

The Stages of Insight: Clinical Relevance for Mindfulness-Based Interventions

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Abstract

The increased demand for and proliferation of mindfulness based interventions (MBIs) within clinical treatment programs underscores the need for MBI clinicians to better understand the Buddhist psychological and theoretical underpinnings of such treatments. Of particular importance is familiarity with the stages of insight, the predictable developmental sequence of the Theravada Buddhist practices from which MBIs derive their core curricular components. This paper outlines the primary reasons why MBI clinicians need to be aware of the stages of insight, including: 1) some MBI participants appear to progress through the initial stages of the stages of insight, even during a relatively short period of time, such as an 8 week program; 2) knowledgeable clinicians may be better able to recognize the stages of insight and adjust practice instructions to facilitate participants' navigation of these stages; 3) clinically significant symptoms that may be encountered during progress through the stages of insight need to be recognized by clinicians and appropriately addressed. Modifications to standards for clinician competency are suggested, and areas for future clinical and neurobiological research related to the stages of insight are explored. The risks and ethical issues associated with delivering MBIs in a health care setting, and informed consent regarding potential progress along the stages of insight, are discussed.

Keywords: mindfulness based interventions, vipassana, insight meditation, stages of insight, clinical implications

Introduction

The last decade has seen a marked increase in the implementation of mindfulness-based interventions (MBIs) in a variety of clinical populations and therapeutic settings (for examples see Bondolfi et al. 2010; Coelho et al. 2007; Godfrin and van Heeringen 2010; Grossman et al. 2004; Hofmann et al. 2010; Keng et al. 2011; Kuyken et al. 2008; Ma and Teasdale 2004; Piet and Hougaard 2011; Ree and Craigie 2007; Teasdale et al. 2000). This has led to a high demand for MBI clinicians to deliver these programs. The increased demand and subsequent proliferation of these interventions in Western clinical settings makes it essential for MBI clinicians to better understand the Buddhist psychological and theoretical underpinnings of MBI practices. Specifically, MBI clinicians need to be aware of the stages of insight, which describe the predictable developmental sequence of the Theravada Buddhist practices from which MBIs derive their core curricular components.

The stages of insight are considered to be essential knowledge for teachers of vipassana, or insight meditation, and have been used for centuries in the Theravada Buddhist tradition to map a meditator's progress in their practice. Efforts are being made to reintroduce relevant concepts and mechanisms described within Buddhist theory to current MBIs (for example, see Grabovac et al. 2011); however, this is not yet commonplace. As a result, MBI instructors are often unaware of the stages of insight and therefore unprepared and unable to address adverse symptoms related to a participant's progress through these stages, as well as unable to use this knowledge to provide specific practice guidance to assist MBI group members to navigate these stages. As argued by Davis and Vago (2013), Western understanding of the effects of progress in meditation practices needs to be developed on multiple levels, including neurophysiology, phenomenology and behaviour, in order to adequately assess the potential effects of clinical meditative interventions. The purpose of this paper is to begin to address this gap in understanding by introducing the stages of insight to MBI clinicians.

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Three main reasons for MBI clinicians to be familiar with the stages of insight will be discussed in detail. In summary, these are:

1. Some group participants, when following sufficiently precise instructions, report experiences consistent with descriptions of progress through the initial stages of insight during 8 week MBI programs, suggesting that experiencing these stages may not be exclusive to advanced students of vipassana. MBI clinicians need to be familiar with the stages of insight and how they typically present, so they can help participants understand and contextualize these experiences.
2. MBI clinicians who are able to recognize the stages of insight in the descriptions of meditation experiences given by group participants can adjust the practice instructions accordingly to increase the effectiveness of the participant's practice, and therefore possibly of the MBI itself.
3. There is a common view amongst MBI clinicians and group participants that mindfulness based interventions are solely beneficial or benign; however, within the Theravada Buddhist tradition, it is understood that meditators progressing through the stages of insight may undergo experiences that are extremely psychologically challenging, and that these may become clinically significant as a result of associated functional impairment (for examples, see Sangharakshita 2004; Sharf 1995). Awareness of the stages of insight will allow MBI clinicians to recognize and manage challenging sequelae of progress along the stages of insight.

The stages of insight describe a surprisingly predictable, discernable and sequential series of insights that a practitioner of vipassana in the Theravada tradition can be expected to experience, provided that sufficiently precise instructions are diligently followed. Examples of such instructions include those employed in the Burmese Theravada vipassana tradition as taught by the late Mahasi Sayadaw. Indeed, within this specific tradition, most retreat participants are expected to significantly progress in the stages of insight after approximately a week of diligent practice (Mahasi 1991, p.181).

The stages of insight have been documented in detail in ancient Theravada Buddhist meditation manuals, such as the *Vimuttimaggā* (Ehara et al. 1995) and *Visudhimagga* (Nanamoli 2010), written in the first and fifth century CE, respectively, as well as by more contemporary teachers, such as Mahasi Sayadaw (2006), Sayadaw U Pandita (2002), Pa Auk Sayadaw (2000) and Matara Sri Nanarama (1983). Descriptions of the stages of insight can also be found in writings by first generation Western mindfulness teachers, including Kornfield (1979), Armstrong (Manual of Insight, unpublished manuscript) and Catherine (2011). Other traditions, both within and out-

side of Buddhism, describe their own maps of progress that are different from the stages of insight, but these maps will not be explored in this paper. Examples of some of these other maps within Buddhism include the *Bhavanakrama* (Sharma 1997), which describes the stages of practice in the Tibetan Buddhist tradition, and the *Ten Ox Herding Pictures*, which describe the development of Zen and Chan Buddhist practice (Suzuki 2012).

