiences. These parts include managers and firefighters, which function as protective responses, as well as exiles, which carry unresolved pain, vulnerability, and traumatic memories. Within this framework, addiction is commonly understood as a firefighter response that adopts extreme strategies, such as substance use, to soothe or numb the distress associated with activated exile parts.

The therapeutic process in IFS therapy follows a structured pathway designed to increase access to the Self and restore balance within the internal system. As described by Schwartz (2021), this process involves six essential steps:

1. Find – Identifying a part that requires attention and noticing where it is experienced in the body.
2. Focus – Bringing sustained attention to the part and observing it internally.
3. Flesh out – Developing a clearer understanding of the part, including how it feels, what it communicates, and the role it serves.
4. Feel toward – Noticing how the individual feels toward the part (e.g., curiosity, judgment, fear) and inviting qualities of the Self, such as curiosity and compassion, into the interaction.
5. Befriend – Establishing a compassionate and trusting relationship with the part, helping it feel seen and understood.

6. Fear (or find out its fears) – Exploring what the part fears would occur if it no longer performed its role, often revealing the burdens it carries or the vulnerabilities it protects.

This sequence supports the unblending of parts from Self, allowing protectors to soften and exiled parts to be witnessed, unburdened, and ultimately healed. As a result, formerly extreme roles held by the manager and firefighter parts can be transformed into more adaptive ones, increasing inner harmony, resilience, and self-compassion.

Emerging Research on IFS Theory and Trauma Recovery

While the clinical application of IFS theory has expanded in recent years, much of the existing research has focused on specific mental health conditions, including PTSD, depression, and behavioral addictions, rather than substance use disorders. The limited but growing body of empirical evidence suggests that IFS theory is effective in addressing emotional dysregulation and compulsive behaviors. These two factors are highly relevant to those who struggle with substance misuse and addiction. However, research on its direct application to drug and alcohol addiction remains underexplored, necessitating further investigation into its potential within marginalized populations such as SGM.

One of the earliest studies examining the effectiveness of IFS theory outside of medical populations was conducted by Haddock et al. (2017), who explored the intervention's impact on college-aged women diagnosed with depression. In this small-scale study, participants who received IFS-based treatment reported significant reductions in depressive symptoms, along with improvements in self-compassion and emotional

regulation. These processes are central to addiction recovery and are frequently disrupted in individuals with chronic emotional dysregulation. The findings suggest that IFS theory's emphasis on increasing access to the Self and fostering internal coherence may be particularly beneficial for individuals experiencing persistent emotional distress. Given that many SGM individuals navigating trauma and addiction also present with co-occurring depressive symptoms, these results offer preliminary support for the potential relevance of IFS in addressing both emotional suffering and negative self-perception within this population.

Further supporting the role of IFS theory in trauma recovery, Hodgdon et al. (2022) conducted a pilot study examining the effectiveness of IFS therapy in treating PTSD and complex PTSD (C-PTSD) among individuals with histories of multiple childhood traumas. Findings indicated significant reductions in PTSD symptoms, particularly in domains related to hypervigilance, emotional numbing, and avoidance behaviors, which are also commonly observed among individuals with substance use disorders. The study further reported that participants experienced an increased sense of personal agency, a factor widely recognized as important in addiction recovery, where confidence in one's capacity for change supports sustained behavioral adjustment. Given that SGM individuals often experience compounded trauma through minority stress and systemic discrimination, these findings underscore the potential relevance of IFS therapy for reducing trauma-related avoidance and supporting emotional resilience within this population.

Beyond its application in the treatment of depression and PTSD, IFS theory has also shown promise in addressing behavioral addictions. Sadr et al. (2023) examined the impact of IFS-based intervention on individuals experiencing internet addiction, a compulsive behavioral condition that shares important features with substance use disorders, including impulsivity, difficulties with emotional regulation, and dissociation as a coping strategy. The study found that participants receiving IFS-oriented treatment demonstrated improved self-regulation, reduced compulsive online behaviors, and greater awareness of internal conflicts contributing to their addictive patterns.

Although the focus of the study was internet addiction rather than substance use, the findings suggest that IFS theory's emphasis on addressing underlying emotional distress and unburdening wounded internal parts may have broader relevance for addiction treatment, including alcohol and drug use disorders. Given that many SGM individuals engage in substance use as a way of coping with psychological distress and minority stress, the mechanisms identified in Sadr et al.'s (2023) study, particularly increased self-awareness and reduced compulsive responding through greater access to the Self, are directly relevant to the present study's examination of IFS theory's applicability to addiction recovery within SGM populations.

Further supporting the adaptability of IFS theory for addiction treatment, McVicker and Pourier (2020) explored its application within Indigenous communities and highlighted its alignment with non-Western healing frameworks and cultural understandings of selfhood. Their narrative-based analysis emphasized that addiction in Indigenous populations is often rooted in intergenerational trauma and the enduring

effects of colonial oppression, experiences that parallel those of many SGM individuals who face ongoing discrimination and social exclusion. McVicker and Pourier noted that core elements of IFS theory, including access to the Self, internal harmony, and the process of unburdening, resonate with Indigenous healing traditions that emphasize relationality, balance, and spiritual integration. This perspective underscores the flexibility of IFS as a culturally responsive framework and suggests that its principles may also be applied effectively within SGM communities, where internalized stigma and psychological fragmentation are common concerns.

The emphasis on healing from collective trauma in Indigenous communities, as described by McVicker and Pourier (2020), also aligns with the challenges faced by SGM individuals in recovery from addiction. Many traditional addiction treatment models fail to recognize the structural and identity-based dimensions of trauma, focusing instead on individual behavioral modification. IFS theory, by contrast, provides a systemic approach to healing that acknowledges the broader social, historical, and identity-related factors that contribute to addiction. For SGM individuals, who often navigate intersecting layers of trauma, including familial rejection, discrimination, and internalized shame, IFS theory offers a means of reconnecting with a compassionate internal self, thereby fostering resilience and long-term recovery.

While these studies provide early evidence that IFS theory can be effective in addressing emotional dysregulation, trauma-related distress, and compulsive behaviors, they also underscore a gap in the research regarding its application to substance use disorders. Existing findings suggest that IFS theory is particularly well suited for

individuals with trauma histories, given its emphasis on internal healing, increased access to the Self, and the restoration of balance among internal parts. However, further research is needed to examine how these therapeutic processes translate to recovery from addiction, especially among SGM individuals who face distinct psychosocial stressors that shape substance use patterns. This study seeks to address this gap by exploring how SGM individuals experience IFS therapy in the context of trauma and addiction, with the aim of generating empirical insight into its relevance and therapeutic potential for this population.

Literature Gap

Although extensive literature has elucidated the neurobiological and neuropsychological underpinnings of trauma and addiction (van der Kolk, 2014; Koob & Le Moal, 2001), this qualitative investigation complements that body of knowledge by exploring the lived and subjective experiences of SGM individuals who have engaged with IFS theory (Hodgdon et al., 2022; Schwartz, 1995). These experiential accounts are essential for informing clinical practice and culturally responsive treatment approaches that move beyond traditional models of care (Kidd et al., 2022; Paschen Wolff et al., 2024). Qualitative narratives can illuminate nuanced processes, such as emotional changes, internalized stigma, identity reconnection, and changing relationships with the protective parts of the self, often not captured in quantitative studies (Creswell & Poth, 2018; Smith et al., 2021).

Despite the growing evidence supporting IFS theory for trauma and addiction, little is known about how SGM individuals specifically experience this intervention in the

context of trauma-induced addictions. Existing research highlights intersections among trauma, addiction, and stigma, but has not yet established an integrated framework for applying IFS theory within SGM-specific treatment contexts. For example, Levenson et al. (2023) explored the role of minority stress in exacerbating addiction risk among SGM individuals but did not investigate therapeutic models tailored to these experiences. Similarly, Paschen-Wolff et al. (2024) examined barriers to affirming addiction treatment but did not explore how trauma-processing modalities like IFS theory might address these disparities. While these studies underscore the urgent need for identity-affirming and trauma-informed interventions, they leave unexplored how IFS theory may be applied effectively in SGM trauma and addiction.

Another critical gap in the current literature concerns the role of internalized shame as a mediating factor in trauma-related health disparities. Scheer et al. (2020) found that internalized shame and stigma contribute significantly to mental health challenges and substance use disorders among SGM individuals. However, their work did not examine interventions specifically designed to address these internalized processes. This omission is notable, given that IFS theory directly engages with self-perception and internalized oppression by fostering compassion, awareness, and access to the Self through structured interaction with internal parts. These include protective managers and firefighters, as well as wounded exiles, as described by Schwartz (2021).

Although evidence-based addiction treatments such as cognitive-behavioral therapy (CBT) and motivational interviewing (MI) are widely implemented, they typically do not focus on internal conflicts or psychological fragmentation that emerge

from chronic exposure to systemic discrimination and minority stress (Hatzenbuehler & 2021, 2016). As a result, the potential of IFS theory to address internalized trauma responses, including shame and self-blame, remains underexplored despite its relevance for populations disproportionately affected by identity-based stressors. This gap is particularly salient for SGM individuals, whose substance use is often shaped by long-standing internalized stigma and unresolved trauma.

The proposed study addresses these significant gaps in the literature by examining how IFS theory may support trauma recovery, addiction healing, and identity affirmation among SGM individuals. Central to IFS theory is an emphasis on increasing access to the Self and reshaping relationships among internal subpersonalities, or “parts,” including exiles, managers, and firefighters. Within this framework, addictive behaviors are often understood as the expression of a firefighter part, representing an extreme protective strategy aimed at suppressing or avoiding emotional pain associated with unresolved trauma (Schwartz, 2021). By fostering compassionate awareness, internal connection, and integration among parts, IFS offers a nonpathologizing and highly individualized therapeutic approach that is well-suited to addressing the complex and intersecting needs of marginalized populations.

This research sought to examine how the processes inherent in IFS theory support SGM individuals in addressing internalized stigma and trauma, with the aim of fostering resilience, self-compassion, and psychological integration. By centering participants’ lived experiences, the study aims to generate foundational insights that may inform culturally responsive, trauma-informed, and person-centered therapeutic practices aligned

with the specific needs of SGM populations. In doing so, the findings have the potential to address existing gaps in the literature, inform future research, and enhance clinical understanding of trauma-informed approaches to addiction care for SGM individuals.

Summary and Conclusions

This literature review underscores the urgent need for research on IFS theory in relation to trauma and addictions among SGM populations. By synthesizing current findings and identifying key gaps in the existing literature, this chapter provides a strong rationale for the study. It emphasizes the potential of IFS theory to contribute meaningfully to the fields of addiction treatment, trauma recovery, and the mental health of SGM individuals.

IFS theory offers a distinctive and integrative approach that directly engages with the internal psychological fragmentation often found in trauma survivors. For SGM individuals who face elevated exposure to trauma, stigma, and systemic discrimination, this approach may be efficient in fostering resilience, self-compassion, and long-term recovery. The application of IFS within SGM-specific contexts has not yet been thoroughly explored in the literature despite its alignment with identity-affirming, trauma-informed care principles.

The findings and arguments presented in this review lay the groundwork for a qualitative investigation into the lived experiences of SGM individuals who have undergone IFS theory for trauma and addiction. This study has the potential to generate foundational insights that can guide culturally responsive clinical practice, improve

therapeutic outcomes, and inform future research in both mental health and addiction care for marginalized communities.

Chapter 3: Research Method

Introduction

This chapter describes the methodology used to explore how SGM individuals with trauma-induced addictions experienced IFS therapy. A qualitative phenomenological design with IPA was used to examine how participants made sense of their internal worlds, their recovery from addiction, and their experiences of minority stress within the context of IFS.

The chapter outlines the research design and rationale, the role of the researcher, participant selection and recruitment, setting, data collection procedures, data analysis, evidence of trustworthiness, and ethical procedures. The study followed the PhD Qualitative Checklist from the ORDS Doctoral Capstone and Project Resources to support rigor and alignment with a qualitative phenomenological focus.

Research Design and Rationale

This study used a phenomenological research design to examine how individuals interpret and assign meaning to their lived experiences. IPA was selected as the specific approach because it is designed to explore how people understand complex psychological phenomena and how they talk about these experiences in their own words (see Smith et al., 2021).

The study focused on SGM individuals who described trauma-induced addictions and who had engaged in IFS therapy. Many SGM individuals experience chronic minority stress, internalized stigma, and identity-based trauma, which often contribute to protective coping responses and internal fragmentation (Pachankis et al., 2020; Schwartz,

2021). IFS provides a clinically meaningful lens for this work by viewing the mind as an internal system of “parts” that take on protective roles in response to threat or injury. More vulnerable parts, often described as exiles, carry unresolved pain. At the same time, protectors may turn to strategies such as emotional numbing, avoidance, or substance use to keep that pain out of awareness (Schwartz, 2021).

IPA was well-suited to this context because it supports a detailed, interpretative examination of how people experience and understand these internal dynamics. It also allows the researcher to explore how engagement with IFS may support healing, Self-energy, and identity integration (Vicary & Ferguson, 2024). Given the intersection of trauma, addiction, and minority stress, phenomenology provided the depth needed to represent participants’ experiences in a way that honors their complexity rather than reducing them to diagnostic categories or predefined outcomes.

Rationale for Phenomenology

Phenomenology was the most appropriate methodological choice because it treats lived experience as the primary focus of analysis. This approach made it possible to explore not only what participants experienced in IFS therapy but also how they understood those experiences and how their identities informed their interpretations of trauma, Self-energy, and recovery (Smith et al., 2021).

By centering participant narratives, phenomenology kept the study grounded in the language and meanings that participants themselves used to describe trauma, addiction, and healing. This approach was critical when working with SGM populations, whose experiences are often shaped by stigma and structural marginalization. Rather than

imposing a rigid external coding scheme, phenomenology allowed the IFS framework to guide the questions while keeping the analysis anchored in participants' words and descriptions of their experiences.

