

**MINDFULNESS AND BEYOND: A QUALITATIVE STUDY OF ADVANCED
MAHASI MEDITATORS' EXPERIENCE**

A dissertation submitted

by

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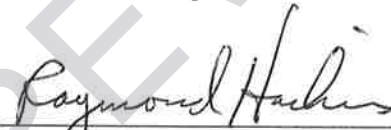
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**Mindfulness and Beyond: A Qualitative Study of Advanced
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by

Sean M. Pritchard

Abstract

The recent convergence of Asian and Western culture has generated interest in meditation as a practice and clinical intervention. The Burmese Mahasi style of vipassana meditation in particular has been a wellspring from which mindfulness-based treatment protocols have been derived. These clinical interventions have proven efficacious in treating a wide range of psychological disorders. However, clinically oriented mindfulness training is geared towards beginners, not the higher stages of the contemplative path. Further, current approaches investigating the science of meditation have almost exclusively focused on objective measures to assess the effects of mindfulness on the neurological processes of the brain leading to a rather incomplete perspective concerning the contemplative experience. Using qualitative narrative techniques of enquiry and analysis, this study investigated the lived experiences and ensuing subjective changes in 11 individuals (5 female, 6 male) ranging in age from 41 to 74 years old whose Mahasi meditative experience was deemed to be advanced by qualified teachers. The model that emerged included 7 primary themes that were experienced as processes and insights in the participants' meditative practices: (a) meditative experience, (b) transformation, (c) mental/cognitive processes, (d) disturbing emotions, (e) relationships, (f) morality, and (g) living life. Several important subthemes also became apparent. The study provided important information regarding the qualitative experience of advanced mindfulness meditation as a therapeutic, emotional, contemplative, and cultural enhancement to personal development.

Key Words: meditation, Mahasi, vipassana, mindfulness, advanced meditator, mood management, dark night stages, model of meditative processes and experiences, impermanence, morality, self-management, self-regulation, mastery

PREVIEW

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PREVIEW

Dedication

To my teacher, the Venerable Chanmyay Sayadaw.

To the welfare of all beings in all realms.

To my deceased parents Mervyn and Jean, wherever they may be.

To my dearest Julia, a deeper love than has ever been known.

To my dear brother Lloyd, who always cheers for me and I for him.

PREVIEW

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Table of Contents

	Page
Chapter One: Introduction.....	1
Purpose of this Study.....	7
Chapter Two: Literature Review.....	8
Mahasi Meditation.....	9
A Western Perspective.....	12
Theory and Research.....	17
Quantitative Research.....	18
EEG and Imaging Studies.....	21
Qualitative Research.....	29
Summary.....	34
Chapter Three: Statement of the Problem.....	40
The Present Study.....	41
Research Questions.....	41
Chapter Four: Methods.....	42
Participants.....	42
Recruitment.....	43
Procedures and Data Collection.....	44
Analysis and Data Coding.....	44
Analysis.....	44

Coding.....	46
Open coding.....	46
Axial coding.....	46
Selective coding.....	47
Validity.....	47
Credibility and Trust.....	48
Chapter 5: Results.....	50
Introduction.....	50
Description of the Participants.....	50
Demographic Summary.....	58
Meditative Processes and Experiences.....	59
Meditative Practice.....	60
Experiencing impermanence (<i>anicca</i>).....	61
<i>Impermanence in retreat</i>	61
<i>Impermanence commonly sensed</i>	62
<i>Impermanence and death</i>	63
<i>Ignoring impermanence</i>	67
Suffering and unsatisfactoriness (<i>dukkha</i>).....	68
<i>Pain</i>	68
<i>Mental and emotional distress</i>	70
Non-Self (<i>anatta</i>).....	74
Transformation.....	77