This paper focuses specifically on the Theravada stages of insight because the practice instructions taught in MBI groups today are heavily influenced by, and take their core curricular components from Theravada practices (Williams and Kabat-Zinn 2013 and Cullen 2011), including those taught in the Mahasi Sayadaw tradition (McCown et al. 2010). MBIs focus heavily on training participants in mindfulness skills and the concepts of *vedana* (the pleasant, unpleasant and neutral feeling-tone of sensations), attachment and aversion, and how these relate to rumination in particular and suffering in general (Kabat-Zinn 1990a; Segal et al. 2012a), which are key foci within vipassana practice (Anlayo 2003). For example, in Mindfulness Based Cognitive Therapy (MBCT) groups, observing pleasant and unpleasant is introduced in sessions 2 and 3, and careful observation of aversion and attachment is introduced in session 4 and continues in session 5 in the context of working with a difficulty (Segal et al. 2012a).

Where the MBIs differ from more traditional vipassana instructions is in how explicitly the three characteristics (impermanence, unsatisfactoriness and not-self) (Nyanaponika 2010) are discussed and how directive the instructions are in guiding participants in experiencing them. The MBIs tend to be more implicit than most traditional vipassana instructions in their reference to the three characteristics.

Despite these differences between MBIs and traditional vipassana teachings, a participant with prior intellectual knowledge of the three characteristics would have little difficulty identifying references to them in MBIs. For example, in Kabat-Zinn (1990b), a possible insight that may arise during Mindfulness Based Stress Reduction (MBSR) is described as the "direct perception that ... impermanence is in the very nature of things and relationships." (for additional examples, see Kabat-Zinn 1990c). In MBCT, impermanence is presented in Session 3 as "We practice to ... let all these mental and physical phenomena arise and vanish ..." (Segal et al. 2012b) and experiential insight into the transitory nature of experience is emphasized in the discussion of the inquiry process (Segal et al. 2012c).

As a result, some MBI participants may practice in a manner that is very close to traditional vipassana practice. This can occur when participants have prior knowledge of vipassana, or when the clinician delivering the MBI has the requisite theoretical understanding and personal experience in the Theravada vipassana traditions and incorporates this knowledge into MBI practice instructions (Crane

et al. 2010). In addition, MBIs are continuing to evolve, resulting in curricula that mirror more closely those that are delivered in more traditional settings. For example, the second edition of the MBCT manual is significantly more explicit in descriptions of impermanence, vedana, and the relationship between attachment/aversion and suffering than the first edition (Segal et al. 2002, 2012a, c). All of these factors increase the fidelity of the MBI practice instructions to vipassana and the likelihood that a small percentage of participants will have experiences consistent with descriptions of the stages of insight.

Although progression through the stages of insight is not expected to occur for the majority of MBI participants, potential complications are significant. Recognition of what stage of insight a participant is in allows the clinician to contextualize the participant's experiences and adjust practice instructions as necessary. This is commonly done by vipassana teachers, both Western and Eastern, outside of the context of MBIs (Armstrong 2013). In his many decades of teaching vipassana, Jack Kornfield, has "regularly seen students who experience the stages of insight and related states" and recommends that "mindfulness teachers be familiar with these states, so that they can better guide students through them when they arise." (Jack Kornfield, *pers communication*, Sep 23, 2013).

This paper concludes with a discussion of the ethical implications for health care providers when recommending and delivering MBI treatments, and highlights the importance of informing participants about the stages of insight to mitigate the potential for adverse consequences. The risks and benefits associated with such disclosure are discussed. Modifications to MBI clinician competency standards and directions for future research are proposed.

Description of The Stages of Insight

The term 'insight' as used in this paper refers to a non-conceptual, experiential form of understanding that results in lasting reductions in attachment and mental proliferation (see Grabovac et al. 2011 for a detailed explanation). Insight is differentiated from both intellectual understanding and from the development of cognitive skills such as meta-cognitive awareness/decentering, also described as the ability to observe one's own thought processes or "thinking about thinking". Thus, an intellectual understanding of the stages of insight is not to be confused with actual progress along the stages.

While there is some variability in the number of distinct stages of insight in various descriptions, their ordering is consistent across sources (Analayo 2012). For the sake of clarity, this paper has divided the progress of insight into the 8 stages outlined below. The names of these stages have been adopted from Armstrong (unpublished manuscript) as the language and terminology they use is

descriptive as well as more accessible to readers than that found in traditional texts.