IPA over Other Qualitative Approaches

IPA was selected instead of other qualitative methods because it aligns closely with the goals of this study. IPA focuses on detailed exploration of significant life experiences and emphasizes a double hermeneutic: participants make sense of their experiences, and the researcher makes sense of those accounts (Smith et al., 2021). This interpretative stance fits well with the study's focus on how SGM individuals experienced IFS therapy in the context of trauma-induced addiction.

Other qualitative approaches were considered but were not chosen. Grounded theory is designed to generate a new theory from data and is most appropriate when the goal is to develop a conceptual model without relying on existing theoretical frameworks (Glaser & Strauss, 2017). In contrast, this study was intentionally framed by established models, including IFS and its theory of the multiplicity of the mind (Schwartz, 1995), and MST (Meyer, 2003). As a result, grounded theory was not an optimal fit.

Descriptive phenomenology, following Husserl (1970), emphasizes bracketing and an attempt to describe the pure essence of experience while suspending prior knowledge. This study instead followed the interpretative tradition of IPA, which acknowledges the researcher's perspectives and uses them as part of a careful, reflective interpretative process (see Smith et al., 2021).

Narrative analysis was also considered because it helps examine how people construct life stories over time (see Riessman, 2008). However, the current study focused less on whole-life storytelling and more on how participants made sense of their experiences in IFS, particularly around internal parts, Self-energy, and minority stress.

Case study approaches were not used because they typically focus on bounded systems, such as organizations or programs (see Yin, 2018). The focus here was on individual subjective experience rather than on a single setting or program. For these reasons, IPA was selected as the most appropriate method to explore how SGM individuals experienced, interpreted, and described IFS therapy related to trauma and addiction.

Role of the Researcher

I served as the primary instrument for data collection and analysis, which is consistent with qualitative traditions and IPA. Semistructured interviews were used to elicit detailed, participant-driven accounts. This required active listening, sensitivity, and flexibility to follow the threads that participants identified as important. My role involved creating a space where participants could share deeply personal experiences of trauma, addiction, identity, and healing, while remaining attentive to both verbal and nonverbal cues.

My professional background shaped the study in important ways. As a licensed clinical social worker and licensed clinical alcohol and drug counselor with specialized training in IFS therapy, I was familiar with the language of parts, protectors, exiles, unburdening, and Self. This familiarity supported a nuanced understanding of participant

descriptions, particularly when they used clinical or IFS-specific language. However, it also created a risk of assuming shared meaning or interpreting data through pre-existing clinical beliefs.

To address this risk, I engaged in ongoing reflexivity. This included monitoring moments when clinical training might influence interpretation, pausing to ask whether meanings were grounded in the participant's own words, and documenting these reflections in a reflexive journal. Peer consultation and supervisory dialogue were used to check assumptions and to maintain awareness of how my orientation might affect interpretation.

My lived experience with trauma and recovery also played a role. Participants sometimes expressed a sense of being understood or "seen" when discussing addiction, shame, or minority stress. This appeared to support rapport and disclosure. At the same time, it required careful attention to avoid over-identification. Bracketing practices, including journaling after each interview, helped the researcher distinguish between participants' experiences and personal reactions.

Reflexive journaling was used throughout the study to document emotional responses, evolving interpretations, and methodological decisions (see D'Cruz et al., 2005; Kondrat, 1999). These records formed part of the analytic audit trail and supported transparency. This reflexive stance is consistent with IPA, which recognizes that the researcher is a co-constructor of meaning rather than a neutral observer (Smith et al., 2021). By naming and examining their positionality, I sought to support rigor while keeping participants' voices at the center of the analysis.

Setting

All interviews were conducted virtually using a secure video conferencing platform. This approach reduced geographic barriers and allowed participants to join from locations that felt safe and familiar to them, usually their homes. Several participants explicitly stated that being in a private, chosen space helped them feel more comfortable discussing sensitive topics such as trauma, addiction, and identity.

Conducting interviews online also reduced logistical burdens such as travel time and cost, which may have encouraged participation from those who might otherwise have been unable to take part. The choice of a virtual setting was consistent with the study's emphasis on accessibility, confidentiality, and participant comfort, especially for SGM individuals who may have had negative experiences in other clinical or institutional environments.

Methodology

Participant Selection and Recruitment

Participants were recruited using purposive and snowball sampling. These strategies were chosen to identify individuals who met the study's specific inclusion criteria. To be eligible, participants had to

1. Self-identify as members of SGM communities.
2. Report a history of trauma exposures (for example, childhood maltreatment, identity-based violence, or chronic stigma and discrimination) that they linked to the onset or maintenance of addictive or compulsive behaviors.

3. Have engaged in IFS therapy as part of their efforts to address these trauma-related addictive behaviors.

For this study, trauma-induced addiction was defined as a pattern of compulsive or addictive behaviors, such as substance use or disordered eating, that participants themselves understood as connected to prior traumatic experiences. This participant-centered definition is consistent with IPA, which prioritizes lived meanings over external diagnostic criteria.

Twelve individuals expressed interest in the study. During screening, two did not meet the inclusion criteria because they had not engaged in IFS therapy for trauma-related addiction. The final sample, therefore, consisted of 10 participants. This sample size aligns with recommendations for IPA, which favor small, relatively homogeneous samples to allow detailed, idiographic analysis while still identifying shared patterns across cases (see Smith et al., 2021).

Seven participants were recruited through purposive outreach, including social media posts in recovery and IFS-related groups, the IFS Institute (IFSI) member forums, and professional listservs. Three participants were recruited through snowball sampling, after initial participants or professional contacts shared information about the study with others who met the criteria. This combined approach supported thematic depth and diversity while maintaining a coherent focus on the shared experience of SGM individuals using IFS for trauma-induced addiction.

Interested individuals received an information sheet describing the purpose of the study, procedures, potential risks, confidentiality protections, and the voluntary nature of

participation (see Appendix A). Those who met the eligibility criteria and provided informed consent were scheduled for individual interviews.

Demographics

Ten participants took part in the study. All identified as members of sexual or gender minority communities and reported both trauma histories and addictive or compulsive behaviors that they linked to those experiences. Participants' ages ranged from early adulthood through late middle adulthood, with most in their late 20s to early 40s. Gender identities included cisgender men, cisgender women, transgender women, and nonbinary individuals. Sexual orientations included gay, bisexual, pansexual, and queer.

Length of engagement in IFS therapy ranged from approximately 6 months to more than 2 years. Most participants were still engaged in therapy at the time of the interview. Several described prior experiences with other forms of therapy, while a few also identified as IFS practitioners in addition to receiving treatment.

Substance use histories included alcohol, opioids, prescribed medications (such as benzodiazepines), stimulants, and cannabis. Some participants also described nonsubstance-related compulsive behaviors such as disordered eating or codependency. Trauma histories included early-life abuse and neglect, identity-based victimization, family or religious rejection, sexual violence, and ongoing minority stress.

Table 1 summarizes participant demographic characteristics at the group level. Age and race or ethnicity were not collected by design in order to protect confidentiality in a small, specialized SGM sample.

Table 1*Summary of Participant Demographics*

Category	<i>n</i> (%)
Gender identity	
- Cisgender man	4 (40.0)
- Cisgender woman	1 (10.0)
- Transgender woman	1 (10.0)
- Nonbinary	4 (40.0)
Sexual orientation	
- Gay	4 (40.0)
- Pansexual	2 (20.0)
- Queer	2 (20.0)
- Bisexual/Queer	2 (20.0)
Age	Not collected
Race/Ethnicity	Not collected

Note. $N = 10$. Demographic summaries are reported at the group level to protect confidentiality. Age and race or ethnicity were not collected by design to prioritize anonymity in a small SGM sample. This decision limits the ability to situate findings within broader sociocultural contexts; this is acknowledged as a limitation of the study.

Table 2 provides a summary of clinical and contextual characteristics that are directly relevant to the study's focus on trauma-induced addiction and IFS engagement.

Table 2*Summary of Clinical/Contextual Characteristics*

Participant characteristic	Summary of reported experiences
Primary addictive behaviors*	Alcohol 6; Cannabis 2; Eating (binge/restriction) 3; Stimulants 2; Opioids 1; Codependency/Al-Anon 1
Length of IFS engagement	Mean \approx 12.8 months; Median = 12 months; Range = 6–24 months
Aggregated trauma history (non-exclusive)	Family/religious rejection 5; Identity-based victimization/discrimination (bullying, stigma, homophobia/transphobia) 7; Early-life abuse/neglect 3; Sexual violence 2; HIV-related stigma/bereavement 1; Body-image-related shame 2

Note: $N = 10$. Totals exceed $N = 10$ because participants reported multiple addictive behaviors and trauma histories.

* Codependency/Al-Anon noted separately from substance use.

As summarized in Tables 1 and 2, participants reported varied trauma exposures, addiction histories, and lengths of engagement in IFS therapy. These contextual details provide the foundation for the thematic findings reported in Chapter 4.

Instrumentation

The primary data collection instrument was a semistructured interview protocol developed for this study. The protocol included open-ended questions designed to explore participants' experiences with IFS therapy, their understanding of their internal parts and Self, and the ways they connected trauma, addiction, and identity with their therapeutic work.

Interview questions were aligned with the four research questions and with the study's theoretical framework to support coherence and depth. The protocol allowed for follow-up questions and probes, so that participants could elaborate on experiences that felt most important to them. The full interview guide is provided in Appendix B.

Data Collection

Data were collected through 10 individual, semistructured interviews conducted via a secure video conferencing platform. Interviews lasted approximately 45 to 60 minutes. The semistructured format provided a consistent framework while allowing flexibility for participants to emphasize aspects of their experience that felt most meaningful.

At the start of each interview, I reviewed the informed consent form, answered questions, and confirmed permission to record. All interviews were audio- and video-recorded with participant consent. Recordings were transcribed verbatim and checked against the audio for accuracy. Pseudonyms and participant identifiers (P1 to P10) were used in place of names, and any potentially identifying details were removed or generalized in the transcripts.

All digital files, including recordings, transcripts, and consent documents, were stored in encrypted, password-protected folders accessible only to the researcher. There were no deviations from the IRB-approved data collection procedures.

I monitored thematic sufficiency throughout data collection. After approximately eight interviews, recurrent patterns began to emerge across cases. The final two interviews added nuance and depth but did not introduce entirely new domains of

experience. This repetition suggested that the sample of 10 participants provided adequate depth and variation for IPA while preserving an idiographic focus (see Smith et al., 2021).

Data Analysis

Data were analyzed using the IPA framework described by Smith et al. (2021). The analysis was iterative and interpretative, moving between detailed engagement with individual cases and the identification of shared patterns across the sample. Atlas.ti 23 software was used to organize transcripts, codes, memos, and theme maps, and to maintain an audit trail.

The analysis followed these stages:

1. Reading and rereading: Each transcript was read several times, and audio recordings were replayed to attend to tone, pacing, and emotional inflection. This step supported immersion in each participant's narrative before moving toward interpretation. Early memos captured first impressions and emotional reactions, which were later revisited to support reflexivity.
2. Initial noting: Exploratory notes were made on descriptive content, language use, and emerging conceptual ideas. Particular attention was given to parts language (for example, "a part of me felt...") and descriptions of bodily sensations or emotional shifts. Notes captured both what participants said and how they said it.
3. Developing emergent themes: Initial notes were then distilled into emergent themes within each transcript. These themes aimed to reflect participants'

meaning-making while moving to a slightly more abstract level. Examples included feeling fragmented, discovering inner calm, recognizing protectors, and reframing addiction as a protective strategy.

4. Searching for connections within each case: Emergent themes were clustered into superordinate themes within each transcript through processes such as abstraction, contrast, and contextualization. I asked how themes related to one another, whether they formed sequences or processes, and where tensions or contradictions appeared in a participant's account.
5. Moving to the next case: Each case was analyzed individually to preserve IPA's idiographic commitment. Insights from earlier transcripts were bracketed while working with new ones to reduce the likelihood of forcing later data into existing categories. Atlas.ti project structure supported this by allowing each transcript and its associated memos to be treated as a separate document set.
6. Looking for patterns across cases: After individual analyses were completed, themes were compared across participants using a case-by-theme matrix. This step highlighted shared experiential patterns as well as important differences linked to identity, trauma history, or recovery trajectory. For example, most participants described reframing addictive behaviors as protective, but the specific meanings they attached to minority stress varied.
7. Producing the final narrative: Finally, themes were organized into four superordinate themes that addressed the research questions: (a) reframing

internal experience through parts language, (b) developing self-energy and internal leadership, (c) managing protective parts amid ongoing minority stress, and (d) identity integration and self-acceptance. Representative quotations were selected to illustrate each theme, and participant identifiers (P1 to P10) were used to attribute quotes while maintaining confidentiality.

Throughout the analysis, reflexive journaling and analytic memos were used to track interpretive decisions and to monitor potential bias. Peer debriefing and supervisory feedback helped examine alternative interpretations and confirm that themes were grounded in the data. The combined use of Atlas.ti, reflexive practice, and external feedback supported transparency and consistency in the analytic process.

Interview Questions

The semistructured interview protocol included the following core questions:

1. How did you first learn about IFS therapy, and what drew you to explore it as a treatment option?
2. Before engaging in IFS therapy, how would you describe your experiences with trauma and/or addiction?
3. How did IFS therapy support or affect your recovery and healing process?
4. IFS often refers to the concept of “Self” or “Self-energy,” representing an inner state of calm, clarity, and compassion. Can you describe any experiences of connecting with your Self during therapy?

5. Were there moments in therapy where you recognized or worked with different “parts” of yourself (such as inner protectors, critics, or hurt younger parts)? What was that like for you?
6. How has your identity as a sexual and/or gender minority influenced your experiences before, during, or after IFS therapy?
7. Can you describe any internal or external shifts you may have noticed throughout your time with IFS therapy: emotionally, behaviorally, or in your relationships?
8. Were there any aspects of IFS therapy that felt particularly helpful or unhelpful, especially concerning your identity or past experiences?
9. Have you had any experiences of systemic or identity-based stress (for example, discrimination or marginalization) since engaging in IFS therapy? If so, have any of the skills from IFS therapy been helpful in managing internal activation during those moments?
10. What would you want therapists to understand about supporting people like you in healing from trauma and addiction?