Before/after.....	77
Change facilitators.....	81
<i>Counseling.....</i>	81
<i>Drug use.....</i>	84
<i>Equanimity.....</i>	86
<i>Gaining wisdom.....</i>	87
Mental/Cognitive Processes.....	89
Mind as tarnished.....	90
Mind as observer.....	92
Mind as pure.....	94
Disturbing Emotions.....	95
Anger.....	96
Fear and anxiety.....	97
Shame.....	100
Relationships.....	102
Family.....	102
Friendships.....	104
Intimates.....	107
Solitude.....	109
Morality.....	111
Framing.....	112
Underpinning.....	114

Making amends.....	117
Living Life.....	120
General functioning.....	120
<i>Maturation.....</i>	120
<i>Priority.....</i>	121
<i>Present-centered awareness.....</i>	123
<i>Supportive mind states.....</i>	125
Perceiving environment.....	127
<i>Flow.....</i>	128
<i>Simplicity.....</i>	129
Summary.....	131
Chapter 6: Discussion.....	132
Introduction.....	132
Model of Meditative Processes and Experiences.....	133
Awareness.....	141
Self-Management.....	148
Relationships.....	159
Morality.....	162
Living Life.....	167
The Challenge of Being a Meditatively Advanced Observer.....	172
Limitations.....	173
Recommendations for Future Research.....	174

Summary and Clinical Implications.....	175
References.....	183

PREVIEW

List of Appendices

Appendix A: Progress of Insight.....	199
Appendix B: Interview Guide.....	200
Appendix C: Letter of Introduction.....	201
Appendix D: Pre-Interview Guide.....	202
Appendix E: Informed Consent Form.....	203
Appendix F: Background Information.....	205
Appendix G: Research assistant confidentiality agreement.....	207
Appendix H: Transcriptionist confidentiality agreement.....	208

PREVIEW

CHAPTER ONE

INTRODUCTION AND PURPOSE OF THIS STUDY

Introduction

As the Asian and Western cultures converge, there is a burgeoning interest in meditation both as a practice and clinical intervention (Walsh & Shapiro, 2006; Williams & Kabat-Zinn, 2011). Of particular interest to the profession of psychology are practices involving self-awareness, introspection, or self-reflection (e.g., see Bandura, 1986; Rogers, 1961). Arguably some form of introspective self-awareness has been extant in almost every psychotherapeutic tradition dating back to Freud (Feist & Feist, 2006). A number of terms have been suggested in an attempt to define the processes of self-awareness.

The term *metacognition*, a more formalized definition of processes that overview and organize cognition, was introduced into psychological lexicon by Flavell (1979) in the context of developmental psychology. Wells and Purdon (1999) further broadened the definition of metacognition as “the aspect of the information processing system that monitors, interprets, evaluates, and regulates the contents and processes of its own organization” (p. 71).

Mindfulness was first coined by Jon Kabat-Zinn (1990) in his pioneering work called mindfulness-based stress reduction (MBSR). Other clinical applications of mindfulness in the field of psychology followed, such as mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002), acceptance and commitment therapy (ACT; Hayes, 2004) and dialectical behavior therapy (DBT; Linehan et al., 1999). Since their inception, mindfulness-based therapies have shown promising efficacy, compared to treatment-as-usual (TAU), as evidenced by significant symptom reduction for many clinical conditions such as depression, anxiety, stress, chronic pain, and sleep disturbance (Baer, 2003; Kabat-Zinn, 1982, 1990, 2003; Roemer & Orsillo, 2003; Shapiro, Bootzin, Figueredo, Lopez, & Schwartz, 2003). MBCT has