The stages of insight are as follows:

1. Knowledge of Mind and Body
2. Knowledge of Cause and Effect
3. Knowledge of the Three Characteristics
4. Knowledge of the Arising and Passing Away
5. Knowledges of Suffering: Dissolution, Fear, Misery, Disgust and Desire for Deliverance
6. Knowledges of Suffering: Re-observation
7. Knowledge of Equanimity towards Phenomena
8. Attainment of Fruition

The subjective experiences of a meditator as they progress through the stages of insight can be characterized along two main axes:

- I. Changes in perceptual abilities
- II. Emotional or psychological experiences

Both of these axes are useful for determining what stage of insight a meditator may be experiencing in their practice; however, changes in perceptual abilities, such as changes in sensory clarity and sensory threshold (Britton 2011), are somewhat more reliable indicators, as the psychological counterparts of the stages tend to be highly variable (Armstrong in press). It is important to note that the descriptions of the stages of insight given below describe a possible range of experiences; the clarity and detail with which the stages are perceived by a meditator will depend on their level of concentration and skill, how many times they have previously experienced a particular stage, and possibly other factors. Table 1 summarizes the stages of insight and their common perceptual and psychological manifestations.

The descriptions that follow have been synthesized from numerous sources, including ancient and modern texts (Armstrong unpublished manuscript; Chanmyay 2010; Crouch 2011a, b, c; Kornfield 1993; Mahasi 2006; Sean Pritchard, *personal comm.*, Sept 16th 2013). Below, we use the term 'sensation' as used in Buddhist psychology to describe both physical sensations as well as mental processes, such as thoughts, mental imagery, emotions and memories.

Table 1: Stages of Insight: Perceptual & Psychological Manifestation

Stage of Insight	Insight	Perceptual Changes	Common Physical or Psychological Experiences	Potential Clinical Effects
Mind and Body	Distinguish between physical sensations and mental impressions			Decreased identification with thoughts, emotions and physical sensations
Cause and Effect	Intentions precede thoughts and actions	Sensations have a ratchet-like or mechanical quality		Decreased identification with thoughts, emotions and physical sensations
Three Characteristics	Begin to directly experience the three characteristics	Noticeable increase in number of sensations observed per second; sensations can have a prickly quality	Physical pain and tension common	Pain which can persist after meditation sessions end
Arising and Passing Away	Deeper insight into three characteristics	Tremendous increase in number of sensations observed per second; effortless practise; sensations disaggregated into very fine particles or vibrations	Unusual sensory experiences common: seeing lights, visions, intense energy, bliss, unitive experiences, rapture	Mania
Dissolution, Fear, Misery, Disgust and Desire for Deliverance	Deeper insight into impermanence. Sense of self experienced as impermanent	Endings of sensations predominant; concentration feels poor; dramatic slowdown in number of sensations observed per second after Arising and Passing	Death imagery, fear, terror, paranoia, nausea, anxiety, doubt, restlessness, irritability, physical pain	Psychosis, depression, suicidality
Re-observation	Surrender to and acceptance of insight into three characteristics and their implications	Increase in number of sensations observed	Superposition and intensification of experiences of Fear, Misery, Disgust and Desire for Deliverance; greatest psychological challenges	Psychosis, depression, suicidality
Equanimity	Suffering ceases when the sense of a self that is suffering ceases	Panoramic, inclusive perspective; effortless attention	Evenness; everything is fine; imperturbability	Significant decrease in identification and attachment/aversion reactions
Attainment of Fruition	First experience of Nibbana	Cessation of objects and mental process of observation	Feeling of a 'reboot'; weight lifted; bliss	

Knowledge of Mind and Body

In the first stage, the practitioner becomes able to distinguish between the sensation being observed and the mental act of observation: each observed sensation is immediately followed by a mental impression. Some meditators may come to the realization that, prior to this observation, they had never experienced a sensation directly; rather, sensations had been experienced through conceptual filters about the object being observed. Mind and Body can thus be a profound stage of insight for some practitioners and relatively unremarkable for others. This may also be the first time that the practitioner is able to recognize mental activity as an object that can be observed, with a clear sense of separation between the sense of an observer and the object of observation.

Knowledge of Cause and Effect

In this second stage, intention is observed as separate from, and preceding, actions, resulting in an increased understanding of the mechanics of subjective experience. On a more subtle level, the practitioner can become aware of the conditioned, multi-determined nature of sensations. Intentions, sensations and mental impressions may be experienced in a ratchet-like and almost mechanical sequence. This experience has been termed “broken movements” by teachers in the Mahasi tradition (Chanmyay 2010, p. 113).

Knowledge of the Three Characteristics

Buddhist psychology identifies the three characteristics of impermanence, unsatisfactoriness and not-self as essential attributes that all sensations have in common (Grabovac et al. 2011). Impermanence refers to the changing and transitory nature of all phenomena, unsatisfactoriness refers to the inherent inability of impermanent sensations to satisfy and not-self refers to the intrinsically impersonal or empty nature of every sensation: no sensation or combination of sensations contains or is caused by a lasting, separate entity that could be called a self (Nyanaponika 2010). It is in the third stage of insight that the meditator begins to have a direct experience of the three characteristics.

At the beginning of the third stage, there is a sudden increase in the speed with which sensations are observed. In addition, sensations during this stage can have a pins and needles-like quality that may feel somewhat prickly and painful. The jarring, ratchet-like, mechanical experience of sensations, first experienced in Cause and Effect, may persist and intensify in this stage and can be experienced as quite unpleasant.

