

# Internal Family System with Victims of Religious Trauma: : Efficacy in treating trauma symptoms and impact on the desire to engage with spirituality

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## ABSTRACT

Religious trauma is a pervasive psychological damage and often a contributing factor to many of the problems that bring people to therapy, including depression, anxiety, and relationship difficulties (Stone, 2013). This qualitative study explores efficacy of Internal Family Systems (IFS) therapy in treating religious trauma and associated symptoms, as well as its impact on the desire to engage with spirituality in victims of religious trauma. I hypothesis that IFS is efficacious in treating symptoms associated with religious trauma, and it will positively impact the desire to engage with spirituality.

## INTRODUCTION

- Religious trauma is a pervasive psychological damage resulting from religious messages, beliefs, and experiences. Religious trauma shares many symptoms with posttraumatic stress disorder (PTSD), including avoidance of stimuli that are reminiscent of the trauma and intense distress when exposed to such stimuli.
- People who have experienced religious trauma often cannot tolerate the distress of participating in any kind of organized religion and may studiously avoid religious environments, people, and reading material (Stone, 2013).
- Religious trauma also demonstrated a predictive relationship with depression (Johnston, 2021).
- Previous study discussed the role of secure attachment and the combination of individual and group therapy to treat religious trauma and spiritual struggles (Stone, 2013), however, there haven't been any empirical research done on the treatment of religious trauma.
- As an evident-based treatment modality, IFS has shown promise for the treatment of PTSD (Hilary et al., 2021), and is effective in reducing symptoms of depression (Shadick et al., 2013).
- In addition, there is a strong spiritual foundation of IFS. Specifically, the concept of "Self" has correspondences with the concepts of divine in various spiritual traditions (Schwartz, 2001).
- Given these unique characteristics and strengths of IFS, I believe that IFS would be an effective treatment modality for clients who experience religious trauma.

## PRIMARY AIM AND HYPOTHESES

### Research Question:

- Is Internal Family System Therapy effective in treating traumatic symptoms in people who experienced religious trauma?
- Does the use of IFS impact desire to engage in their spirituality compared with a control group utilizing other trauma-informed treatment modality?

### Hypothesis:

- People who experienced religious trauma will report a decrease in symptoms of PTSD, C-PTSD after IFS treatment.
- IFS will positively impact victims desire to engage in their spirituality in comparison to the control group.

## METHODS

### Participants

- Adult participants (between the age of 22 – 60) will be recruited via newspaper, online advertisement, and community outreach.
- Participants will be selected if they meet three criteria (a) had traumatic/stressful experience with a religion; (b) meets the diagnostic criteria for either PTSD, PTSD functional impairment (PTSDFI), Disturbance of Self-Organization (DSO), or C-PTSD due to the experience of religious trauma based on International Trauma Questionnaire (ITQ)
- Sample size: 80 participants (20 will receive IFS treatment; 20 will receive non-IFS treatment)

### Procedures

- Both the control and IFS treatment group participate in 8 sessions of their assigned therapeutic intervention.
- Data for this study will be collected in person in written form twice. Before the initial session (T1) and after completion of 8 sessions (T2)

## MEASURES

### Traumatic Stress and Impairment

- Traumatic stress and impairment due to religious trauma will be measured by International Trauma Questionnaire (ITQ). Responses from this inventory will be summed to create a final score for participant's traumatic stress and impairment
- The ITQ assess for PTSD (Re-experiencing in the here and now score, Avoidance score, Sense of current threat score) PTSDFI, and DSO (include affective dysregulation, negative self-concept, disturbances in relationships). The items are rated on a 4-point Likert Scale with higher score representing higher quality

### Desire to engage with spirituality

- Desire of engagement with their spirituality will be assessed on a scale from 1-10 with higher score representing higher level of desire

## RESULTS

### Research Question 1: Is Internal Family System Therapy efficacious in treating PTSD, C-PTSD symptoms in people who experienced religious trauma?

ANOVA test will be used to analyze and compare the data collected from ITQ before the initial session (T1) and after completion of 8 sessions (T2) in both control group and IFS group. I expect that participants in IFS therapy will show a significant decrease in PTSD and C-PTSD symptoms as measured by ITQ as compare those who are in the control group.

### Research Question 2: Does the use of IFS impact desire to engage in their spirituality compared with a control group utilizing other trauma-informed treatment modality?

Chi-square test will be used to compare the level of desire to engage in spirituality of those who participated in IFS vs. the control group who participated in alternative therapy. I expect that the participants in IFS therapy will express an increase in their level of desire to engage in spirituality as compare to those who are in the control group.

## Discussion

### Social implications:

This study will be one of the first empirical research on the treatment of religious trauma—a form of trauma that received increased societal and clinical attention but lacks empirical studies for both the understanding and the treatment. Considering the vast majority of population in the U.S. identify as affiliated with a religion—if, as I hypothesized, IFS will decrease the PTSD, C-PTSD symptoms while increase the desire to stay engaged with their spirituality in people who experienced religious trauma, this will result in positive social impacts such as: increased mental health outcomes, increased satisfaction with one's own spirituality.

### Clinical implications:

This study will broaden the growing body of research for IFS through exploring new context of the implication of IFS on treating religious trauma. Should the implication of IFS for treating religious trauma be efficacious, such finding will present clinicians direction and support in serving people who experienced religious trauma that decreases clients' problematic symptoms while increase clients' desire to access their spiritual resources, that has been proven to have positive impact on one's mental health.

### Implications for future research:

One of the unique contributions of this study is to explore whether IFS will impact people's desire to engage with spirituality after experience religious trauma. If the results of this study align with what we hypothesized, future research could focus on exploring the role of spirituality and access to spiritual resources on mental health outcomes in people who experienced religious trauma.