demonstrated significant benefits in relapse prevention for those suffering from repeated depressive episodes (Baer, 2003; Teasdale et al., 2000). Additionally, DBT and ACT have shown positive outcomes vs. treatment-as-usual for chronically suicidal borderline patients (Linehan, Tutek, Heard, & Armstrong, 1994), managing psychosis (Bach & Hayes, 2002), and drug dependency (Linehan et al., 1999). While other forms of meditation have enjoyed popular support in the West (e.g., see Gifford-May & Thompson, 1994; Goenka, 2003; Travis, 2011), one particular style of vipassana meditation taught by the monk Mahasi Sayadaw (1904-1982) from Burma (Baer, 2006; Mahasi Sayadaw, 1971, 2002) has provided many of the key components to the clinical applications of mindfulness mentioned above. The central tenet of this meditative practice is to develop a penetrating awareness or mindfulness of all mental and physical phenomena as they occur. This practice is said to lead to 18 progressive stages of insights (see Appendix A) into the true nature of reality and ultimately enlightenment (Nibbana; Bikkhu Nanamoli, 1991; Mahasi Sayadaw, 1985, 2002).

While mindfulness-based interventions (MBI) have proven efficacious in the treatment of clinical populations, a number of concerns remain regarding the nature and definition of mindfulness (see Grabovac, Lau, & Willett, 2011; Grossman & Van Dam, 2011; Williams & Kabat-Zinn, 2011). As enthusiasm for “mindfulness” has grown in the scientific community, there has been a proliferation of definitions and operationalizations characterizing mindfulness as a trait (Grossman & Van Dam, 2011). This wide range of sometimes vague and poorly operationalized uses for the term mindfulness has created some challenges from both a clinical and research perspective (Davidson, 2010; Wells, 2005). However, a recent paper has presented a Buddhist psychological model (BPM) which suggests the mechanisms of mindfulness used in

an MBI might best be defined as “the moment-by-moment observation of the three characteristics (impermanence, suffering, and not-self) of the meditation object” (Grabovac et al., 2011, p. 157). This definition of mindfulness is a description of vipassana (i.e., insight, mindfulness) meditation and is in accordance with the more traditional one suggested by Mahasi Sayadaw (1985). In spite of challenges in operationalizing a completely uniform definition of mindfulness, a significant body of research has been undertaken within this field.

With regard to research and measurement, the current science of meditation has focused mainly on objective bio-behavioral measures to assess the effects of mindfulness practice on attention and emotion regulation as observed in the brain and behavior. Early neuro-scientific research using meditators in long-term retreat indicated an increase in visual sensitivity as a function of duration (3 month) of intensive vipassana practice (D. P. Brown, Forte, & Dysart, 1984b) and experience (D. P. Brown, Forte, & Dysart, 1984a). Mindfulness training has been shown to improve attentional capability as a function of experience – expert vs. novice meditators (Brefczynski-Lewis, Lutz, Schaefer, Levinson, & Davidson, 2007), while enhancing the brain’s capacity to process information (Slagter et al., 2007). Furthermore, attentional and emotional stability and regulation are positively affected by mindfulness training (Lutz, Slagter, Dunne, & Davidson, 2008; Lutz et al., 2009). A recent study has concluded that mindfulness training can improve working memory capacity while reducing mind wandering (Mrazek, Franklin, Phillips, Baird, & Schooler, 2013). Several studies have demonstrated improvements in participants’ cognitive and emotional experiences. Compared to beginners, more advanced meditators reported greater self-awareness, positive mood, and acceptance (Easterlin & Cardena, 1998). Increases in mindfulness over time are associated with declines in mood disturbances and

stress (K. W. Brown & Ryan, 2003), as well as improvements in acceptance, well-being, and resilience (Orzech, Shapiro, Brown, & McKay, 2009). Valid scales of measuring mindfulness have been developed and tested (e.g., see Baer et al., 2008; Lau et al., 2006).

Nevertheless, as suggested above, scientific inquiry often de-emphasizes subjective experience, and therefore little research exists on the fuller range of lived experience arising within contemplative practices. The lack of empirically derived information in this area of contemplative experience can create a skewed and incomplete perspective within the science of meditation. Moreover, clinically oriented mindfulness training (e.g., MBSR) is geared to beginners (Baer & Kreitemeyer, 2006) and not the higher stages of the contemplative Buddhist path from which it was derived.