During Knowledge of the Three Characteristics, a variety of physical symptoms are frequently observed, including intense physical pain and muscle tension, particularly in the jaw, neck, shoulders and back. Despite attempts to maintain a good sitting posture, the body may spontaneously shift into different positions, doing so re-

peatedly even after the posture is corrected. Fever-like sensations, such as heat, aches and pains may also occur. Trauma-related memories may surface. Some of these symptoms may persist after the formal meditation period has ended, but often resolve once the practitioner enters the next stage of insight. This combination of an increased speed with which sensations are observed and the sudden onset of physical pain is often a reliable indicator that the meditator has entered this stage (Chanmyay 2010, p. 111; Mahasi 2006, p. 19-21).

By this stage of insight, the meditator has developed sufficient continuity of attention that they are able to directly perceive the impermanent nature of sensations. Sensations are experienced as arising and passing away, and therefore as transient. Unsatisfactoriness can be experienced at multiple levels. It can be observed by noticing attachment and aversion to pleasant, unpleasant and neutral feelings, by noticing reactions to pain, and, more subtly, by observing the intrinsic oppressiveness inherent in maintaining a sense of a self. Sensations may also be experienced in this stage as arising and passing away of their own accord, without control or influence by a “self”, which is a manifestation of the characteristic of not-self.

Knowledge of the Arising and Passing Away

Arising and Passing Away is characterised by two major perceptual changes: a dramatic increase in the speed with which sensations can be clearly and consistently observed, and a sense of effortlessness, where such detailed and precise observation seems to occur automatically (Mahasi 1991, p. 105). Although this stage is recognized by each of the three main modern Theravada vipassana approaches (those taught by Mahasi Sayadaw, S.N. Goenka and Pa Auk Sayadaw) (Analayo 2012, pp. 29-30, footnote 8), the meditation instructions employed in these approaches are quite different (Analayo 2012, pp. 25-29), and each tradition may emphasize different phenomenological features of this stage. For example, the Mahasi tradition emphasizes an increase in the speed of noticing sensations (Mahasi 2006, p. 23), whereas the other traditions may not.

During this stage, the three characteristics are observed more directly and in more detail than in the previous stage. The beginning, middle and end of sensations can be clearly ascertained. The disaggregation of sensations into discrete parts, which began in Cause and Effect and Three Characteristics, intensifies and the meditator develops the “perceptual capacity to discriminate very fine changes in moments of consciousness” (Epstein and Lieff 1981). Sensations that had previously seemed solid or continuous are now experienced as an extremely rapid sequence of discrete or vibration-like sensations, individually arising and passing away.

During this stage some practitioners may have unusual sensory experiences, including seeing lights or visions, intense energy travelling throughout the body, out of body

experiences, feelings of sensual bliss, unitive experiences, or feelings of rapture (Crouch 2011b; Epstein and Lieff 1981; Mahasi 2006). These practitioners often view this stage as a profound spiritual or religious experience or awakening, and some may mistakenly believe that these experiences represent the attainment of enlightenment. In addition, sitting practice, which may have been previously physically uncomfortable, can often be sustained for hours in this stage with little discomfort. Other practitioners successfully complete the Knowledge of the Arising and Passing Away without experiencing these phenomena. During this stage, meditators, especially those with a prior history of significant psychiatric illness, may have an increased risk of developing symptoms consistent with mania and psychosis.

There is an important transition point during the Knowledge of Arising and Passing Away beyond which the meditator will inexorably experience the Knowledges of Suffering (Crouch 2011b, c), even if he or she completely ceases formal meditation practice. This point is sometimes referred to as the “Deep Knowledge of Arising and Passing Away” (Catherine 2011), and has clinically significant ramifications, which are discussed in the next section. The transition point may or may not be preceded by unusual phenomena as described above. The only definitive indicator of crossing the “Deep Knowledge of Arising and Passing Away” is that the practitioner has progressed into the Knowledges of Suffering.

Knowledges of Suffering: Dissolution, Fear, Misery, Disgust and Desire for Deliverance

Traditional texts, such as the Visuddhimagga (Nanamoli 2010) describe Dissolution, Fear, Misery, Disgust and Desire for Deliverance as separate stages. In earlier texts, such as the Vimuttimagga (Ehara et al. 1995), the stages of Fear, Misery and Disgust are combined (Analayo 2012). In practice, these stages are frequently experienced in close succession, thus making it difficult to distinguish them from each other. For this reason, they are treated together as a group in this description.

In Dissolution, the speed with which sensations are observed slows down dramatically. In addition, the endings of sensations become predominant, and sensations can be experienced as vanishing before they can be clearly observed. The practitioner may notice that concentration seems poor. The great clarity and power that meditation practice had during the Arising and Passing Away appears to fade (Crouch 2011c) and the meditator may feel less motivated to practice. The combination of a dramatic slowdown in sensations and apparently poor concentration is usually indicative that the meditator has crossed the “Deep Knowledge of Arising and Passing Away” and has entered the Knowledges of Suffering.

Practitioners may find that the sensations being observed appear hazy or indistinct, except on the periphery of their attention. As this stage progresses, sensations devel-

op a discordant and even jarring quality. Meditators often become concerned that their practice has deteriorated, especially if they are unfamiliar with the stages of insight and do not realize that they have entered Dissolution and that this change in perceptual abilities is normal and expected.