These questions were designed to map onto the four research questions and to invite detailed, first-person accounts of participants’ experiences with IFS, trauma, addiction, and identity. Follow-up prompts were used as needed to encourage elaboration or clarification. This format supported rich, participant-led narratives consistent with the principles of IPA and qualitative interviewing (see Kvale & Brinkmann, 2015).

Addressing Cultural Sensitivity

Cultural sensitivity was central to the design and implementation of the interview protocol. The guide was developed in consultation with professionals who specialize in SGM mental health, trauma-informed care, and affirming clinical practices. Questions were framed to validate participants' identities and to acknowledge the broader social and cultural contexts that shape their experiences (Singh et al., 2013).

During interviews, I used participants' affirmed names and pronouns and invited them to define their own identities and terms. Language remained flexible and nonpathologizing. The interview space was framed as participant-led, with explicit permission to decline questions, pause, or redirect the conversation.

Reflexive journaling was used to track moments where power dynamics or identity differences might influence the interaction. This practice aligns with queer-affirmative and intersectional research approaches, which emphasize ongoing attention to power, safety, and context when working with marginalized communities (Harper et al., 2021; Kuper et al., 2018).

This includes the use of affirmed names and pronouns, non-pathologizing terminology, and attentiveness to how intersectionality influences experiences of trauma, identity, and addiction (Harper et al., 2021). The interview space was framed as an affirming, participant-led environment in which individuals feel empowered to express themselves in their own terms (Singh et al., 2013).

My reflexive awareness of positionality and potential power imbalances further informed data collection and interaction. Ongoing journaling was employed to monitor

bias, uphold ethical standards, and maintain cultural responsiveness throughout the study (see Cunha & Gomes, 2024). This layered approach ensures that participants' narratives are honored with care and contextual understanding.

Evidence of Trustworthiness

Multiple strategies were implemented to ensure the trustworthiness of this study's findings, consistent with Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability. These strategies align with best practices in IPA for establishing methodological rigor (Smith et al., 2021).

Credibility

Credibility was supported through prolonged engagement with the data, including multiple readings of each transcript, detailed memos, and iterative theme development. Direct quotations are used throughout the findings to illustrate interpretations and to preserve participants' voices. Member checking was conducted by offering participants the opportunity to review summaries of their interviews and clarify or correct interpretations. Triangulation across transcripts, reflexive journals, field notes, and analytic memos also supported credibility (see Nowell et al., 2017).

Transferability

Transferability was supported by providing rich descriptions of the study context, participant characteristics, and the details of IFS engagement. While the findings are not intended to be generalized statistically, these descriptions allow readers to consider how the results might relate to other SGM populations or clinical settings (see Creswell & Poth, 2018).

Dependability

Dependability was maintained through meticulous documentation of the research process, including coding procedures, analytic decisions, and theme development. An audit trail, comprising reflexive journals, code lists, analytic memos, and iterative theme maps, was preserved to ensure transparency and replicability. These records enable an external reviewer to track the progression of data from raw transcript to interpretative insight (see Lincoln & Guba, 1985).

Confirmability

Confirmability was supported through reflexive practices that made the researcher's assumptions and reactions visible. Journaling, memoing, and peer debriefing helped ensure that interpretations were grounded in participant accounts rather than the researcher's prior beliefs (see Berger, 2015). The use of direct quotes and transparent coding further supported this goal.

Together, these strategies strengthened the rigor of the study and the trustworthiness of its findings.

Ethical Procedures

The study followed the three core ethical principles outlined in the Belmont Report: respect for persons, beneficence, and justice (U.S. Department of Health & Human Services, 1979).

Respect for persons was upheld through a clear informed consent process. Participants received detailed information about the study's purpose, procedures,

potential risks, and their rights, including the right to decline questions or withdraw at any time without penalty.

Beneficence was addressed by minimizing risks and attending to potential emotional distress. I used trauma-informed interviewing practices, including checking in on comfort, pacing the conversation, and offering grounding options as needed.

Justice was considered in recruitment by focusing on SGM individuals who have often been underrepresented or misrepresented in research on trauma and addiction. Recruitment strategies did not target any one subgroup exclusively and sought to include a range of SGM identities within the defined inclusion criteria.

All study procedures were reviewed and approved by Walden University's Institutional Review Board (IRB). Data were stored on encrypted, password-protected devices, and only the researcher had access. Pseudonyms and de-identification procedures were used in all written materials. Data will be retained and destroyed in accordance with institutional policies.

Extra safeguards were implemented, given the sensitivity of the topic and the historical marginalization of SGM communities. Interviews were conducted in private settings, and care was taken to minimize the risk of involuntary disclosure. These practices align with recommendations for research involving transgender and gender-diverse populations (Scheim & Bauer, 2015).

Participants received a resource list that included SGM-affirming IFS providers, crisis hotlines, and community-based supports. This ensured that individuals had access to additional resources should participation bring up difficult emotions.

Specific Considerations for Working With SGM Populations

Because the study involved individuals from SGM communities, additional safeguards were implemented to protect privacy and emotional well-being. These included conducting interviews in private settings, using heightened de-identification procedures, and being attentive to the risk of involuntary disclosure, which can disproportionately affect transgender and gender-diverse individuals (see Scheim & Bauer, 2015).

I used trauma-informed techniques, including participant-led pacing and offering breaks as needed. Participants also received a resource list with SGM-affirming IFS providers, crisis hotlines, and community-based supports. These measures aligned with recommendations for research involving SGM participants and helped ensure that interviews were conducted in a safe, affirming, and supportive manner (see Mertens, 2024; Singh et al., 2013).

Summary

This chapter described the research design, role of the researcher, participant selection and recruitment, setting, data collection, data analysis, strategies for trustworthiness, and ethical procedures for this study. A phenomenological approach using IPA supported an in-depth exploration of how SGM individuals experienced IFS therapy for trauma-induced addictions.

The methodological choices and safeguards outlined here were designed to honor participants' lived experiences, protect their well-being, and provide a rigorous

foundation for the findings. The next chapter presents the analysis results, organized around the four research questions and illustrated with participants' own words.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore how SGM individuals made sense of their IFS therapy experiences in the context of trauma and addiction. Using IPA, this study examined how participants described their internal worlds, the shifts they experienced during IFS therapy, and how identity, minority stress, and healing intersected within their recovery journeys. This chapter presents the findings that emerged from 10 individual interviews. Each interview lasted between 45 and 60 minutes and offered detailed accounts of participants' lived experiences, including their emotional processes, the roles of their internal parts, and the ways they navigated ongoing external stressors.

The purpose of this chapter is to describe these findings as they were experienced and articulated by participants. In keeping with IPA methodology, the focus here is on the meanings participants attributed to their experiences, rather than on theoretical interpretation or broader analysis. Interpretation and integration with existing literature will be provided in Chapter 5. The findings in this chapter reflect participants' own narratives, expressed through the themes and patterns that surfaced during the analytic process.

To guide the organization of this chapter, the four research questions are restated below. These questions shaped both the structure of the interviews and the thematic organization of the findings:

1. How do SGM individuals experience and make meaning of their engagement in IFS therapy for trauma and addiction?
2. How do SGM individuals describe the process of healing, integration, and internal restoration through their work with IFS theory?
3. How do participants make sense of their relationship with addictive behaviors and emotional pain as they explore their internal parts through IFS theory?
4. How do participants describe their experiences of managing protective parts in response to ongoing minority stress within the context of IFS theory?

Before presenting the detailed findings organized by each research question, the analytic process used to derive the thematic structure is briefly described to orient the reader. Consistent with IPA, transcripts were examined iteratively to identify meaning units within each participant's account, followed by clustering related units into subordinate themes. These subordinate themes were then organized into broader superordinate themes that captured higher-order patterns of meaning across participants while preserving idiographic attention to individual narratives. Table 3 presents the alignment of the study's research questions with the superordinate and subordinate themes and provides a roadmap for the results that follow.

Table 3

Alignment of Research Questions and Themes

Research question	Corresponding theme(s)	Illustrative focus
RQ1. How do SGM individuals experience and make meaning of their	Theme 1: Reframing internal experience through parts language	Shift from shame/deficit models to compassion and protective intent.

engagement in IFS therapy for trauma and addiction?	Theme 2: Developing self-energy and internal leadership; Theme 4: Identity integration and self-acceptance	Emergence of self as an anchor; reconnection with exiles; reduction in dependence on external validation.
RQ2. How do participants describe the process of healing, integration, and internal restoration through IFS?	Theme 1: Reframing internal experience through parts language; Theme 4: Identity integration and self-acceptance	Addictive behaviors are reframed as protective strategies, leading to increased coherence in identity.
RQ3. How do participants make sense of their relationship with addictive behaviors and emotional pain as they explore their internal parts through IFS?	Theme 3: Managing protective parts amid ongoing minority stress	Negotiating with protectors during triggers' resilience amid systemic oppression.
RQ4. How do participants describe their experiences of managing protective parts in response to ongoing minority stress?		

Note. Themes were systematically aligned with the research questions to ensure coherence and transparency throughout the interpretative process.

As shown in Table 3, each research question was addressed through superordinate and subordinate themes that reflected distinct aspects of participants' lived experiences. The alignment table serves as a bridge between the analytic procedures described in Chapter 3 and the findings presented in this chapter by illustrating how participants' narratives were organized in relation to each research question. The results that follow are presented thematically, with each section corresponding to a research question and supported by participants' own words to ground the findings in their lived experiences.

Participant Profiles

To orient the reader to the individuals whose experiences shaped this study, this section provides concise participant profiles. Participants were recruited using purposive sampling methods, as described in Chapter 3, through outreach to online communities and professional networks associated with IFS therapy. Each participant was assigned an alphanumeric code (P1–P10) to maintain confidentiality and ensure consistency in the presentation of findings. These brief profiles summarize relevant contextual information, including sexual and gender identity, trauma and addiction history, and duration of engagement in IFS therapy. The purpose of these profiles is not analytic but to provide contextual grounding for the thematic findings that follow by situating participants' narratives within their broader lived experiences.

P1 was a nonbinary individual in their late 20s who described experiencing emotional neglect during childhood and persistent anxiety throughout adolescence and early adulthood. They reported using alcohol and cannabis as ways to cope with loneliness and disconnection. At the time of the interview, P1 had been participating in

IFS therapy for approximately 1 year. They shared that their work focused on learning to distinguish protective parts from younger, wounded parts, and described IFS as the first approach that helped them understand internal reactions without fear or judgment.

P2 was a cisgender gay man in his early 40s with a long history of stimulant use tied to internalized shame and fears of rejection. Before IFS, he reported difficulty separating his addictive behaviors from his identity. He had been in IFS therapy for about 18 months. He described several meaningful shifts in recovery after recognizing that his “using part” functioned as a strategy to manage emotional distress rather than as evidence of personal weakness.

P3 was a transgender woman in her mid-30s who described significant trauma related to childhood rejection, social marginalization, and experiences of transphobia. She reported episodes of prescription medication misuse and self-harm during periods of acute emotional pain. She had participated in IFS therapy for 2 years at the time of the interview. She frequently emphasized the importance of connecting with Self-energy as a way to develop inner stability and reduce internalized transphobia.

P4 was a nonbinary individual in their early 30s who shared a history of childhood physical and emotional abuse. They developed opioid dependence in early adulthood, eventually completing residential treatment. Following this, they began IFS therapy and had been in treatment for about 1 year. P4 described IFS as providing a structure and language for understanding internal conflicts and often spoke of learning to “hear” protective parts without becoming overwhelmed by them.

P5 was a cisgender bisexual woman in her late 20s who grew up in a home marked by parental substance use and unstable caregiving. She reported turning to alcohol and prescription medications to cope with anxiety and perfectionism. She had engaged in IFS therapy for approximately eighteen months and described improved emotional regulation and a growing ability to recognize when protective parts were attempting to manage stress. She noted that IFS helped her foster compassion toward parts she had previously criticized.

P6 was a cisgender gay man in his mid-50s with a long history of alcohol misuse, chronic self-criticism, and work-related burnout. He had participated in IFS therapy for 2 years. Much of his work focused on building inner calm and developing trust with younger parts carrying longstanding shame. He described IFS as helping him create more internal space during stressful situations and reducing the intensity of self-judgment that contributed to substance use.

P7 was a transgender woman in her early 40s who described trauma across her lifespan, including sexual violence, family rejection, and ongoing marginalization. She had been engaged in IFS therapy for more than 2 years. P7 characterized IFS as “transformative,” noting that reconnection with parts carrying deep pain supported her recovery from substance use and strengthened her ability to manage identity-based stressors.

P8 was a queer nonbinary individual in their mid-20s who reported trauma related to bullying, religious rejection, and fear of visibility. Prior to therapy, they described cycles of compulsive overeating and alcohol use. They had been in IFS treatment for

roughly 1 year and frequently spoke about discovering self-compassion for the first time during therapy. They also described learning to recognize the protective intentions behind behaviors they had long viewed as failures.

P9 was a cisgender queer woman in her early 30s who reported trauma associated with intimate partner violence and unresolved grief. She described earlier polysubstance use, particularly alcohol and cannabis, as strategies to manage anxiety and fear. She had participated in IFS therapy for approximately 8 months and described working with parts that carried fear and guilt. She explained that the IFS concept of unburdening helped her understand her emotional responses in a new way.

P10 was a cisgender gay man in his late 30s who discussed experiences of religious trauma, internalized homophobia, and chronic anxiety. He reported alcohol and stimulant use beginning in college and continuing into adulthood. He had been in IFS therapy for about 18 months at the time of the interview. He described learning how to stay connected to Self during periods of stress, which increased his sense of internal peace and fostered more compassionate relationships with his protective parts.