This dearth of understanding is particularly apparent regarding the more refined and elevated stages of Mahasi style mindfulness practice. Deeper comprehension of these stages as they are subjectively experienced and any enduring changes they might inform, is of vital importance (see Appendix A). Mahasi Sayadaw is widely regarded as “one of the most important founders of the modern *vipassana* movement” (McMahon, 2008, p. 186). Yet first-person information regarding advanced contemplative experience in this tradition is notably sparse in the scientific literature. Along with other modern Tibetan (Chogyam Trungpa) Sri Lankan (Gunaratana), and Japanese (D.T. Suzuki) Buddhist reformers and meditation teachers, Mahasi Sayadaw did much to elevate “the role of meditation over merit making, chanting, ritual, and devotion” (p. 186). Like many modern meditation teachers, Mahasi Sayadaw contributed to transforming Buddhism from its traditional monastic-based history by focusing “almost exclusively on the practice of meditation and the goal of awakening, (thereby) deemphasizing

ritual and monasticism” (p. 186). Joseph Goldstein, Jack Kornfield, and Sharon Salzberg, and other American teachers who studied with Burmese and other Southeast Asian teachers have made vipassana especially popular in North America. As a result, the Mahasi style of mindfulness practice has become one of the key pillars of “Buddhist modernism”—a form of Buddhism that cuts across cultural and geographical contexts (McMahon, 2008). Buddhist modernism strongly informed the creation of mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), which makes use of Mahasi techniques (McMahon, 2008). First-person information regarding advanced contemplative experience in this tradition is much needed to help broaden and deepen the present perspective within the science of meditation.

There are several differences between the clinical mindfulness training offered within the context of a Western psychological intervention (e.g., MBSR or MBCT) and the instruction given to a practitioner in a Mahasi vipassana retreat. A typical psychological intervention could involve a weekly group or individual session of 2 to 3 hours for a period of 8 weeks (Hayes, 2004; Kabat-Zinn, 1990; Linehan et al., 1999; Segal et al., 2002). Each of these modules would involve instruction and practice in various techniques of non-judgmental awareness (mindfulness) of the physical (e.g., breath, eating a raisin, walking movements, pain, tension, et al.), mental (thought), and emotional (mood shifts) processes of the human experience. Each session involves didactic explanation and practice involving walking, sitting, body scanning, thought, and emotional awareness. There is daily home practice assigned each week. By developing a rudimentary non-analytic awareness, the emphasis is for the participants to begin to

realize and experience grounding in the present moment and the transience of thoughts and moods.

By contrast, a Mahasi vipassana retreat typically occurs in a silent intensive residential setting lasting from 3 days to many (maximum 6) months (Chanmyay Sayadaw, 2010; Mahasi Sayadaw, 2002). A typical day begins between 4:30 to 5:00 a.m. and ends anywhere from 10:00 p.m. to 11:00 p.m. As well as a breakfast, lunch, and juice break (in the early evening) along with a post-lunch one hour rest period, there is a daily group lecture and personal interview with the teacher. The participants are taught to observe and label throughout the day “each mental state and physical process arising from moment to moment” (Chanmyay Sayadaw, 2010, p. 5) nonanalytically and without judgment. The format of the practice is to alternate between one hour each of mindful sitting and walking practice throughout the day. In the sitting practice, awareness and labeling of the sensations of the rising and falling of the abdomen as breathing occurs is the primary object of focus. Not to be rigidly attached to, the rising and falling are a sort of default awareness until some other sensation or process becomes dominantly apparent and is, in turn, labeled (e.g., thinking, pain, hearing, etc.). In the walking practice, the lifting, pushing, and dropping processes in taking a slow step are the primary objects, again only until another sense process becomes dominant. During periods when not walking or sitting, the participant is instructed to slow down, observe and label each process of daily activities (eating, toiletry, stretching, bending, etc.), as well as possible. The overarching direction of the practice is to realize the essential impermanence, insubstantiality, and unsatisfactory nature of all phenomena (Chanmyay Sayadaw, 2010; Mahasi Sayadaw, 1971).