During the stages of Fear, Misery and Disgust, some practitioners may experience psychological symptoms of varying intensity, including images of one’s body rotting away as a corpse, paranoia, debilitating doubt, irrational fear or terror and intense restlessness. Less dramatic effects can include a generalized sense of anxiety, irritability and nausea. It is common for practitioners to stop meditating during these stages due to a sense of “ineffectiveness” in their practice combined with the intensely uncomfortable experiences that can arise, particularly if they are not familiar with the stages of insight (Crouch 2011c). Some practitioners, especially those with a history of unresolved trauma or prior psychotic or mood disorder, are vulnerable to developing severe psychiatric symptoms that meet diagnostic criteria for depressive and psychotic disorders (Kornfield 2011).

Desire for Deliverance can be characterized by a “desire to be liberated from these mental and physical phenomena that are always vanishing” (Chanmyay 2010, p. 115), a renewed commitment to practice and a sense of urgency to attend to what needs to be observed in order to progress through this stage (Mahasi 1991, p. 109-110).

Knowledges of Suffering: Re-Observation

Re-Observation is often characterized as a distinct and very significant stage, and begins with an increase in the intensity of sensations (Chanmyay 2010, p. 115). Re-Observation can be experienced as the prior Knowledges of Suffering re-occurring sequentially or all superimposed on one another, and thus can feel very discordant, chaotic and unpleasant. Practitioners who experienced some of the more intense psychological and psychiatric symptoms of the previous Knowledges of Suffering may find Re-Observation extremely challenging.

Despite the dramatic descriptions of the Knowledges of Suffering given above, some practitioners move quickly through these stages, including Re-Observation, and experience little, if any, of the psychological effects. Such meditators are typically very technical in their practice, focusing predominantly or even exclusively on the bare observation of sensations, with little mental elaboration or identification with any psychological content that may arise.

The primary insight explored during the Knowledges of Suffering is the applicability of the three characteristics to one’s sense of self. In these stages, “a period characterized by the subjective experience of dissolution is entered where traditionally solid aspects of the personality begin to break up, leaving the meditator no solid ground to stand on.” (Epstein and Lieff 1981). As part of this process, the

practitioner may also observe that the sensations associated with suffering are themselves subject to the three characteristics. Indeed, passage through these stages requires a complete acceptance of the implications of the three characteristics and the development of equanimity towards all sensations, whether they are pleasant, unpleasant or neither.

Knowledge of Equanimity

At the beginning of this stage, the meditator may continue to experience the same kinds of sensations as in Re-Observation; however, the not-self characteristic of these sensations is perceived sufficiently so that they are experienced as simply occurring, rather than as occurring to or belonging to the meditator. As the sense of self diminishes and disappears, suffering also diminishes and disappears.

During this stage, there is a transition from chaotic, discordant and rapid sensations experienced during the Knowledges of Suffering to a feeling of expansiveness and panoramic, open space. The open, spacious quality and abrupt cessation of psychological effects that may have been encountered in the previous stages is usually an indication that the practitioner has entered the Knowledge of Equanimity. The practitioner may feel completely imperceptible. In Equanimity, sensations lose their intensity and are perceived to occur more slowly than in Re-Observation. Sensations can be experienced in clusters that arise and pass away together, rather than as finely dissected, discrete entities, and may have a pleasant, gentle feeling. As this stage of insight continues, sensations may be experienced simply as waves of vibrations, with mental and physical sensations becoming indistinguishable.

Attainment of Fruition

Traditionally, Equanimity is described as being followed by four stages, called Knowledge of Conformity, Knowledge of Change of Lineage, Knowledge of Path, and Fruition (Nanamoli 2010). These four stages occur in succession extremely rapidly and, in practice, are often indistinguishable. For this reason, they are grouped together here and discussed as a single stage. The Attainment of Fruition may last only a fraction of a second and can be described as the complete cessation of both observed objects and the mental process of observation (Armstrong, unpublished manuscript; Mahasi 2006, p. 36). In traditional texts, this stage is referred to as *Nibbana* (Pali) or *Nirvana* (Sanskrit). Immediately after Fruition, the practitioner may feel as though an internal reset or ‘clearing out’ has occurred and that something, perhaps unidentifiable, has changed. This is often experienced as a great relief. After Fruition, there can be a feeling of bliss throughout the body, which varies in intensity and duration for different practitioners (Mahasi 2006, p. 37). For some, the intensity can exceed that which was experienced during the Knowledge of Arising and Passing Away; for others, it may be barely noticeable. Fruition results in the under-

standing that suffering ceases when a sense of a self that experiences suffering ceases.

The first experience of Fruition by a practitioner is called Stream Entry in the Theravada tradition and is considered the attainment of the first stage of enlightenment.

Beyond Stream Entry

The Theravada Buddhist tradition describes four paths, or stages of enlightenment. Progress through the stages of insight occurs again in each of the paths, with some variation in the higher paths. In this tradition, attainment of fourth path is equated to achieving full enlightenment (Mahasi 2006, pp. 42-45).

Patterns of Progress Along the Stages of Insight

Insight begins to occur when sufficient concentration and skill, described in Buddhist texts as the development and balancing of the five faculties (energy, concentration, faith or confidence, wisdom and mindfulness), has been developed by the meditator (Ireland 2006). Once this happens, the stages of insight are progressed through sequentially, always beginning with the first stage of insight. This progression occurs during each meditation session, until the attainment of Stream Entry. It is important to understand that practitioners may not be aware of experiencing the stages in the linear manner in which they are traditionally described, as they may not always be aware of them as they are occurring.

