

An Integrated Clinical Framework

Buddhist Psychology · Internal Family Systems · Acceptance & Commitment Therapy

"Suffering is not caused by the content of our inner experience — but by our relationship to it."

① THE UNIFYING INSIGHT

All three frameworks converge on one insight: suffering arises not from painful experience itself, but from our *relationship* to it — the fighting, suppressing, and blind identification with inner experience.

The medicine: **expand who is doing the experiencing.** Access the stable, aware, compassionate ground — Buddha-nature · Self · Observing Self.

② THREE MAPS, ONE TERRITORY

Buddhist Psychology	Internal Family Systems	Acceptance & Commitment
Mind as river of phenomena. Suffering from <i>avidya</i> , craving, aversion. Buddha-nature always present beneath obscurity.	Multiplicity of parts around undamaged Self . No bad parts — only extreme roles. Managers, Firefighters, Exiles.	Fusion + experiential avoidance = suffering. Six-process antidote culminates in values-driven committed action.
<i>Problem: Clinging / aversion</i> <i>Ground: Buddha-nature</i>	<i>Problem: Blended parts</i> <i>Ground: Self (8 C's)</i>	<i>Problem: Fusion / avoidance</i> <i>Ground: Observing Self</i>

③ FOUR CLINICAL STAGES

Stage 1: Build the Observer

Mindfulness noting · IFS unblending · ACT Observing Self.
Learn to witness inner experience rather than merge with it.

Stage 2: Turn Toward

Buddhist second arrow · IFS positive intent · ACT willingness.
Meet inner experience with curiosity instead of war.

Stage 3: Go Deeper

Impermanence · IFS exile unburdening · ACT values as compass.
Approach the wounded core without needing to eliminate it.

Stage 4: Live Values

Right action · Self-led goals · Committed action.
Build a life guided from the compassionate center outward.

THE THERAPIST'S INSTRUMENT

Awareness · Compassion · Values — not techniques to deploy but qualities to embody. Your own practice of these three is the primary clinical tool. The integrated therapist brings *presence* more than method.

④ THREE REFUGES OF THE THERAPEUTIC PROCESS

Refuge in Awareness

The capacity to notice without being identified with what is noticed.
Mindfulness · IFS unblending · ACT Observing Self. Foundation for all other work.

Refuge in Compassion

Meeting all inner experience — especially the most feared — with warmth.
Metta · Self-energy · ACT acceptance. The precondition for parts to soften.

Refuge in Values

Orienting the whole system toward what matters most deeply.
Right intention · Self-led action · Committed action. Pain becomes workable in service of something.

⑤ KEY INTEGRATIONS

Self = Observer = Buddha-nature

Three names for the same undamaged, aware ground.
Always present; temporarily obscured by parts or conditioning.

Cognitive Fusion = Papanca

The mind's story-proliferating habit is exactly what ACT calls fusion.
IFS adds: fused thought is often a part speaking, not the Self.

Avoidance = Second Arrow = Protector

Sophisticated avoidance creates more suffering than the original pain.
Honor the wisdom in resistance before asking it to step back.

Compassion = Mechanism of Change

Not technique — the operative medium itself.
Metta, Self-energy, and ACT acceptance are entry points to the same shift.

⑥ CLINICAL MOMENT → LENS TO USE

Clinical Moment	Lens to Use
Client fused with thought	Self or part? Name the story; defuse.
Client avoiding a feeling	Second arrow? Manager protecting Exile?
Client in shame	Metta toward that part; conditioned pattern.
Client lacks motivation	Values compass; what do blocked parts fear?
Couple in conflict	Parts-to-parts; invite Self-to-Self contact.
Therapist feels stuck	Which of my parts? Return to Self-energy.