While the basic clinical mindfulness interventions have a demonstrated and proven treatment efficacy, one of the obvious contrasts with the Mahasi method is the uninterrupted continuity and duration of effort provided in a retreat setting. As Chanmyay Sayadaw (2010), one of Mahasi Sayadaw's principal disciples, states, "constant mindfulness gives rise to deep concentration and it is only through deep concentration that one can realize the intrinsic nature of mental and physical phenomena...continuity of noting is needed to carry the awareness forward from one moment to the next" (Chanmyay Sayadaw, 2010, p. 27). When this deep and pervasive concentration arises from daily continuity of mindfulness, it is possible for meditators to experience the progressive stages of insight mentioned above and discussed later (Mahasi Sayadaw, 1985)

Purpose of this Study

More qualitative investigation is needed into any enduring changes that may arise in advanced Mahasi meditators who have experienced the higher stages of insight. How do these changes inform meaning-making in areas of life such as ongoing self-awareness, effectiveness in living, relationship with others, ethical and moral choices, as well as one's overall sense of agency in life? The purpose of this study is to investigate enduring, meaning-making changes that may have arisen in advanced Mahasi meditators during their practice. The data from these lines of inquiry will serve to add a dimension of lived richness to the science of meditation. As well, new directions of research investigation may become apparent from the results of this study. Finally, understanding the lived experiences of advanced meditators might beneficially inform the clinical applications of MBIs.

CHAPTER TWO

LITERATURE REVIEW

The convergence of the Asian and Western cultures has brought about a number of new syntheses, a sort of cross pollination of ideas and methods. The adoption of mindfulness meditation techniques as a clinical intervention in the field of psychology is one of the more important cross-cultural adaptations (McMahon, 2008; Walsh & Shapiro, 2006; Williams & Kabat-Zinn, 2011). As discussed earlier, MBIs (e.g., MBSR, MBCT) have been informed by the Mahasi style of vipassana (mindfulness) meditation (McMahon, 2008). The clinical applications of these interventions mainly involve patients with little or no experience or training in mindfulness. Therefore instruction focuses on quite rudimentary and basic aspects of mindfulness (Baer & Kreitemeyer, 2006). This review will first discuss the more advanced insights and experiences possible within Mahasi practice as they may affect changing perspective of self and the world. There are a number of Western theorists in psychology who resonate with Asian approaches to self-awareness and spirituality (e.g., see Jung, 1981; Maslow, 1950; May, 1980; Rogers, 1961). However, the work of Bandura provides a perspective and language that is particularly resonant with the underlying principles of Mahasi style Buddhist meditation.

The literature suggests theories describing a productive shift in perspective resulting from mindfulness training. Within the current science of meditation, a major focus of research into these phenomena and others has utilized neuro-imaging and bio-behavioral measures. There is another body of quantitative research that lends strong support to the clinical efficacy of the MBIs discussed earlier. Several of these studies will be discussed. Although most of the

research involved in the science of meditation is quantitative, a small amount of qualitative study on meditation has been undertaken and is outlined.

Mahasi Meditation

Mahasi Sayadaw (1985) has suggested a series of 18 stepwise insights and experiences within the Mahasi style of vipassana (insight) meditation, advanced experiences and insights well beyond basic mindfulness. They arise more or less sequentially as the advanced vipassana practice progresses. These progressive stages of insight are drawn from the earlier scriptural 5th century texts of the Visuddhimagga, literally translated as “*the path of purification*” (Bikkhu Nanamoli, 1991). An abbreviated list of advanced meditative insights can also be found in another scriptural text, the Abhidhamma (e.g., see Bikkhu Bodhi, 1999). More recent and idiomatically current discussions of these stages of insight have been put forward by Crouch (2011).