In keeping with the interpretative phenomenological approach, this study did not seek to represent the experiences of all SGM individuals who have engaged in IFS therapy. Instead, it offers a close, idiographic examination of a small number of rich, detailed accounts, prioritizing depth over breadth. The themes presented in this chapter should therefore be understood as patterns of meaning within this sample, grounded in participants' own language and processes of meaning-making. Where possible, verbatim

quotations are used to allow participants to be heard in their own words, with interpretative commentary woven around these accounts rather than imposed upon them.

Taken together, these brief portraits show that participants entered IFS therapy from a variety of starting points. Some arrived after years of traditional talk therapy, others directly from residential treatment, and some from long periods of struggling alone. They differed in age, identity, and specific patterns of addiction, yet shared a history of trauma and a search for a more sustainable way to relate to their internal worlds. This diversity within a focused SGM sample provides important context for understanding the common themes and distinct nuances that emerged in the analysis.

With this contextual grounding in place, the chapter now turns to the findings themselves. The following sections present the superordinate and subordinate themes developed through IPA, organized according to the study's four research questions. Each theme is illustrated with participants' own words to show how they made meaning of their experiences in IFS therapy. The intention is to remain close to the lived experience of the individuals represented here while guiding the reader through the patterns that emerged across interviews. The first research question focuses on how participants experienced and interpreted their engagement with IFS as they navigated trauma and addiction.

Findings

Research Question 1

How do SGM individuals experience and make meaning of their engagement in IFS therapy for trauma and addiction?

Participants' responses to Research Question 1 revealed several interrelated ways they experienced and made meaning of their engagement in IFS therapy while navigating trauma and addiction. Across accounts, participants described shifts in how they understood their internal experiences, changes in their relationships with distressing thoughts, emotions, and urges, and the development of new internal frameworks for self-understanding. These experiences were captured through multiple superordinate themes and associated subordinate themes that reflect distinct yet overlapping aspects of participants' therapeutic processes. Together, these themes summarize how participants understood their engagement in IFS by reshaping their internal worlds while remaining grounded in their lived experiences.

Superordinate Theme 1: Reframing Internal Experience Through Parts Language

Participants consistently described their early experiences in IFS as moments that shifted how they understood their internal world. Before therapy, most interpreted their emotions, urges, or addictive behaviors as evidence that something was inherently flawed within them. Shame, self-blame, and a sense of "being broken" were familiar narratives across interviews. Through IFS, these same reactions were reframed as communications from parts that were trying to help, even when their methods caused harm. This reframe marked a significant turning point for many participants, who began to develop curiosity and compassion toward their internal experiences. The following subthemes describe how this shift unfolded.

Three interrelated subthemes illustrate how this shift unfolded: (a) moving from self-judgment to curiosity, (b) recognizing protectors' positive intent, and (c) developing compassion for the internal system.

Subtheme 1: From Self-Judgment to Curiosity

When describing the beginning of their IFS work, participants frequently recalled entering therapy with a strong sense of self-blame and immense shame. Many believed their emotional reactions or addictive urges reflected personal weakness or fundamental flaws. Several explained that before IFS, they interpreted distress as something to suppress, correct, or feel ashamed of. This framing began to shift when therapists introduced parts language, inviting participants to pause and “get curious” about their internal reactions rather than judge them. That simple shift disrupted long-standing assumptions about what their emotions meant.

For P3, this reframing was immediate and powerful. She explained, “I used to think every negative reaction I had meant something was wrong with me. When the therapist said, ‘That’s a part,’ it was like the pressure dropped. I didn’t have to hate myself for feeling things.” Her description illustrates how parts language offered a new interpretive lens, one that reduced shame and created room for exploration.

P2 described a similar realization regarding urges to drink. He reflected, “I used to think the part that drank was me failing all over again. Now I ask what it’s trying to do for me.” This shift transformed his understanding of cravings from moral shortcomings to signals worthy of inquiry.

For P5, who long struggled with intense anger, the introduction of curiosity helped soften a reaction she had spent years battling. She shared, “IFS helped me realize that my anger wasn’t bad, it was scared that I couldn’t handle what was going on. Once I asked what it needed, everything softened.” Her account demonstrates how curiosity opened access to the emotional meaning behind Protectors’ responses.

Others echoed these experiences. P1 described how curiosity replaced a lifelong habit of suppressing things: “At first, I thought the goal was to get rid of my anxious part. I didn’t know that through being curious about this part, it would begin to settle on its own. Likewise, P8 explained how this stance shifted her perception of “overreacting”: “I always assumed I was overreacting. When she (therapist) said, ‘Ask the part what it’s afraid of,’ I realized there was a reason behind it. That was new for me.”

Together, these accounts illustrate what many referred to as an early turning point in therapy. The invitation to approach internal experiences with curiosity rather than judgment interrupted cycles of shame and avoidance that had previously intensified distress. Participants described feeling safer exploring their emotions when they no longer believed those emotions implied personal deficiency. This shift in meaning-making helped several individuals recognize, perhaps for the first time, that recovery might be possible through a new relationship with themselves. One grounded in understanding rather than self-criticism.

Subtheme 2: Recognizing Protectors’ Positive Intent

As participants became more familiar with parts language, they began to reinterpret behaviors they had long viewed as self-destructive, confusing, or shameful.

Instead of seeing urges, cravings, or emotional reactions as personal flaws, they started to understand them as efforts by protective parts trying to help them cope with pain. This shift in perspective brought many a sense of relief and helped reduce the harsh internal criticism that had shaped their lives for years.

P4 described this turning point clearly. They said, “My using part was not evil. It’s the part that kept me alive when things became painful.” This comment reflected a broader pattern in the interviews. Many participants expressed surprise when they first realized that the parts they had fought against were working to protect them.

P9 shared a moment when this understanding eased her internal tension. She explained, “Once I thanked that part for trying to help, it relaxed. The urge didn’t disappear overnight, but it stopped running the show.” Others described similar experiences in which protectors calmed down once acknowledged rather than pushed away.

Several participants also described realizing that protectors were not only connected to addiction. For some, protectors showed up as emotional withdrawal, people pleasing, shutting down during conflict, or becoming overly alert in social situations. P3 noted that these reactions made more sense once she saw them through a protective lens. She said, “When I saw that the part that shut me down was trying to keep me safe, it didn’t feel so scary anymore.”

P6 expressed a similar recognition regarding long-standing patterns of avoidance. He shared, “I always blamed myself for hiding or numbing out. Now I see those parts were doing the best they could with what I had lived through.”

For many, recognizing protectors' intent made their internal world feel less chaotic and less threatening. It allowed them to shift from fighting these parts to listening to them, reducing internal conflict and helping them approach recovery with greater dignity and self-respect. Protectors that once felt overwhelming became easier to approach when participants understood what they were trying to accomplish.

Rather than viewing addiction or emotional reactivity as evidence of personal failure, participants began to see these responses as adaptations shaped by trauma, fear, and efforts to stay safe. This understanding helped create a more respectful relationship with their internal systems and laid the foundation for deeper work in later phases of therapy.

Subtheme 3: Developing Compassion for the Internal System

As participants spent more time working with their internal worlds, many described a gradual softening in how they related to themselves. What began as curiosity often grew into genuine compassion for the parts that carried fear, anger, or urges to use substances. Participants described this shift as changing the tone of their inner experience, from tense and chaotic to calmer and more connected.

P1 described this clearly when they said, "When I met those parts with curiosity instead of fear, it was like the war inside me finally paused." This comment captured what many participants described when they spoke of the early signs of compassion taking root. Instead of treating their parts as problems to get rid of, they began to approach them with patience and care.

P6 shared a similar transformation. He said, “IFS taught me that every part had a reason, even the ones that used drugs. I don’t hate them anymore.” His comment reflected a larger theme in the interviews: the relief participants felt when they realized that even their most distressing parts had understandable motivations.

Several participants also described compassion as something that grew slowly. At first, many struggled with old habits of self-blame. They sometimes felt compassion during sessions but found it more challenging to access in daily life. With practice, however, they reported that this softer stance became more available. One participant said, “I started catching myself a little sooner. Instead of thinking I messed up again, I could ask what the part was afraid of.”

This shift had noticeable effects on emotional regulation. Participants described feeling less fragmented and more able to pause during challenging moments. P5 shared an example of this when reflecting on stressful interactions. She explained, “When I slowed down and actually listened to what the part needed, the part that gets angry wasn’t so reactive or explosive.” For her, compassion helped reduce emotional intensity and made it easier to stay present.

Participants also linked this compassion to improved relationships. Several noted that once they learned to treat their internal parts with warmth, it became easier to extend that same warmth to others. They reported fewer conflicts, greater patience with loved ones, and a stronger sense of connection. One participant explained, “It is like when I stopped attacking myself inside, I stopped reacting so fast outside too.”

Across these accounts, compassion emerged as the point at which reframing and curiosity began to lead to healing. It fostered internal cooperation, reduced cycles of shame, and allowed participants to meet their parts in a way that felt supportive rather than fearful. Many described this development as the moment when their IFS work began to feel genuinely transformative.

Summary of Theme 1: Reframing Internal Experience Through Parts Language

Subthemes: Recognizing Protective Parts; Introducing Curiosity; Reinterpreting Addictive Behaviors

Theme 1 illustrated how participants began to reinterpret their internal experiences after being introduced to the language of parts. In the first subtheme, participants described their initial recognition of protective parts, often realizing that behaviors they previously condemned as failures were actually attempts to shield them from emotional pain. The second subtheme emphasized a significant shift from judgment to curiosity, which participants consistently identified as a pivotal moment in their journey. This newfound curiosity allowed them to pause and observe their internal experiences rather than reacting automatically. Ultimately, participants reframed addictive or compulsive behaviors as survival strategies devised by parts trying to help. This reorientation diminished feelings of shame and paved the way for greater compassion.

This theme addressed Research Question 1 by demonstrating that IFS provided a structure for participants to interpret their internal experiences in new ways. Recognizing protectors and approaching them with curiosity allowed participants to understand their

urges, emotions, and reactions with clarity rather than self-condemnation. Several participants described this as the first time they could approach their internal world without fear, which laid the groundwork for deeper therapeutic work explored in later themes.

Research Question 2

How do SGM individuals describe the process of healing, integration, and internal restoration through their work with IFS?

Participants' responses to Research Question 2 highlighted that healing and internal restoration through IFS therapy were experienced as gradual, relational processes rather than discrete outcomes. Throughout the interviews, participants described meaningful changes in their internal relationships, including the emergence of a steadier internal presence, an increased capacity to remain present during emotional distress, and greater access to the Self. These experiences were reflected in several interrelated themes that illustrate how participants understood IFS healing as involving integration, balance, and a restored sense of agency within their internal systems.

Superordinate Theme 2: Developing Self-Energy and Internal Leadership

As participants continued their IFS work, many described moments when an inner steadiness emerged that felt fundamentally different from their past patterns of reactivity. This presence, which IFS refers to as the Self, became a central reference point in their healing process. For individuals whose lives had been shaped by trauma, addiction, and minority stress, discovering this steady internal presence marked a significant departure from familiar states of fear, urgency, or emotional fragmentation. Participants described

learning to lead their internal systems from a place of calm and clarity rather than from protective strategies. Three subordinate themes illustrate how this process unfolded: (a) discovering an inner steadiness, (b) staying connected to self during emotional activation, and (c) beginning to lead the internal system with confidence.

Subtheme 1: Discovering an Inner Steadiness

Participants described discovering a quiet inner steadiness that felt distinctly different from the internal chaos, urgency, or emotional overwhelm they had carried for much of their lives. Many explained that prior to engaging in IFS therapy, experiences of distress triggered an immediate sense of panic or an urge to numb through substance use, shut down emotionally, or withdraw from others. Through their work in IFS, participants began to notice moments in which they could remain present with their emotions without feeling overtaken by them. This shift was often described as the first time they experienced an internal anchor rather than a persistent sense of threat.

P1 captured this change when describing a session in which they realized they could tolerate feelings that had previously led them to withdraw. They said, “I felt something settle inside me. I could stay with what I was feeling without running from it. It felt like I had more room than I used to.” This shift stood in contrast to years of bracing against overwhelming emotions, and they described it as the first moment they began to trust their own capacity to hold difficult experiences.

P7 described a similar experience in which a calm presence emerged during a moment of fear. She explained, “I could feel the panic, but there was also something steady that didn’t get pulled into it. I stayed with it instead of shutting down.” This

steadiness allowed her to approach younger parts of herself that carried deep pain related to violence and rejection, something she had long avoided because of the intensity of the emotions involved.

P10 also described feeling an internal quiet that surprised him. He said, “I didn’t feel like I had to fix anything. I could just notice what was happening inside me and not get swept up in it.” For him, this sense of presence reduced the urgency he once felt to manage discomfort through alcohol or distraction. The calm he described created a sense of safety that enabled deeper internal work.

Across participants, discovering this inner steadiness did not occur in a single moment. Several described feeling unsure of it at first because it was unfamiliar. Others said that the steadiness came in brief flashes before becoming more consistent. Over time, they recognized this emerging calm as something they could return to in moments of stress, even when external conditions remained unchanged. This new experience of internal grounding helped participants begin to trust that they could face their emotions without being overwhelmed, laying the foundation for deeper internal leadership described in the following subtheme.

Subtheme 2: Developing Confident Internal Engagement

As participants became more familiar with accessing a steadier internal presence, many described moments when they could respond to distress with greater clarity rather than fear or urgency. They spoke of an emerging ability to step into difficult internal moments in a way that felt new and unexpectedly natural. Rather than being swept up by Protectors that previously reacted automatically to perceived threat, participants began to

experience a sense of calm, patience, and grounded engagement with these parts. This shift was described as a growing confidence in their capacity to navigate their internal world, fostering a sense of agency and trust in their ability to remain present during emotional challenges.

P6 described this change when recalling a moment in therapy in which he noticed a protective impulse rise in response to criticism. He explained, “I could feel the reaction, but I also felt something in me step in and say we do not have to respond that way. It felt like I was guiding things instead of being pushed by them.” He said this experience felt markedly different from past moments when he felt swallowed by self-judgment or the urge to drink. The presence he described offered a sense of steadiness that helped him stay grounded.