Practitioners who meditate on a regular basis develop a momentum in their practice. During a meditation session, this momentum allows them to move rapidly through the stages with which they are most familiar until they reach their current working ‘baseline’ stage of insight: the stage they have yet to experience with sufficient depth or with sufficient repetition to be able to move through it with ease. The majority of the meditation session is usually spent in this baseline stage of insight, with occasional forays beyond this baseline to the practitioner’s current ‘edge’. This ‘edge’ may be a different, higher stage of insight, or it may be a deeper experience of the meditator’s baseline stage of insight. It is possible for meditators to remain at the same ‘baseline’ for months or years.

Some meditators can continue to experience perceptual changes and psychological effects associated with their baseline stage of insight during daily life when not engaged in formal practice (Crouch 2011b). For example, some of the physical pains associated with the Knowledge of the Three Characteristics, the unusual perceptual abilities and experiences of the Knowledge of Arising and Passing Away or the psychological challenges of the Knowledges of Suffering may persist between meditation

sessions. These experiences typically resolve when a new baseline stage of insight is achieved.

Once a meditator crosses the “Deep Knowledge of Arising and Passing Away”, attaining Stream Entry is required in order to avoid remaining in the Knowledges of Suffering or cycling between Knowledges of Suffering and Equanimity. Some practitioners, especially those unfamiliar with the stages of insight, can remain in the Knowledges of Suffering for months or even years, frequently with clinically significant symptoms and/or significant deterioration in both social and occupational functioning.

All clinicians teaching MBIs need to be aware of the clinical significance of this transition point during the Knowledge of Arising and Passing Away, beyond which the meditator will inexorably experience the Knowledges of Suffering. Clinicians who are unaware of this risk leaving group members exposed to the potentially challenging psychological side effects of the Knowledges of Suffering without the benefit of appropriate clinical guidance.

Mitigating Adverse Effects of the Stages of Insight

Contrary to the popular view that clinical interventions based on Theravadan vipassana practices are strictly benign or beneficial, difficult “side effects” can be encountered during progress through the stages of insight and, indeed, are considered an integral part of practice in these traditions. Some of these experiences can be very psychologically disturbing to meditators, including symptoms consistent with psychiatric clinical syndromes, such as depression, mania, psychosis and suicidality, and, as mentioned above, can persist during daily life outside of periods of formal practice.

Based on questionnaires given to over 100 meditators during a series of 2 week and 3 month vipassana retreats, Kornfield (1979, p.51) found that “unusual experiences, visual or auditory aberrations, ‘hallucinations’, unusual somatic experiences and so on, are the *norm* among practiced meditation students.” More recently, Kornfield (2011) describes the occurrence of frank psychotic breaks in meditation retreat participants, usually in those with a history of psychiatric illness, and occasionally the need for pharmacotherapy and hospitalization. Researchers in the Britton lab at Brown University are currently investigating these experiences, with an emphasis on those that are psychologically challenging and usually occur in the Knowledges of Suffering. They are studying their prevalence, duration, impact on daily functioning and factors that tend to exacerbate their effects (Britton 2013). In the author’s clinical practice, multiple modalities, such as pharmacotherapy, modified meditation practice instructions and psychotherapy, have been required to adequately address

some of the psychological challenges that can arise during the stages of insight.

While the majority of participants in a typical MBI group will not develop sufficient skill and concentration to begin to progress along the stages of insight, a few participants may report experiences consistent with progress to the first or second stage. Personal interviews with senior MBI instructors, as well as the experience of the author running MBCT groups, indicate that there have been cases where participants appear to experience the Knowledge of the Three Characteristics, sometimes as early as session 2 or 3 of the MBI group. Most of these participants have previous meditation or yoga experience, and begin the group with some ability to concentrate or some capacity for interoceptive awareness.

Given the low intensity of practice in MBIs compared with vipassana retreat settings, it would be extremely rare for participants to have experiences consistent with the Arising and Passing Away, the Knowledges of Suffering, or higher stages within an 8 week MBI group. However, given that interventions as short as even a few sessions have been demonstrated to produce neuroplastic changes, “it may be that even in secular contexts, practitioners are already developing stages and traits that are associated with progress toward enlightenment” (Davis and Vago 2013). Additionally, most MBI groups end with the instruction to “keep practicing”, and practitioners meditating at lower intensity in non-retreat settings have progressed through the stages of insight, albeit with less depth compared with retreat experiences, and can still experience the stages of insight in intense and striking ways (Jack Kornfield, *pers communication*, Sep 23, 2013). Therefore, it is reasonable to expect that some group participants may experience these later stages on their own. This raises several ethical issues regarding the disclosure of the stages of insight to group participants, which are discussed below.

MBI clinicians need to be able to recognize when participants are experiencing these “side effects” resulting from what may be progress through the stages of insight so that they can help participants contextualize these experiences, provide additional psychological and pharmacotherapeutic treatment as required, and assist them to successfully navigate the stages of insight by tailoring practice instructions (see below for examples).

Modification of Mindfulness Practice Instructions in Specific Stages of Insight

Vipassana teachers who are familiar with the stages of insight often modify the practice instructions in order to help practitioners navigate the stages of insight more effectively, as well as support them in working through some of the more challenging stages. Examples of such modifica-

tions of practice instructions can be found in Armstrong (in press), Catherine (2011), Mahasi (2006) and Pau Auk (2000).