Appendix A outlines the 18 progressive steps of meditative insights (*Pali – Nana*; in Arabic numerals) within the context of seven “stages of purification” (*Pali – Visuddhi*; in roman numerals) as discussed in the Visuddhimagga (Bikkhu Nanamoli, 1991; Mahasi Sayadaw, 1985). The first two stages involve (a) intentionally adopting a set of precepts of wholesome actions such as not killing, stealing, or lying (Purification of Conduct) and (b) focusing and concentrating the mind (Purification of Mind). As the meditation practice proceeds with a focused mind, the third stage of purification (Purification of View) arises as a function of the experience of the first insight (Analytical Knowledge of Body and Mind). At this point the meditator experientially understands the clear distinction between the processes of the mind and those of the body and begins to see the impersonality (non-self) of phenomena. The three

insights that arise next are the essential components of the fourth stage of purification (Purification by Overcoming Doubt). Together they provide an experiential grasp of (a) cause and effect; which leads to the implicit understanding that actions, moral or otherwise, have certain positive or negative effects (Knowledge of Discerning Conditionality); (b) the clear presence of impermanence, dissatisfaction, and impersonality in phenomenal formations as they arise and disappear (Knowledge of Comprehension); and (c) an effortless awareness now possible with the mind firmly rooted in present moment perception of phenomena as they arise and disappear (Knowledge of Arising and Passing Away). This fourth insight is particularly pleasant and is characterized by a sense of rapture, tranquility, and firm conviction in the power of mindfulness practice. Often a meditator may mistake this particular insight as a *Nibbanic* (enlightenment) experience. However, with keen personal awareness and/or guidance from a teacher, the meditator will decide that the true path is to continue practicing. This decision constitutes the fifth stage of purification (Purification by Knowledge and Vision of What is Path and Not-Path) as described in the texts (Mahasi Sayadaw, 1985).

Then begins the sixth stage of purification (Purification by Knowledge and Vision of the Course of Practice), a middle phase of the practice which involves 10 steps of insight (numbered 5 to 14). The fifth insight (Knowledge of Dissolution) is characterized by an acute awareness of impermanence as the objects of focus are constantly dissolving, changing, or disappearing. The next three insights (Knowledge of Fearfulness, Knowledge of Misery, and Knowledge of Disgust) have been called a “dark night experience” (Britton, 2012) or *dukkha nana* in Pali (insights into suffering). The keen realization of the intrinsic impermanence of all mental and physical things and processes consolidated in the fourth and fifth insight experience fosters a

profound sense of terror, misery, and disgust. With careful guidance and contextualization of the experience, the meditator can move into an insight typified by a deep yearning to be free from reliance on and attachment to impermanent things (Knowledge of Desire for Deliverance). Then follows an insight which involves a sort of reflective review of the causes of fear, misery, and disgust (Knowledge of Re-observation). With patient persistence the meditator can push through the painful restlessness characteristic of this 10th insight into the 11th insight (Knowledge of Equanimity about Formations) which has been called a “meditator’s favorite” (Chanmyay Sayadaw, 2010).

Here there is an experience of deep and calm contentment wherein a meditator is “neither happy nor unhappy” (Chanmyay Sayadaw, 2010, p.116), that is, unattached to pleasant things while indifferent to unpleasant objects. Six characteristics of this insight have been identified: (a) neutrality of mind to fear or pleasure related to sense objects, (b) mental equilibrium regarding emotions, (c) balance of mind concerning the mind’s volitional activities (i.e., choice of objects), (d) knowledge gained from previous insight experiences becomes firm and enduring, (e) refinement of mind and character, and (f) the observing mind becomes unwavering in its attention to an object (Mahasi Sayadaw, 1980). The experience of this insight is foundational to progress to the ultimate experience of Nibbana, the cessation of suffering. As the knowledge experienced within this insight matures, the next three insights (Insight Leading to Emergence, Knowledge of Adaptation, and Maturity Knowledge) are often experienced in quite rapid succession. According to the scriptural texts, the attainment of the seventh stage of purification (Purification by Knowledge and Vision) is the final phase of the enlightenment process (Bikkhu