

Somatic Tracking of Aversion: Bridging Mahāsi Meditation and Modern Trauma-Informed Therapies for Dosa-Based Afflictions

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Abstract

Aversion (Dosa) represents the central focus in Theravada Buddhist Psychology as one of the three harmful roots (Akusala-mula) of suffering (Dukkha) in the Pali Canon. Anger, hate, fear, resentment and hostility are repeatedly portrayed throughout the canon as expressions of dosa that disrupt both the physical body and mind and thus serve to perpetuate the cycle of suffering. Similarly, contemporary trauma-informed psychotherapy recognizes that unresolved traumatic experiences often present themselves through ongoing bodily hyperarousal, defensiveness, emotional dysregulation and/or chronic states of perceived danger. Both traditions, although arising from distinct historical and philosophical frameworks, recognize that emotional suffering cannot be separated from embodied experience.

The purpose of this paper is to identify the congruence between Mahasi Sayadaw's satipatthana based vipassana insight meditation and modern somatic tracking methods employed in trauma-informed therapies. This will involve drawing on both traditional texts including the Chaṭṭha Saṅgāyana Tipiṭaka and the Abhidhamma along with Mahasi Sayadaw's meditation manuals and current psychological literature. This research proposes that Mahasi's systematic practice of mindful attention (Sati) towards bodily sensations (Vedanā), feelings and thoughts serves as an advanced contemplative model for viewing aversion without suppression, denial or reactive attachment. As such, like modern somatic therapies, which advocate for patients to develop non-reactive awareness towards their bodily sensations to regulate their defensive physiological responses.

Through both qualitative textual analysis and comparative interdisciplinary methodology, this research indicates that Mahasi's method of continuous noting (labeling) functions as a form of contemplative somatic tracking that progressively weakens the conditioned relationship between bodily sensations and reactive aversion. While there exist significant philosophical distinctions – specifically about the Buddhist aim of liberation (nibbana) versus the clinical intention of reducing symptoms – this comparison shows several areas where there can be common ground between Theravada contemplative practice and trauma-informed psychotherapy. Thus, this interdisciplinary approach could provide potential contributions to discussions surrounding embodied mindfulness, emotional regulation, and integrative models of mental health promotion while preserving the theological legitimacy of the Theravada tradition.

Keywords: Dosa (Aversion); Theravāda Buddhist Psychology; Mahasi Sayadaw; Vipassanā Meditation; Somatic Tracking; Trauma-Informed Psychotherapy; Embodied Mindfulness; Emotional Regulation.

1. Introduction

The pursuit of inner peace is one of the oldest common goals among religious, philosophical and psychological perspectives on human existence. The Buddha identified many different sources of human suffering. However, he assigned a special position in his teachings to dosa usually translated as aversion, hatred, ill-will or anger in his system of Buddhist psychology. Alongside greed (Lobha) and delusion (Moha), dosa represents one of the three unwholesome roots (Akusala-mula) from which a great deal of suffering originates. According to the Satipaṭṭhāna Sutta, we can achieve freedom from suffering if we are able to look at our own bodies, feel physical sensations, understand our thoughts, and know our emotional responses through persistent mindfulness instead of avoiding those feelings. This contemplative approach provides the conceptual foundation for the Theravada tradition of meditation, and it is expressed systematically in the meditation methodology of Mahāsi Sayadaw.

1.1 Mahāsi Sayadaw (1904–1982): Meditation Master

One of the leading meditation teachers of twentieth-century Myanmar, Mahāsi Sayadaw was a prominent figure in developing a practical Vipassana practice based on the Four Foundations of Mindfulness (Satipaṭṭhāna). Unlike other practices that try to reduce or completely remove unwanted feelings or reactions, Mahāsi taught his students to note each physical sensation, emotion, thought, and mental state as soon as possible after it occurs. Physical pain, tightness, anxiety, anger, annoyance and aversion were all considered to be valid objects of insight and therefore suitable subjects of meditation. By persistently paying attention to these events as they occur without attachment or resistance, students develop an understanding of the impermanence (Anicca), dissatisfaction (Dukkha), and lack-of-identity (Anatta) characteristics of all these experiences. Over time, this results in a reduction in habitual responding to the same stimuli.¹

An interesting point worth considering is that modern trauma-informed psychotherapists have been using a few similar observational techniques in working with clients who have experienced traumatic events. Somatic tracking, interoceptive awareness, and body-based mindfulness are some of the terms used to describe these techniques. Like Mahāsi's technique of simply noting bodily sensations associated with traumatic memories, trauma therapists encourage their clients to become aware of their bodily experience without trying to avoid or escape from it. Research conducted over the last few years indicates that increased interoceptive awareness significantly contributes to symptom relief in individuals diagnosed with post-traumatic stress disorder by enhancing emotional regulation and reducing physiologic hyperarousal.