P1 shared a similar experience regarding a part that tended to shut down in social situations. They said, “I could feel that part pulling back, but something in me said I hear you, and I am here. It relaxed because it did not feel alone.” For them, this moment marked a shift from simply observing internal reactions to actively engaging with and reassuring protective parts. They described it as the first time they felt capable of caring for their internal system in a way that felt steady and intentional.

For several participants, this leadership was not experienced as forceful or controlling. Instead, they described it as a quiet but firm presence that gave Protectors permission to rest. P3 reflected on this change by saying, “There was a moment when I felt like I did not have to fix everything all at once. I could take things one step at a time.

That helped the fear settle down.” She explained that protectors seemed more willing to step back when they sensed that someone responsible was available to help.

P8 noted that this shift showed up in small everyday interactions as well as in therapy sessions. They explained, “I would get overwhelmed really fast before. Now I can pause and check in. I can say what is happening here and what do you need from me. That pause changes everything.”

Participants described this ability to pause and listen as the clearest indication that something fundamental had shifted in how they moved through the world. Across interviews, participants emphasized that developing a steadier internal presence felt like reclaiming a sense of agency that had been diminished by years of trauma, addiction, and minority stress. Protective parts that once operated out of fear were described as becoming less reactive as participants gained greater trust in their capacity to remain present during difficult moments. Rather than acting from urgency or avoidance, participants reported feeling more able to choose how they responded to distress. Although this shift did not eliminate emotional pain or challenge, it fostered a sense of confidence grounded in the experience of having a stable internal presence capable of navigating adversity.

Subtheme 3: Experiencing Integration and Renewed Stability

As participants gained greater access to a calm internal center, many described a growing sense of connection within themselves. They spoke of moments when protective parts, younger Exiles, and access to Self-energy felt more coordinated rather than in conflict. This experience of internal cooperation was described as both subtle and deeply

meaningful. For many participants, it marked the first time they experienced their internal world as moving in the same direction, contributing to a renewed sense of stability and coherence.

P1 described this shift during a session in which several parts felt less scattered. They explained, “I did not feel split into pieces anymore. It felt like everyone was working together instead of fighting me.” They said this sense of teamwork brought unexpected relief and made it easier to stay present during challenging moments.

Participants often connected these experiences of integration with practical changes in their daily lives. For example, P6 noted that as he developed more trust with younger parts carrying shame, old patterns felt less automatic. He said, “Once those younger parts felt calmer, the drinking urges were not as loud. I could pause and see what was really happening before reacting.” He explained that he began to understand cravings as signals rather than commands, which helped him stay grounded during stressful situations.

For others, integration supported a more stable experience of their gender or sexual identity. P4 described a series of sessions in which they met parts that had long carried confusion or fear about being visible. They shared, “Those parts were trying to protect me. When I listened to them, I actually felt more whole. I stopped worrying about being enough for everyone else.” They said this gave them greater confidence, making everyday interactions feel less threatening.

P3 expressed a similar experience when describing how she approached Exiled parts connected to early rejection. She explained, “When I could stay with those younger

parts and not run from them, something softened. I did not feel pulled apart anymore.” She said this sense of being internally connected helped her tolerate shame triggers without shutting down.

Participants also noted that integration brought a more predictable emotional landscape. Several explained that moods felt steadier, conflict felt less overwhelming, and difficult feelings felt easier to tolerate. P8 captured this by saying, “I used to get thrown off by everything. Now things happen, but they do not take me out.” They described this stability as a sign that the system trusted Self enough to relax rather than react immediately.

Across participants, renewed stability did not mean the absence of pain or struggle. Instead, it meant having more room inside to respond to difficult emotions without being overtaken by them. Many said that this sense of internal organization helped them move through the world with more confidence. They described feeling more whole, more grounded, and more capable of choosing how they wanted to show up. This sense of integration strengthened their ability to maintain recovery, navigate relationships, and remain present even when facing situations that once felt overwhelming.

Summary of Theme 2: Developing Self-Energy and Internal Leadership

Subthemes: Accessing Inner Calm; Responding Rather Than Reacting; Building Trust With Protective Parts

Theme 2 reflects how participants experienced healing through the development of Self-energy and internal leadership. Accessing a calmer internal center helped

participants stay present with emotions rather than retreating into protective strategies. With this steadiness, they were able to lead their internal systems with clarity and compassion, which strengthened trust between Self and parts. Over time, this leadership created a sense of internal integration and stability that contrasted sharply with the fragmentation many had carried throughout their lives. This theme addresses Research Question 2 by illustrating how IFS facilitated emotional restoration, identity coherence, and a renewed sense of internal wholeness.

As participants developed a steadier internal presence and built trusting relationships with their protectors and exiled parts, many began to articulate new understandings of their own behaviors, especially those related to addiction. The healing described in Theme 2 created the conditions for a deeper exploration of why certain urges, patterns, or emotional cycles had taken hold in the first place. Participants reflected on how their addictions, cravings, or compulsive habits were connected to long-standing internal pain and to the roles carried by different parts of their system. These insights formed a bridge to the next area of inquiry. Research Question 3 examines how participants made sense of their relationship with addictive behaviors and emotional distress as they engaged in parts work.

Participants repeatedly connected this emerging internal leadership with a sense of dignity in recovery. Rather than seeing themselves as people who had to exert constant control over urges, they began to experience themselves as caregivers for their own internal systems. This shift in identity, from someone who is at war with their own impulses to someone who can listen and respond from a calm center, was described as

deeply healing. It signaled not only symptom reduction but a change in how participants understood who they were as they moved through the world.

Research Question 3

How do participants make sense of their relationship with addictive behaviors and emotional pain as they explore their internal parts through IFS?

Participants' responses to Research Question 3 highlighted how relationships with addictive behaviors and emotional pain were understood as ongoing processes shaped by both internal dynamics and external stressors. Participants frequently described addictive behaviors as protective responses within their internal systems. These descriptions reflected how individuals understood the role of these behaviors in managing emotional distress, rather than suggesting endorsement of continued substance use. Across interviews, participants described how addictive urges and emotional distress were closely connected to protective parts that had developed in response to trauma and continued exposure to minority stress. Rather than viewing these parts as problems to eliminate, participants described learning to understand their functions, negotiating with them, and respond with greater awareness. These experiences were reflected across several interconnected themes that illustrate how participants made meaning of addiction and emotional pain while navigating daily life as SGM.

Superordinate Theme 3: Managing Protective Parts Amid Ongoing Minority Stress

Participants described the relationship between addiction, emotional pain, and protective parts as dynamic, ongoing, and shaped not only by past trauma but also by the pressures of daily life as SGM. Even as they developed greater awareness and

compassion toward their internal systems, many explained that certain Protectors remained highly sensitive to minority stress. Experiences such as microaggressions, rejection, or discrimination frequently reactivated these parts, especially those connected to fear, vigilance, or the urge to numb distress. IFS did not eliminate these responses, but participants described learning new ways to relate to them, negotiating with them, and staying grounded rather than being overtaken by them. The following subthemes illustrate how participants made meaning of these processes. Three interrelated subordinate themes illustrate how participants made sense of this relationship: (a) Protectors reactivated by ongoing minority stress, (b) negotiating with protectors instead of being overwhelmed by them, and (c) balancing safety and connection in daily life.

Subtheme 1: Protectors Reactivated by Ongoing Minority Stress

Participants frequently described how certain protective parts became highly reactive when they encountered minority stress in their daily lives. These moments often brought back fears, shame, or vigilance that were rooted in earlier trauma. Even when participants felt more connected to Self in general, real-world experiences of discrimination or invalidation could activate Protectors almost instantly. Participants said this activation made sense once they understood how long unsafe environments had shaped their systems.

P7 described this clearly when talking about a series of transphobic comments she heard at work. She said, “It only took one comment for that Protector to jump in. It was like it said we are not doing this again. I am taking over.” She explained that before IFS, she would have gone numb or shut down without noticing what was happening. Now she

could see the rapid shift inside and recognize that the reaction was a sign of fear rather than failure.

Other participants described similar patterns in different contexts. P9 shared how quickly her protectors responded when she sensed judgment or dismissal in public settings. She said, “My body reacts before my mind catches up. I can feel the part that wants to disappear or drink show up right away.” She explained that although this reaction felt automatic, she no longer saw it as a relapse waiting to happen. Instead, she viewed it as a signal that something unhealed had been touched.

Several participants connected these moments of activation with earlier histories of rejection, bullying, or invalidation. For example, P8 described encounters with religious or social rejection that would immediately activate a younger part carrying fear. They said, “It comes up fast. I do not even know I am scared until the part is already trying to protect me.” They described how noticing this sequence helped them respond with more understanding.

Participants emphasized that the activation of protectors did not feel like backsliding. Instead, it confirmed how deeply their systems had been shaped by years of stress related to their identities. For many, simply recognizing this connection reduced shame and helped them treat themselves with more care. P3 explained this connection by saying, “My system reacts because it remembers what it was like not to be safe. It is not because I am weak. It is because the world has not always been safe for me.”

Recognizing the link between minority stress and protective activation helped participants make sense of why cravings, withdrawal, or emotional shutdown could

reappear even after long periods of progress. They began to see these reactions as understandable responses to real stress rather than as personal shortcomings. This awareness created space for participants to meet their protectors with more patience and to approach these moments with intention rather than judgment.

Subtheme 2: Negotiating With Protectors Instead of Being Overwhelmed by Them

Participants described a shift from feeling overtaken by protective parts to being able to pause and engage these parts with understanding. Before IFS, many said their Protectors acted so quickly that they felt swept into cravings, shutdown, withdrawal, or panic before they even understood what was happening. Through their IFS work, they began to recognize these impulses earlier and could respond with curiosity rather than fear.

P4 reflected on this change when describing moments of craving. They said, “Before, that part just ran me. I did not have a say. Now I can actually talk to it. I can say I know why you are here, and it listens.” They explained that this shift helped them slow down during difficult moments and feel less controlled by automatic urges.

Participants also explained that protectors responded differently when they felt heard. P2 described this clearly when talking about cravings that used to appear during stressful situations. He said, “I used to fight or ignore those urges and it only made them stronger. When I started saying I get it, you are scared, the intensity dropped.” He said this created space for him to make decisions from a calmer place.

Others described similar experiences in emotional or relational situations. P1 recalled a moment when they felt a familiar shutdown response beginning. They said, “I

felt that part pulling me away, and instead of going numb, I checked in. I said I am here. That was enough for it to ease up.” P1 explained that recognizing a protector’s fear often reduced the urgency that had once felt overwhelming.

Participants also emphasized that negotiating with protectors did not erase the feelings that triggered them. Instead, it gave them a way to relate to those feelings without being overtaken. P8 described this when discussing anxiety in social situations. They explained, “I could feel myself wanting to disappear. Before, I would just go with it. Now I pause and ask what do you need from me. That simple question changes everything.”

Several participants said this negotiation helped them interrupt old patterns of avoidance, numbing, or reactive behavior. P6 reflected on this shift when discussing his long history of drinking as a way to manage pressure. He said, “When I started talking to the part that panics, it calmed down. I did not feel like I had to drink to make it stop.” He described this change as gradual but steady, building trust between himself and his protectors over time.

Participants explained that learning to negotiate with protectors helped them understand the fears beneath their reactions. They no longer saw protectors as enemies or problems to eliminate. Instead, they viewed them as parts trying to help in the only ways they knew how. This understanding opened the way for more intentional choices and reduced the sense of being “taken over” that had shaped earlier periods of addiction and emotional distress.

Subtheme 3: Balancing Safety and Connection in Daily Life

Participants described an ongoing tension between wanting connection and needing protection, especially in environments where minority stress remains part of everyday life. Many explained that protectors often encouraged withdrawal as a way to stay safe, while others longed for closeness, authenticity, or expression. Through their work in IFS, they began to navigate these conflicting impulses with more clarity and intention.

P3 described this tension when recalling a moment in a social setting. She explained, “I could feel part of me wanting to shut down at the first sign of judgment. But another part wanted to stay. I checked in with both and decided what felt right instead of reacting.” She said this process helped her remain present without forcing herself into situations that felt unsafe.

Others shared similar experiences when balancing self-expression with the need for protection. P1 explained, “There is always a part that wants me to pull back because it is scared. But there is also a part that wants to be myself. Listening to both helps me choose rather than disappear.” This sense of choice contrasted with earlier periods when they felt automatically pushed into avoidance or shutdown.

For many, this balancing act had a direct impact on addictive urges. P6 described drinking in the past because he felt overwhelmed by the pressure to appear composed in social situations. He said, “I used to drink because I could not handle being on all the time. Now I can tell the part that gets anxious I am here. It does not have to go numb.”

He noted that this reduced the intensity of cravings and allowed him to remain connected without feeling exposed.

P8 also noticed this shift in everyday interactions. They explained, “Before, I would hide or leave because I felt like I did not belong. Now I check in first. Sometimes I stay, sometimes I leave, but I know why.” They emphasized that the change was not about forcing themselves into discomfort. It was about having enough internal steadiness to sense what each part needed.

Participants described this ongoing negotiation as a form of internal teamwork. Protective parts continued to respond quickly to perceived threats, particularly in environments shaped by discrimination or invalidation. However, increased access to the Self made it easier for participants to consider both safety and connection, rather than reacting solely from fear. This balance supported a growing sense of agency, reduced reliance on numbing strategies, and strengthened participants’ confidence in navigating the demands of daily life.

Participants explained that IFS therapy did not eliminate external risks. Rather, it supported their ability to respond to those risks with greater internal coordination. Participants described being able to acknowledge parts that feared harm while still making choices that supported connection, authenticity, and recovery. This balance was consistently identified as one of the clearest indicators of growth, particularly for individuals whose trauma histories had long made safety and belonging feel mutually exclusive.