Potential difficulties tend to begin at Knowledge of the Three Characteristics. Without strong support from the group clinicians, MBI participants who have reached this stage tend to drop out of the group, as practice can become quite unpleasant and physically uncomfortable. During this stage, participants often benefit from specific instructions to refocus their efforts on increasing the precision and speed with which they observe sensations. If participants have been silently noting sensations using a mental label, another helpful practice modification can be to switch to bare attention of the sensations, since noting can be too slow to keep up with the increased rate of sensations in this stage.

Practice modifications specific to the Knowledge of Arising and Passing Away are to observe the sometimes strange and intense experiences of this stage in the same manner as any other physical or mental sensation in order to reduce the likelihood of attachment to and identification with these experiences. As meditators progress into the Knowledges of Suffering, it is useful to understand that the apparent change in concentration abilities is normal and to expect the endings of sensations to be predominant. This can help meditators avoid getting frustrated and trying, without success, to recreate the type of practice they experienced during the Knowledge of Arising and Passing Away. The practitioner can be encouraged to observe the sensations they are experiencing in these stages with as much equanimity as possible, however unpleasant (Chanmyay 2010, p.115-6). In addition, it can be useful to suggest that practitioners remain focused on physical sensations and make a concerted effort not to identify with any difficult psychological experiences that may arise. Some meditators require a great deal of support during this stage to keep practicing, since meditating during the Knowledges of Suffering can be extremely unpleasant and feel very unproductive.

Successfully navigating the stage of Equanimity requires a gentle, subtle effort and a focus on the sensations that make up the feeling of spaciousness, awareness, peace, ease, effort, anticipation, wonder, questioning, doubt and mild fears. The practitioner needs to observe the sensations and thoughts associated with the feeling of a self or 'I', which in this stage are noticed readily. The subtlest attachment to the pleasantness that can arise in this stage or to the desire for further insight (ie. progression to the Knowledge of Fruition) perturbs the further development of equanimity and prevents progression to the next stage. This is addressed by carefully observing the three characteristics inherent in even these subtle attachments.

Ethical Considerations

Traditionally, the stages of insight are generally not discussed with vipassana practitioners until such time that they have encountered them in their practice, and only then when the teacher deems it appropriate. This is, in part, to prevent practitioners from becoming preoccupied with self-diagnosing their location in the stages, which can be fraught with difficulties and distract the meditator from diligent practice. In addition, formally introducing a map of the stages of insight runs counter to practice instructions that exhort participants to carefully observe the present moment, with no effort to manipulate it or "get anywhere". There is also a common concern that a detailed knowledge of the stages of insight can script the experience of practitioners, although changes in perceptual abilities cannot be brought about through imagination or expectation and this form of scripting is thus more relevant to the psychological aspects of the stages.

But maps also have their uses: meditators may use the stages of insight as a way of evaluating their practice and find this very motivating, especially during the psychologically difficult stages. The unintended consequences of keeping knowledge of these maps from students is that meditators can be caught off guard and derailed in their practice by the extremely intense pleasant, unpleasant, or destabilizing experiences that can sometimes occur in specific stages (Crouch 2011c). Ultimately, from a practice perspective, any evaluative thoughts regarding the stages of insight are to be observed in the same manner as any other thoughts that arise during practice, whether goal-oriented or otherwise. Thus, knowledge of the stages of insight is not, ipso facto, an obstacle to practice, and can provide many benefits to participants.

According to Sean Pritchard, who trained as a monk in Burma for over 10 years and has been authorized to teach in the Mahasi tradition, most teachers in this tradition are aware of the stages of insight. An example of how to mitigate the drawbacks of disclosure of the stages of insight is demonstrated by his own teacher, Chanmyay Sayadaw, who pre-warned students as they approached potentially challenging stages in their practice, such as the Knowledges of Suffering. If the student did encounter difficulties, the teacher assisted by contextualizing the challenges and discussed the relevant information about the stage of insight with which the student was having trouble. Where appropriate, the teacher would provide instructions regarding practice modification and useful advice on how and where the student could place their attention to continue to progress (Sean Pritchard, personal communication, Sept 17, 2013). Unfortunately, this approach may not be practical for MBI clinicians, who typically only have contact with group participants for the duration of the group, and are not usually available after group completion for one on one support of this kind.

Although MBIs have their roots in traditional vipassana teachings and practices, they differ from these traditional paradigms in that they are often prescribed as a medical treatment. This raises an ethical concern: despite the instructions to participants to continue daily practice after group completion, there is currently no standardized follow-up available to graduates of MBIs and therefore no mechanism in place for monitoring for possible progress along the stages of insight following group completion. This deviates considerably from standard medical practice, where ongoing treatment, such as ongoing pharmacotherapy, is required to be accompanied by ongoing monitoring of tolerability, potential side effects, and necessity of continued treatment. Given that MBIs are being “prescribed” and delivered in medical treatment settings, the exhortation to continue active treatment beyond any medical follow-up in the context of the possibility of significant side effects, albeit rare, is a cause for concern. In addition, the clinical populations that are receiving these treatments are at higher risk of developing difficulties with meditation related side effects, including any encountered along the stages of insight. This highlights the importance of ongoing follow-up and the need to align with best practices in other areas of mental health and medicine.