Summary of Theme 3: Managing Protective Parts Amid Ongoing Minority Stress

Subthemes: Linking Identity-Based Stress to Parts Activation; Using Self-Energy in Real-Time Stress; Navigating External Triggers With Internal Tools

Theme 3 demonstrates how participants made sense of their relationship with addictive behaviors and emotional pain within the context of both internal parts work and ongoing minority stress. Participants described Protectors that continued to react to discrimination, invalidation, or fear, but they no longer felt consumed or overtaken by these responses. Through IFS, they developed the capacity to negotiate with Protectors, acknowledge their intent, and remain present even when emotional pain resurfaced.

This theme directly addresses Research Question 3 by showing how participants understood addiction as intertwined with their internal protective systems and shaped by real-world stress. Rather than eliminating protective behaviors, IFS helped them relate to these impulses with compassion, reducing shame and increasing intentionality. This process strengthened their ability to balance safety and connection in everyday life, laying the groundwork for the identity integration described in the next theme.

Research Question 4

How do participants describe their experiences of managing protective parts in response to ongoing minority stress within the context of IFS?

Participants' responses to Research Question 4 emphasized how managing protective parts in the context of ongoing minority stress became closely connected to processes of identity integration and self-acceptance. Across interviews, participants described how engagement with IFS therapy supported reconnection with parts shaped by

shame, internalized stigma, and experiences of marginalization, while also strengthening their capacity to respond to stress with greater compassion and balance. These experiences were reflected in several interrelated themes that illustrate how participants made meaning of identity, belonging, and internal cohesion as they navigated minority stress in their everyday lives.

Superordinate Theme 4: Identity Integration and Self-Acceptance

As participants progressed in their IFS work, many described a gradual process of reconnecting with parts of themselves that had been hidden, silenced, or rejected for years. These parts often carried painful memories, shame, or internalized stigma associated with marginalized identities. Through engagement with IFS, participants described approaching these younger or exiled parts with compassion, which supported the development of a more coherent and accepting sense of self. This process of internal integration did not occur suddenly; rather, it unfolded over time as participants built trust with their protective parts and experienced greater access to the Self. The following subthemes illustrate how participants described this process of integration and self-acceptance.

Three subordinate themes capture how participants navigated the intersection of parts activation and minority stress: (a) reconnecting with exiled parts carrying shame or marginalized identity, (b) self-led compassion creating a sense of internal coherence, and (c) identity integration reducing reliance on addictive coping.

Subtheme 1: Reconnecting With Exiled Parts Carrying Shame or Marginalized Identity

Participants described discovering younger, wounded parts that had carried shame, fear, or grief connected to their gender identity, sexual orientation, or early experiences of rejection. These exiled parts often held the emotional residue of messages received throughout childhood and adolescence, including beliefs that they were unsafe, unlovable, or fundamentally wrong. Many participants explained that they had avoided these parts for years, either consciously or unconsciously, because the feelings associated with them were too painful to approach without support.

P7 described such a moment when reflecting on early IFS sessions focused on childhood memories. She shared, “I found a part that still believed something was wrong with me because of how my family treated me for being trans. It had been alone for so long. When I finally sat with it, it cried. I cried too.” She explained that meeting this part brought a sense of relief as she recognized how long it had carried that belief without comfort.

P3 reported a similar experience when she encountered a younger part that had internalized the repeated discrimination she faced in school and community settings. She said, “There was a younger part that just disappeared. I had pushed it away for years. In IFS, I could finally tell it that I was here and that it did not have to hide anymore.” This interaction helped her understand how deeply those early experiences had shaped her sense of visibility and safety.

P1 also described reconnecting with a part that believed they would never belong because of how peers and family members responded to their identity as they grew up. They explained, “There was a part that kept saying no one will ever understand you. I had never listened to it before. When I finally did, it just wanted someone to hear it.” This moment allowed them to recognize how much loneliness that part had been holding.

Participants emphasized that reconnecting with these Exiled parts did not immediately resolve the pain they carried. Instead, it opened a space where these parts could be approached gently rather than pushed away. Meeting these parts from Self provided the reassurance and acknowledgment they had long needed. Several participants described this as one of the most emotional and meaningful aspects of their IFS work because it allowed them to revisit earlier experiences of rejection with a sense of warmth and compassion that had not been available at the time.

Participants noted that this reconnection shifted how they viewed their personal histories. Rather than seeing themselves as flawed or responsible for the harm they experienced, they began to understand these Exiles as younger parts who had adapted to environments that felt unsafe. This perspective allowed grief, sadness, and tenderness to emerge in place of shame. Participants described this as the beginning of feeling more whole, as these long-buried parts were no longer left alone with their pain.

Subtheme 2: Self-Led Compassion Creating a Sense of Internal Coherence

As participants continued working with Exiled parts, many began to describe a growing sense of coherence inside themselves. Instead of feeling pulled in different directions by competing emotional reactions, they noticed a softening and a sense of

internal alignment. Participants explained that approaching their protectors and exiles with patience and compassion reduced the internal tension that had once felt constant. This increasing clarity helped them understand their emotional responses as connected and purposeful rather than chaotic or “too much.”

P6 described this shift when reflecting on a period of heightened self-criticism. He said, “I stopped feeling like different pieces of me were fighting all the time. When I stayed in Self, it felt like everyone inside finally had someone to trust.” For him, this sense of trust among the parts felt like a new experience. Instead of protectors rushing forward to manage fear or shame, they seemed more willing to step back once they felt that he was present and capable.

P1 described a similar experience when reflecting on moments of dysphoria and social anxiety. They shared, “Once I could hold those scared parts with kindness, I stopped feeling ashamed of who I was. There was a calm that I had never felt before.” They explained that this calmness came not from eliminating distress but from understanding how each part connected to earlier experiences of fear, loneliness, or invalidation.

Participants also noted that compassion toward their internal world had a ripple effect. As they became more patient with their own parts, they felt more grounded in relationships with others. Several explained that conflicts felt less overwhelming because they could check in with their internal system rather than reacting immediately. Others described feeling more comfortable asserting boundaries or expressing their needs because they no longer felt driven by panic or shame.

Participants emphasized that compassion was not a passive state. It required attention, presence, and the willingness to listen to internal experiences without pushing them away. Over time, this compassionate stance helped protectors relax. Participants described this as a sense of “settling” or “everyone being on the same page,” which contributed to greater mood stability and a clearer sense of identity. The growing coherence they experienced laid the foundation for deeper integration and reduced reliance on old survival strategies.

Subtheme 3: Using Self-Energy to Maintain Authenticity and Emotional Stability

As participants developed greater internal coherence, many described a noticeable reduction in their reliance on addictive or avoidant coping strategies. They explained that when they experienced stronger access to Self-energy, the emotional intensity that had previously driven them toward substance use, dissociation, or withdrawal became more manageable. Rather than numbing or pushing away difficult feelings, participants described an increased capacity to remain present and respond with care. This shift was often articulated as having “more room” inside themselves, allowing decisions to be guided by personal values rather than fear or urgency.

P9 described this shift directly when she reflected on cravings that once felt automatic. She said, “Once I understood why those parts were showing up, the urge lost some of its power. It was no longer about the substance. It was about the part that needed comfort.” She explained that staying connected to the Self helped her notice the need behind the urge, enabling her to choose a different response.

P2 shared a similar experience. He recalled moments when panic would rise and old patterns of seeking stimulants would surface. He said, “When those younger parts felt seen, the panic that used to push me toward using faded. I could stay with the feeling instead of running from it.” He explained that being able to stay with the emotion created a sense of pride and stability that had not been present earlier in his recovery.

Several participants noted that this stability did not mean the absence of distress. They were clear that minority stress, trauma reminders, and interpersonal challenges still arose in daily life. What changed was their ability to have these experiences with more internal support. They described being able to pause, check in with their protectors, and choose how to respond. This reduced the sense of spiraling that had previously made addictive coping feel like the only option.

Participants also described how this internal stability translated into greater authenticity. Many explained that they no longer felt compelled to hide parts of themselves in order to feel safe. Some began using affirming names or pronouns more consistently. Others set boundaries with family members or stepped away from relationships that reinforced shame. For many, this authenticity felt like a direct expression of being in Self, bringing a sense of integrity and calm.

Participants described these changes as gradual yet meaningful. As protective parts became more willing to trust the Self, external stressors felt less overwhelming. Participants explained that they were able to move through the world with greater clarity and steadiness, grounded in the knowledge that they had internal resources to navigate difficult moments. This growing sense of authenticity and emotional stability represented

an important step in both recovery and identity development, illustrating how IFS supported participants not only in reducing reliance on addictive behaviors but also in shaping how they engaged with everyday life.

Summary of Theme 4: Identity Integration and Self-Acceptance

Subthemes: Softening Internalized Stigma; Increasing Compassion Toward Parts; Strengthening a Sense of Wholeness

Theme 4 highlights how participants managed the ongoing impact of minority stress through the tools and frameworks of IFS therapy. Experiences of discrimination, invalidation, and social marginalization continued to activate protective parts even after extended periods of recovery. However, participants described being able to recognize these parts more quickly, understand the fears driving them, and respond with Self-energy rather than avoidance or reactive behaviors. This theme addresses Research Question 4 by illustrating how individuals used IFS to maintain emotional balance and authenticity in environments with persistent, unavoidable external stressors.

In this sense, Theme 4 brings together many strands from the earlier themes. Reframing internal experience, developing Self energy, and negotiating with protectors all created the conditions for participants to relate differently to the parts of themselves that had been most affected by stigma and trauma. Identity integration and self-acceptance emerged not as abstract ideals, but as lived experiences that influenced everyday decisions, relationships, and choices about substance use. Participants' descriptions suggest that, for this group, IFS offered a way to hold both the reality of ongoing minority stress and a growing sense of internal safety and belonging.

Conclusion

Taken together, the four superordinate themes illustrate how participants used IFS therapy to make sense of their internal experiences, their histories of trauma, and their recovery from addiction. These themes were as follows: (a) reframing internal experience through parts language, (b) developing Self-energy and internal leadership, (c) managing protective parts amid ongoing minority stress, and (d) identity integration and self-acceptance. Across interviews, participants described learning to interpret their inner reactions not as evidence of personal failure but as communications from parts shaped by years of adversity. Reframing these reactions through parts language, discovering a steadier internal presence, negotiating with protectors, and reconnecting with younger or exiled parts led to a gradual yet meaningful shift in how they related to themselves. These processes allowed participants to meet their internal worlds with curiosity rather than fear and with compassion rather than shame.

At the same time, the findings show that this internal work unfolded within real and ongoing external pressures. Participants consistently emphasized that minority stress did not disappear simply because they developed a stronger connection to Self. Discrimination, invalidation, and structural barriers continued to activate protective parts in predictable ways. What changed through IFS was not the existence of these stressors, but participants' ability to recognize and engage with their internal responses before being overtaken by them. This ability to pause, listen, and lead from Self gave participants a greater sense of stability and dignity in recovery, even when navigating environments that remain unsafe or unsupportive.

Across all four research questions, participants portrayed IFS as a process of learning to relate differently to their own minds amid these challenges. They described moving from shame to curiosity, from fragmentation to a more coherent sense of self, and from automatic protective reactions to more intentional decisions aligned with their values. These shifts reduced reliance on addictive coping strategies and increased internal safety, offering a pathway toward healing that honored both their personal histories and their lived realities as SGM individuals.

At the same time, the findings make clear that internal change cannot fully compensate for the impact of systemic oppression. IFS helped participants build inner resources, but those resources were developed while navigating persistent external threats and social inequalities. The findings, therefore, highlight both the potential and the limits of intrapsychic work. They show how therapeutic change can support SGM individuals in building resilience, while underscoring the urgent need for structural change to reduce the ongoing burdens placed on marginalized communities.

Chapter 5 will further analyze these findings by situating them within existing theory and research, examining how they align with or extend the current literature, and considering their implications for clinical practice and future inquiry.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore the lived experiences of SGM individuals with trauma-induced addictions who have participated in IFS therapy. Using IPA, the research examined how participants made meaning of their internal systems, healing processes, and identity integration in the context of ongoing minority stress. Ten semi-structured interviews were conducted with participants who met the study's inclusion criteria, providing detailed narratives of recovery, the cultivation of Self-Energy, and the development of greater internal coherence.

Chapter 4 presented four primary themes derived from cross-case analysis: (a) reframing internal experience through parts language, (b) developing self-energy and internal leadership, (c) managing protector parts amid ongoing minority stress, and (d) identity integration and self-acceptance. This chapter interprets these findings in relation to existing literature and the study's conceptual framework, outlines limitations, provides recommendations for practice and future research, and discusses implications for positive social change.

Interpretation of the Findings

The purpose of this study was to explore how SGM individuals with trauma-related addictions experienced IFS therapy. The findings were organized into four superordinate themes: reframing internal experience, cultivating Self-energy, negotiating protectors in the context of minority stress, and moving toward identity integration and self-acceptance. This section interprets these findings in relation to the study's conceptual

framework, IFS theory (see Schwartz, 1995; Schwartz & Sweezy, 2019), MST (Meyer, 2003), and polyvagal theory (Porges, 2011), and situates them within the broader empirical literature reviewed in Chapter 2. Interpretation is structured around the four research questions to demonstrate methodological alignment. These interpretations reflect the double hermeneutic central to IPA, connecting participants' meaning-making with the interpretative lens described in Chapter 3.

Theme 1: Reframing Internal Experience Through Parts Language

Participants described shifting from self-judgment to compassion by recognizing addictive behaviors as protective strategies enacted by parts. This finding directly supports Schwartz's (1995) assertion that all parts are adaptive in origin, even when their strategies are maladaptive. It also extends Anderson et al. (2017), who found that compassion toward protectors creates therapeutic space for deeper work, by showing how SGM participants reframed shame-based narratives around addiction. This reframing is particularly significant as it aligns with MST (Meyer, 2003). This theory emphasizes the profound impact of stigma and discrimination, illustrating how these negative societal forces can be internalized and manifest as self-blame within individuals. By viewing relapses or cravings as Protectors rather than as evidence of failure, participants disrupted cycles of self-stigmatization, resonating with Harper et al. (2021), who emphasized the necessity of identity-affirming interventions for SGM mental health.