Similarly, standard medical practice requires that informed consent be obtained prior to initiating treatment. This includes disclosing the inherent risks and potential side effects of the treatment, including, and especially, the disclosure of rare and uncommon side effects that have potentially significant sequelae. For these reasons, it is the author’s opinion that MBI clinicians should inform participants about the possible risks (which may or may not include a description of the stages of insight) and not give participants the impression that the meditation practices taught in MBIs are strictly benign or salubrious.

Implications for MBI Clinician Training

Current leaders in the field of training MBI clinicians are addressing the challenge of how to best train large numbers of new MBI clinicians. Efforts have included rigorous training programs, such as the Oasis Institute at the University of Massachusetts Medical School, the two year Master of Studies in MBCT degrees in Bangor, Exeter and Oxford and the development of standards of competence for teaching mindfulness-based courses (Crane et al. 2012). Suggested domains of competence include coverage, pacing and organization of session curriculum, relational skills, embodiment of mindfulness; guiding mindfulness practices; conveying course themes through interactive inquiry and didactic teaching; and management of group learning environments (Crane et al. 2012).

It is the author’s opinion that knowledge of the stages of insight should be added to the suggested domains of

competence for aspiring MBI clinicians. Ideally, MBI clinicians would participate in ongoing supervision with an experienced clinician that includes supervision on possible manifestations of the stages of insight in MBI group participants. Because there is currently no validated, research-based set of diagnostic criteria that can be used to confidently ascribe a meditator’s experiences to a particular stage of insight, personal experience of the stages in the clinician’s own practice, at least to the stage of equanimity, as well as experience working with numerous students as they navigate through the stages, is required to attain competency in this area. MBI clinicians with a solely conceptual, rather than experiential, understanding of the stages of insight should consider referring participants who are possibly progressing through the stages to more experienced clinicians (ie. with personal experience of all of the stages of insight) for evaluation and practice recommendations.

Further Research

Research is needed to determine if it is possible to create a validated set of diagnostic criteria that can be used during MBI groups to confidently determine what stage of insight, if any, a group participant is currently experiencing based on a subjective self-report of their practice. Such criteria may allow clinicians without personal experience of the stages of insight to more confidently identify participants who may benefit from referral to more experienced clinicians. Research may reveal that MBIs are not advisable, or may require modifications, for certain populations that are more likely to encounter difficulties during, for example, the Arising and Passing Away or the Knowledges of Suffering. Research into which practice instructions are most effective during specific stages of insight would likely improve the clinicians’ ability to assist participants in successfully navigating the stages and help mitigate the potentially challenging psychological and physical effects. In addition, an understanding of the stages of insight may help researchers as well as clinicians contextualize some of the meditation related side effects reported in the literature (see Kuijpers et al, 2007 for summary of case reports; Shapiro, 1992).

Similarly, further study is required to establish whether it is possible, on a clinical basis, to distinguish between stages of insight and non-stages of insight psychiatric presentations, as clinical syndromes experienced during the Arising and Passing Away and Knowledges of Suffering can present similarly to non-stages of insight related syndromes, such as mania, depression, anxiety and psychosis. Research into treatment modalities for stages of insight-induced clinical syndromes is also required, including clarifying the optimal role for antipsychotics and mood stabilizers. Anecdotal data supports that progress along

the stages of insight may be possible with concomitant use of antidepressants and benzodiazepines. Based on the author's clinical experience, and in the absence of any published data, the use of all available and clinically indicated treatment modalities, including pharmacotherapy, in the management of psychiatric syndromes arising during progress along the stages of insight is indicated at this time.

The last decade has seen an explosion in research attempting to elucidate the neuroscience underlying meditation practices (see Holzel et al. 2011 for a recent review) and the importance of clearly differentiating between the types of meditation practice in research studies, such as concentration (focused attention) and insight (open monitoring) practices, has now been clearly established (Lutz et al. 2008). Researchers are also beginning to recognize that even when examining a single form of meditation, studies must distinguish between the specific stages of practice within the form, such as the early, intermediate and advanced stages of mindfulness meditation proposed by Tang (2012). Contextualizing this research within the framework provided by maps of progress such as the stages of insight can perhaps bring further clarity and sophistication to such studies, as argued by Vago and Davis (2013). Exploring the neurological changes that occur during the stages of insight, especially before and after the Arising and Passing Away, in Equanimity and after Stream Entry may shed light on causal mechanisms underlying this process.

Conclusion

The stages of insight are an important theoretical and experiential underpinning of the traditional Theravada Buddhist practices from which MBIs derive their core curricular components. They provide a useful roadmap for understanding both the natural progression and endpoints of vipassana practice. As the availability of MBIs within clinical treatment programs continues to expand, it is increasingly important for clinicians to understand the stages of insight, to recognize the potential risks and ethical issues associated with teaching MBIs in clinical practice and to understand how to manage these risks. Neurobiological studies can employ the stages of insight as a behavioural and phenomenological framework with which to examine possible underlying biological markers and mechanisms of progress in specific vipassana traditions. Further research to develop diagnostic criteria, distinguish between stages of insight-related and non-stages of insight-related psychiatric presentations, and determine appropriate modifications to practice instructions has the potential to reduce risks and possibly increase the effectiveness of MBIs.

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Conflict of Interest

The author declares that there is no conflict of interest.

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