Theme 2: Developing Self-Energy and Internal Leadership

Consistent with IFS principles, participants described Self-energy as a compassionate and stabilizing leader of the internal system (Schwartz & Sweezy, 2019).

The emergence of Self reduced reliance on addictive parts, improved boundary-setting, and generalized into daily functioning. This echoes Hodgdon et al. (2022), who found that IFS enhanced regulation and relational stability in trauma survivors. From a polyvagal perspective, participants' descriptions of calm, grounded states align with Porges' (2011) model of ventral vagal regulation, reinforcing links between autonomic safety and therapeutic change. The findings also extend Bennett et al. (2024), who emphasized the role of identity-affirming therapies in SGM recovery, by showing that cultivating Self not only supports trauma resolution but also buffers against the physiological and emotional toll of minority stress.

Theme 3: Managing Protector Parts Amid Ongoing Minority Stress

A critical tension identified in this study was that systemic oppression and everyday microaggressions continued to activate Protector parts, even as participants developed greater access to the Self and stronger internal stability. This finding supports Meyer's (2003) assertion that minority stress operates as a chronic and ongoing burden that cannot be resolved solely through intrapsychic work. Participants' ongoing negotiation with protectors aligns with Cunha and Gomes's (2024) argument that trauma-informed approaches must attend to both historical trauma and present-day adversity. At the same time, this study extends existing literature by illustrating how IFS can equip SGM clients with concrete tools to engage Protector parts through internal dialogue, honor their protective intent, and reduce reliance on harmful coping strategies, such as substance use. These findings suggest important implications for practice, indicating that systems of care may benefit from incorporating identity-affirming frameworks and

training clinicians to work explicitly with protector dynamics, particularly given that external oppression continues to reactivate these internal responses. Taken together, these results position IFS not only as a trauma-responsive therapy but also as an approach that meaningfully integrates clinical work with the structural realities of minority stress.

Theme 4: Identity Integration and Self-Acceptance

Participants consistently described IFS as fostering greater internal coherence by reconnecting with exiled parts tied to shame, stigma, or marginalized identities. These findings align with Schwartz's (1995) assertion that parts never disappear but can be integrated into a relationship with the Self, reducing polarization and fostering coherence. They also support MST (Meyer, 2003) by illustrating how internal affirmation can buffer the health consequences of stigma. Significantly, the findings extend Marchi et al. (2023), who linked fragmented identity to higher PTSD prevalence in LGBTQ populations, by showing how IFS facilitated integration through direct dialogue with parts and Self-led compassion. Therapist attunement emerged as a critical factor, echoing Silveri et al. (2022), who emphasized the protective role of affirming therapeutic relationships. However, race and ethnicity were not systematically collected, limiting the ability to examine how intersecting identities shaped experiences of integration, a limitation consistent with broader gaps in SGM research and a crucial direction for future inquiry.

Synthesis Across Themes

Taken together, these findings suggest that IFS therapy operates as a trauma-responsive, identity-affirming, and resilience-building model of care. Across all four themes, participants described reframing shame, cultivating Self-energy, negotiating

protectors, and integrating fragmented identities. These processes resonate with and extend existing research: reframing aligns with Harper et al. (2021) on affirming practices; Self-energy echoes Porges (2011) on autonomic regulation; protectors negotiation extends Cunha and Gomes (2024) on trauma-informed care; and identity integration affirms Meyer's (2003) proposition that affirmation buffers stigma's impact. By weaving IFS with MST and polyvagal theory, this study demonstrates how therapeutic processes address both intrapsychic healing and systemic oppression. These insights underscore the promise of IFS as a model capable of supporting SGM recovery from trauma-related addictions while highlighting the ongoing need for culturally competent, structurally aware mental health interventions.

Limitations of the Study

Several limitations should be considered when interpreting these findings. First, the sample size was intentionally small ($N = 10$), consistent with IPA's idiographic focus but limiting the breadth of perspectives represented. While the richness of individual narratives provides depth, the findings are not intended to be generalized to all SGM individuals with trauma-related addictions.

Second, recruitment was conducted primarily through online networks and professional referrals, which may have resulted in a sample more engaged in therapy and more comfortable discussing internal experiences. Individuals with negative or limited experiences in therapy may therefore be underrepresented.

Third, all data were self-reported through semistructured interviews. As with any self-report methodology, participants' accounts may have been influenced by recall bias, social desirability, or the desire to present their experiences in a particular light.

Fourth, demographic variables such as age, race, and ethnicity were not systematically collected by design to protect confidentiality within this small, specialized sample. While this approach supported participant anonymity, it restricts the ability to examine how intersecting identities may have shaped participants' experiences of trauma, addiction, and IFS therapy. The absence of this information also limits readers' ability to assess the representativeness and transferability of the findings, particularly given evidence that race and ethnicity intersect with minority stress in ways that may compound vulnerability or resilience.

Fifth, my professional background in clinical social work and familiarity with IFS may have shaped data interpretation and the nuances of follow-up questioning. Although reflexivity and an audit trail were used to mitigate this risk, the possibility of interpretative bias remains.

Finally, the focus on participants who had already engaged in IFS therapy means the findings reflect the perspectives of individuals with access to affirming, specialized care. Those who discontinued IFS prematurely or who lacked access to such therapy may have differing experiences that were not captured in this study.

Recommendations

The recommendations presented here are grounded in the four superordinate themes that emerged from the findings: reframing internal experiences through parts

language, developing Self-energy and internal leadership, managing protective parts amid ongoing minority stress, and achieving identity integration and self-acceptance. Together, these themes suggest both micro-level (clinical) and macro-level (systemic/organizational) implications for practice and research. Clinically, the findings highlight the importance of reframing addiction as part-driven rather than pathological, cultivating Self as a regulatory anchor, and directly addressing minority stress within therapy. Systemically, the results call for structural changes in training, organizational policies, and public health advocacy to ensure that identity-affirming, trauma-informed approaches like IFS are accessible to SGM populations. The following recommendations are therefore organized to reflect these dual applications, bridging clinical practice with systemic change and situating future research within a framework that acknowledges both intrapsychic and sociocultural dimensions of recovery.

Recommendations for Practice

At the micro-level (clinical practice), the findings highlight the value of introducing parts language early in treatment. For SGM individuals navigating trauma-related addictions, reframing addictive or compulsive behaviors as protective strategies rather than moral failings disrupted cycles of shame and fostered compassion toward the self. This clinical shift is consistent with IFS theory (Schwartz, 1995) and prior research showing that parts-based reframing enhances therapeutic engagement (Anderson et al., 2017). Clinicians are therefore encouraged to normalize multiplicity in the therapy room, supporting clients to externalize blame and view behaviors as adaptive attempts to protect

against pain. By framing addiction as part-driven rather than characteristic, practitioners may reduce stigma and strengthen motivation for recovery.

It is important to clarify that reframing addictive behaviors as protective responses within the Internal Family Systems (IFS) framework does not imply acceptance of continued substance use or relapse. Rather, identifying the protective intent of these parts allows clinicians and clients to better understand the emotional needs and trauma-related distress underlying addictive urges. This reframe of addiction intends to reduce shame and increase engagement in treatment while maintaining the clinical objective of reducing harmful substance use and supporting sustained recovery. From an IFS-informed perspective, the therapeutic goal is to help individuals develop Self-led relationships with protective parts, so that the underlying emotional needs can be addressed through safer, more adaptive coping strategies.

A second micro-level recommendation involves intentionally cultivating access to Self-energy. Participants in this study consistently described the Self as an internal anchor that provided stability in the face of cravings, emotional triggers, and experiences of minority stress. Clinicians can support clients by helping them recognize, access, and remain connected to the Self, particularly during moments when protector parts become activated. Therapeutic interventions may include guided internal dialogues, mindfulness-based practices that strengthen Self-presence, and role-play exercises that allow clients to engage protectors with curiosity and compassion. Attention should also be given to helping clients generalize access to the Self beyond the therapy setting, applying this internal resource to relationships, workplace stressors, and encounters with

discrimination. Emphasizing this continuity supports the maintenance of therapeutic gains in everyday life.

Finally, micro-level practice should incorporate culturally responsive and affirming strategies that directly address minority stress. Participants highlighted that systemic discrimination continually reactivates protectors, threatening recovery. Clinicians are encouraged to explicitly validate these experiences and explore how protectors respond to external oppression. Affirming practices, such as consistently using pronouns, actively validating identity, and recognizing intersectionality, are essential to fostering safety and trust. Psychoeducation on nervous system regulation, drawing on polyvagal theory (Porges, 2011), can complement IFS by equipping clients with strategies to manage physiological arousal and enhance resilience. Together, these micro-level recommendations position IFS as both a trauma-informed and identity-affirming approach for SGM individuals.

At the macro level of organizational and systems practice, treatment agencies should move toward institutionalizing IFS-informed, identity-affirming approaches rather than relying solely on individual clinicians' discretion. Organizational policies should reflect a clear commitment to inclusivity by ensuring that affirming practices, such as intake forms that accurately capture diverse identities and staff training on minority stress, are implemented consistently across programs. Embedding IFS principles within organizational culture can promote continuity of care and reduce variability in how SGM clients are supported across service settings. In addition, supervision and training structures should emphasize the integration of parts-based language and access to the Self

within routine clinical practice, strengthening fidelity to the IFS model while supporting culturally responsive and trauma-informed care.

A second macro-level recommendation relates to staff development and training. Organizations should invest in professional development opportunities that expose clinicians to IFS, trauma-informed care, and MST. Offering workshops, continuing education credits, and access to supervision in IFS practice can enhance clinical capacity and reduce variability in implementation. Leaders in the field should also encourage interdisciplinary collaboration among addiction specialists, trauma therapists, and cultural competency trainers to broaden clinicians' skill sets. Such investment ensures that services remain both clinically rigorous and affirming of SGM identities.

At the systemic level, there is a clear need for advocacy to expand access to IFS-informed, culturally competent addiction treatment. Policy initiatives should support the inclusion of IFS in publicly funded treatment programs and encourage insurance reimbursement for IFS interventions. Addressing structural barriers, such as limited access to affirming providers in rural or underserved areas, is also critical. This requires coordinated advocacy efforts at local, state, and national levels to reduce disparities in behavioral health services for SGM populations. Ultimately, embedding IFS principles within larger systems of care may help counteract the structural inequities that perpetuate trauma and addiction among marginalized groups.

Recommendations for Future Research

Future research should first address diversity and intersectionality within samples. While this study focused on SGM participants, it did not systematically collect data on

race or ethnicity, limiting the ability to examine how intersecting identities influenced participants' experiences. Future studies should include more racially and ethnically diverse participants, as well as variation in socioeconomic status, geographic region, and age. Such intersectional analyses are critical for understanding how structural oppression and privilege shape responses to IFS therapy. This would also enhance the transferability of findings, allowing for broader application across diverse SGM subgroups.

Second, future research should explore the experiences of those who disengage from or discontinue IFS therapy. This study captured the perspectives of participants who had successfully engaged in IFS, but little is known about individuals who found the approach ineffective, overwhelming, or inaccessible. Research examining barriers to engagement, including cost, access, therapist competence, and mismatched expectations, could provide valuable insights for improving service delivery. Understanding dropout experiences may also inform adaptations to make IFS more inclusive and sustainable for a broader range of clients.

Third, future research should examine the long-term outcomes of IFS therapy for trauma-related addictions among SGM individuals. Longitudinal studies that follow participants over extended periods would help clarify whether gains in access to the Self, engagement with protector parts, and identity integration are sustained over time. Comparative research examining IFS alongside other trauma-informed modalities, such as EMDR or somatic experiencing, could further clarify which approaches are most effective for addressing the complex needs of this population. In addition, the development and evaluation of group-based IFS interventions tailored for SGM clients

could explore the combined benefits of parts-based therapeutic work and community connection. Together, these lines of inquiry would strengthen the evidence base and further define the role of IFS as a viable, identity-affirming approach to treating trauma-related addictions.

Fourth, future research should track addiction-related outcomes such as sustained abstinence, relapse rates, and patterns of recovery among SGM individuals engaged in IFS therapy. While this study focused on meaning-making and internal processes, outcome data is critical to evaluating the long-term effectiveness of IFS as an addiction intervention. Comparative studies examining abstinence maintenance in IFS versus other trauma-informed modalities, such as EMDR, DBT, or CBT-based relapse prevention, would provide valuable evidence regarding best practices for addressing trauma-related addictions in SGM populations. Integrating both phenomenological insights and outcome measures would yield a more comprehensive understanding of how IFS contributes to recovery trajectories over time.

Implications

Implications for Practice

The findings highlight the potential of IFS therapy as a trauma-informed, identity-affirming modality for SGM individuals with trauma-induced addictions. By reframing addictive behaviors as protective responses rather than personal failings, IFS reduces shame, promotes compassion, and strengthens engagement in recovery. Participants consistently emphasized that parts language and Self-Energy offered alternative ways of relating to themselves, suggesting that these techniques can be introduced early in

therapy to lay a foundation of safety and curiosity. This aligns with Anderson et al. (2017), who noted that compassion toward protectors increases client willingness to engage in deeper therapeutic work.

Clinicians working with SGM clients should consider tailoring IFS interventions to explicitly acknowledge the impact of minority stress on protectors and exiles. Several participants described protectors being reactivated in response to ongoing discrimination or invalidation. Addressing these triggers directly in therapy by naming them, normalizing their ongoing presence, and fostering an open dialogue with the protectors can significantly alter clients' perceptions. This engaged approach helps clients recognize that experiencing relapses or urges is not a reflection of personal failure but rather a common part of the journey toward healing and growth. By validating these experiences, therapists empower clients to navigate their struggles with greater compassion and understanding. Additionally, affirming practices such as consistent pronoun use, validation of identity narratives, and intersectional sensitivity are critical for helping Protectors trust the therapeutic space, as prior studies have shown that therapeutic invalidation can exacerbate minority stress (Harper et al., 2021; Silveri et al., 2022).

Finally, integrating nervous system psychoeducation may enhance IFS-informed practice. Several participants described Self-energy as a calming internal anchor that supported emotional regulation during moments of stress. Connecting this experience to polyvagal theory (Porges, 2011) may help clients better recognize physiological cues associated with safety and threat, thereby strengthening their ability to remain connected to the Self outside of therapy sessions. In this way, integrating IFS with body-based

psychoeducation offers a more holistic, mind–body approach that may be particularly beneficial for SGM individuals recovering from trauma-induced addiction.

Implications for Policy

At the policy level, the findings underscore the urgent need for increased access to identity-affirming and trauma-informed treatment models. Participants described IFS as uniquely validating their lived experiences, suggesting that widespread training in IFS and similar approaches could fill a gap in culturally competent care for SGM populations. Policymakers, administrators, and accrediting bodies could mandate or incentivize training in affirming trauma-responsive modalities to ensure that clinical providers are equipped to meet the needs of diverse client populations. These findings support Cunha and Gomes (2024), who emphasized that the systemic implementation of trauma-informed care requires both organizational and clinical commitment. Importantly, such initiatives should not remain optional or program-specific but should be integrated into accreditation standards and state-level licensure requirements for addiction and mental health programs.

Second, the findings point to the need for stronger nondiscrimination protections and enforcement mechanisms in healthcare and treatment settings. Several participants described earlier experiences of invalidation or misattunement in clinical contexts, which heightened protectors' distrust and created barriers to care. These narratives highlight the necessity of policy measures that not only prohibit discrimination based on sexual orientation and gender identity but also ensure accountability through monitoring and compliance structures. Federal and state health agencies could strengthen protections by

tying funding eligibility to demonstrated inclusion of SGM-affirming practices. At the financing level, Medicaid and Medicare frameworks could explicitly include trauma-informed, identity-affirming models such as IFS within their covered treatment options, thereby reducing disparities in access for historically marginalized groups.

Finally, broader policy reforms are needed to address the structural determinants of health that compound trauma and addiction for SGM individuals. Participants highlighted that systemic stressors such as stigma, housing instability, and discrimination intensified protectors' reliance on addictive strategies. Effective policy, therefore, cannot be limited to clinical interventions but must expand to include wraparound supports that integrate housing assistance, peer-led recovery programs, and community-based SGM wellness initiatives. Funding mechanisms should prioritize grants for organizations implementing affirming, integrated models of care and for research initiatives that evaluate their long-term impact. By embedding identity-affirming standards within both funding and service delivery, policymakers can reduce inequities in behavioral health care and ensure that interventions like IFS are accessible, sustainable, and culturally responsive.

Implications for Research

This study contributes to the growing body of literature on IFS, trauma recovery, and addiction treatment in marginalized populations, while also identifying areas where future inquiry is needed. First, research should examine IFS's mechanisms of change in greater depth, particularly how protectors shift roles and reduce reliance on extreme strategies as Self-energy develops. Longitudinal designs are especially critical to

determine whether the integration and healing processes reported by participants, such as reduced cravings, greater internal coherence, and resilience against minority stress, are sustained over years rather than months. Mixed methods approaches could further strengthen this inquiry by integrating quantitative outcome measures (e.g., abstinence rates, reductions in PTSD symptom severity) with phenomenological accounts, offering a richer picture of how intrapsychic shifts translate into behavioral outcomes.

Second, intersectionality deserves more intentional empirical focus. While this study included participants with diverse gender and sexual identities, it did not systematically explore how race, ethnicity, socioeconomic status, disability, or immigration status intersect with SGM identity in shaping IFS experiences. Future research should recruit intentionally diverse samples and use intersectional analytic frameworks to examine how systemic oppressions interact during the healing process. This could extend Marchi et al.'s (2023) findings that layered minority stressors increase vulnerability to PTSD in LGBTQ populations and address the omission of demographic data (e.g., race and ethnicity) as noted in the limitations of this study. By situating IFS outcomes within these broader social structures, researchers could provide clearer guidance for tailoring interventions to marginalized subgroups within the SGM population.

Third, comparative and multimodal studies are needed to contextualize IFS within the broader landscape of trauma treatment. Future research should explore how IFS outcomes compare with other trauma-informed modalities such as EMDR, somatic experiencing, or acceptance and commitment therapy for SGM trauma populations. An

important extension would be to examine not only subjective experiences of integration but also objective indicators such as sustained abstinence from substances, reduced relapse frequency, and improved health outcomes. Comparative trials could reveal whether IFS is particularly effective in sustaining abstinence for SGM clients, or whether its benefits are better understood as complementary to other modalities. Additionally, group-based IFS models tailored for SGM participants could be piloted, since several participants in this study emphasized the importance of belonging and community. Evaluating such adaptations could provide cost-effective, scalable approaches that integrate both relational support and identity affirmation.

Ultimately, future studies should further align IFS theory, MST, and polyvagal theory by examining how these frameworks intersect in practice. For example, researchers might investigate whether increases in Self-energy correlate with measurable improvements in autonomic regulation (e.g., HRV) and reductions in stress reactivity among SGM clients. Such work would extend the theoretical contributions of this study by empirically linking intrapsychic healing, minority stress resilience, and neurobiological regulation. By integrating these layers of inquiry, future research could establish a more comprehensive understanding of how IFS not only promotes identity integration but also contributes to sustained addiction recovery and resilience in the face of systemic inequities.

Implications for Positive Social Change

In alignment with Walden University's mission, this study highlights how providing affirming, trauma-informed interventions can contribute to positive social

change by reducing stigma, improving mental health, and fostering recovery among SGM individuals. Participants consistently described how IFS therapy enabled them to approach their parts with compassion rather than shame, reframing addiction as a protective strategy rather than a moral failing. This shift carries social significance: when marginalized individuals internalize affirmation, they become better equipped to resist oppressive narratives and live authentically.

The findings further suggest that increased access to identity-affirming, trauma-informed care may generate positive effects that extend beyond the therapy setting. Participants described how cultivating Self-energy supported resilience in the face of minority stress and facilitated more grounded, intentional ways of relating to others. These shifts often carried into family relationships, peer networks, and community interactions, where participants reported greater capacity to challenge internalized stigma and model healthier relational patterns. At a broader level, the normalization of affirming and trauma-informed approaches such as IFS therapy may contribute to social change by challenging deficit-based narratives that pathologize addiction and SGM identities. By emphasizing compassion, belonging, and resilience, such frameworks offer an alternative lens that supports both individual recovery and more inclusive, equitable systems of care.

Finally, this research underscores the potential for systemic change within behavioral healthcare and social service systems. Centering the voices of SGM individuals demonstrates that healing cannot be separated from affirming dignity and identity. Widespread adoption of affirming practices has the potential to reduce disparities in care, dismantle barriers rooted in systemic discrimination, and foster

environments where SGM clients experience safety and a sense of belonging. In this sense, the study contributes not only to academic knowledge but also to broader movements for social justice by affirming that every part of an individual's identity is worthy of recognition and care.

Conclusion

This study explored the lived experiences of SGM individuals with trauma-induced addictions who engaged in IFS therapy. The problem that guided this inquiry was the lack of research on affirming, trauma-informed modalities that address both addiction and the unique challenges posed by minority stress among SGM populations. The purpose of the study was to understand how participants made meaning of their recovery and identity processes through IFS, with a focus on how the therapy supported their relationships with protectors, exiles, and Self.

Four research questions guided this study: (a) How do SGM individuals experience and make meaning of their engagement in IFS therapy for trauma and addiction? (b) How do they describe the process of healing, integration, and internal restoration through IFS? (c) How do they make sense of their relationship with addictive behaviors and emotional pain as they explore their internal parts? (d) How do they describe managing protective parts in response to ongoing minority stress? Findings across the four themes provided clear answers to each question. Participants described reframing addictive behaviors as protective responses rather than moral failings, developing Self-energy as a compassionate leader of the internal system, negotiating with

protectors while facing ongoing discrimination, and welcoming exiled parts into connection with Self in ways that reduced internal conflict and reliance on substances.

The study's conclusions both confirm and extend existing literature on IFS therapy, trauma recovery, and SGM mental health. The findings support Schwartz's (1995, 2021) assertion that increased access to the Self and Self-energy can reduce reliance on extreme protector responses, and they illustrate how this process is particularly salient in the context of chronic minority stress (Meyer, 2003). Participants' descriptions of increased physiological calm, emotional regulation, and resilience also align with polyvagal theory (Porges, 2011), suggesting convergence between internal systems work and autonomic regulation. In addition, this study extends the work of Harper et al. (2021), Cunha and Gomes (2024), and Silveri et al. (2022) by demonstrating that affirming and trauma-informed principles can be meaningfully operationalized through IFS to address the complex, intersectional needs of SGM clients.

This dissertation contributes to positive social change by centering the voices of SGM individuals and demonstrating that healing from trauma-induced addiction is possible when clients are supported in accessing the Self and affirming their identities. Although the idiographic focus of IPA intentionally limited the scope of the study, the findings offer rich and transferable insights for clinicians, policymakers, and researchers working with marginalized populations. In doing so, the study addresses the problem identified in Chapter 1, fulfills its purpose of exploring the lived experiences of SGM clients engaged in IFS therapy, and provides empirically grounded responses to the four research questions. The findings underscore that recovery is not achieved by eliminating

parts, but by cultivating compassionate internal relationships that recognize, honor, and integrate all aspects of the internal system.

Looking forward, the significance of this study lies in its potential to reshape the way addiction and trauma treatment are conceptualized for marginalized populations. By showing that identity-affirming, trauma-informed care can dismantle cycles of shame and foster resilience, these findings challenge systems of care to move beyond deficit models and embrace compassion-centered approaches. For the field of social work, this research affirms the profession's mandate to promote dignity, self-determination, and justice, particularly for communities historically excluded from affirming care. For trauma recovery more broadly, it illustrates how therapeutic models like IFS can provide a pathway not only to abstinence and symptom reduction but also to coherence, belonging, and authentic living.

Ultimately, this study offers more than an academic contribution; it is a call to action. Healing, as described by participants, was not simply the absence of addiction but the reclamation of wholeness and identity in the face of systemic oppression. By amplifying these voices, this dissertation advances the broader vision of a mental health landscape where SGM individuals are not merely surviving but thriving, where every part of their being is recognized as worthy, welcomed, and integral to recovery.

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Appendix A: Recruitment Flyer

Participants Wanted for Research Study

“Exploring Internal Family Systems Therapy for Trauma Recovery and Addiction in Sexual and Gender Minorities”

- Are you a part of the LGBTQIA+ / Sexual and Gender Minority (SGM) community?
- Have you experienced trauma and struggled with addiction?
- Have you participated in Internal Family Systems (IFS) therapy?

If so, you may be eligible to participate in a confidential interview study exploring how IFS therapy has impacted your healing and identity.

Study Purpose:

This research study seeks to understand how IFS therapy supports healing from trauma and addiction among sexual and gender minority individuals. We want to hear directly from you about what the process was like, your experiences, your insights, and what mattered most.

What’s Involved:

- One confidential interview (60–90 minutes) via secure telehealth platform
- Flexible scheduling at your convenience
- Voluntary participation—withdraw at any time
- \$25 gift card for your time and insights
- Opportunity to review a summary of results (member checking)

Eligibility Criteria:

- Age 18 or older
- Self-identify as part of the LGBTQIA+ / SGM community
- Have a history of trauma and addiction

Have completed or are currently participating (for at least six months) in IFS therapy.

Confidentiality:

Your name and identifying information will never be shared or disclosed. All information will be securely stored, and your privacy is a top priority.

Interested or Have Questions?

Please contact Walter Saunders

Email: XXX@waldenu.edu or message me directly through the app's chat function

Phone: XXX

Walden University IRB Approval Pending

Appendix B: Interview Protocol

Purpose of the Interview

The purpose of this interview is to explore your personal experience with Internal Family Systems (IFS) therapy, particularly regarding your identity as a sexual and/or gender minority (SGM) individual and your journey through trauma and addiction. Your insights will contribute not only to a deeper understanding of healing and identity integration through IFS, but also to the development of affirming, trauma-informed, and identity-sensitive therapeutic approaches. Findings from this study may also inform training, advocacy, and policy recommendations aimed at improving behavioral health services for SGM populations.

Informed Consent and Confidentiality Script

Thank you for agreeing to participate in this study. Before we begin, I want to remind you that your participation is entirely voluntary, and you may decline to answer any questions or withdraw from the interview at any time.

Your responses will be kept strictly confidential. The audio recording of this interview will be transcribed, and any identifying details will be removed. All data will be securely stored on an encrypted, password-protected device, and only the researcher will have access to it. The data will be retained for five years following the conclusion of the study, in accordance with university guidelines, after which it will be securely destroyed.

You will also be given an opportunity to review a summary of findings to ensure that your experiences have been accurately represented. Do you have any questions for me before we begin?

Interview Questions

1. How did you first learn about IFS therapy, and what drew you to explore it as a treatment option?
2. Before engaging in IFS therapy, how would you describe your experiences with trauma and/or addiction?
3. How did IFS therapy support or affect your recovery and healing process?
4. IFS often refers to the concept of “Self” or “Self-Energy,” which represents an inner state of calm, clarity, and compassion. Can you describe any experiences of connecting with your Self during therapy?
5. Were there moments in therapy where you recognized or worked with different “parts” of yourself (such as inner protectors, critics, or hurt younger parts)? What was that like for you?
6. How has your identity as a sexual and/or gender minority influenced your experiences before, during, or after IFS therapy?
7. Can you describe any internal or external shifts you may have noticed throughout your time with IFS therapy—emotionally, behaviorally, or in your relationships?
8. Were there any aspects of IFS therapy that felt particularly helpful or unhelpful, especially concerning your identity or past experiences?

9. Have you had any experiences where systemic or identity-based stress (e.g., discrimination, marginalization) since completing IFS therapy? Are any of the skills from IFS therapy helpful for you in working through an possible internal activation?
10. What would you want therapists to understand about supporting people like you in healing from trauma and addiction?