Although there are many parallels between these two approaches, there are also very important philosophical differences. For example, unlike trauma-informed psychotherapy where the ultimate goal is to improve day-to-day functioning and relieve psychological distress, the primary objective of Mahāsi Sayadaw's meditation system is to eradicate the root causes of suffering i.e., greed (Lobha), hatred (Dosa) and delusion (Moha) so that enlightenment (Nibbāna) can be achieved. Thus, this paper makes no claim that Mahāsi Vipassana can be replaced with psychotherapy; similarly, it cannot be claimed that trauma therapy is just another way of practicing Buddhist meditation. It argues that both systems provide valuable information about how aversion and emotional suffering functionally relate to embodiment.

¹ Majjhima Nikāya I, Satipaṭṭhāna Sutta (MN 10), Chaṭṭha Saṅgāyana Tipiṭaka; Dīgha Nikāya II, Mahāsatipaṭṭhāna Sutta (DN 22), Chaṭṭha Saṅgāyana Tipiṭaka

This project explores how the method of observing bodily sensations advocated by Mahāsi Sayadaw might be seen as a refined version of somatic tracking and analyzes the similarities and differences between traditional Theravāda Buddhist psychology and contemporary trauma-informed psychotherapeutic models. To do so, the project uses an interdisciplinary method combining analysis of canonical texts including the Satipaṭṭhāna Sutta; abhidhammic descriptions of the mind; meditative guidelines by Mahāsi Sayadaw; and current findings in psychological research.

2. Buddhist Psychology of Dosa and Mahāsi Sayadaw's Somatic Observation Method

Dosa (anger) is classified as one of the Akusala mula or unwholesome roots in Theravāda Buddhist psychology along with Lobha (greed) and Moha (Delusion). Throughout the Pali canon, dosa is described as an unhealthy mental tendency that has negative effects on both psychological and physiological health. Dosa is viewed as a conditioned mental factor (Cetaska) that arises out of ignorance (Avijjā) and continues based upon repeated reaction to unpleasant sensory experiences.

In the Abhidhamma Piṭaka, dosa is stated to arise only when hatred rooted consciousness (dosa mula citta) exists and always occurs concurrently with mental suffering (Domanassa vedanā). Therefore, to eradicate aversive behaviors, direct experiential understanding of dosa's condition and cessation is required rather than suppression or expression.²

According to the Buddha, aversion arises due to the interaction between sense contact (phassa), feeling (vedana), craving (tanha), and clinging (upadana). In both the Satipaṭṭhāna Sutta (10) and the Mahasatipaṭṭhāna sutta (DN 22), practitioners are told to focus their mindfulness (sati) upon contemplating the body (Kayanupassana), feelings (Vedanānupassana), mind (Citanupassanā), and mental phenomena (Dhammānupassana). By doing so, meditators can recognize painful sensations and unpleasant emotions as impermanent (Anicca), unsatisfactory (Dukkha), and non-self (Anatta). Through this contemplative practice, meditators interrupt the automatic cycle where painful sensations or unpleasant emotions give rise to aversion.²

Further explanation can be found in the Abhidhammattha sangaha which describes how dosa develops through many other unhealthy mental factors, such as resentment, irritation, cruelty, hostile behavior etc. Which disrupts both cognitive clarity and bodily composure creating tension, restlessness and psychological distress. Therefore, in Theravāda psychology, emotional suffering extends beyond the realm of the mind into the whole psycho-physical process (Nama-Rupa). This view parallels contemporary recognition that emotional trauma often occurs through bodily sensation and autonomic activation.

Amongst modern Theravāda meditation masters, Mahasi sayadaw (1904 – 1982) developed one of the most systematic practical methods for observing the embodied process. He utilized directly upon the Four Foundations of Mindfulness and taught practitioners to cultivate uninterrupted awareness via mental noting. Each bodily movement, sensation, feeling, thought, and emotion was acknowledged exactly as it arises by silently mentally noting experiences such as “rising,” “falling,” “pain,” “heat,” “thinking,” “anger” or “fear.” the purpose of noting was not intellectual analysis but direct experience observation which prevented identification with mental phenomena. Mahasi repeatedly stated that practitioners should neither suppress unpleasant sensations nor deliberately seek to remove them; instead, they should continuously observe them until their impermanence became apparent.

² Dhammasaṅgaṇī, Abhidhamma Piṭaka, Chaṭṭha Saṅgāyana Edition (Yangon: Ministry of Religious Affairs, 2005), 418–431

Therefore, the method may appropriately be described as a somatic observation practice because it begins with immediate bodily experience. In Mahāsi's system the primary meditation object is the rising and falling movement of the abdomen. Attention then expands naturally to include bodily pain, muscular tension, pressure, itching, burning, emotional agitation and other physical manifestations of mental states. When anger or aversion arise practitioners are instructed simply to note "angry" or disliking" while simultaneously observing any accompanying bodily sensations without resistance or attachment. As mindfulness deepens meditators recognize both bodily sensations and emotional reactions develop according to causes and conditions before naturally passing away. This insight gradually weakens habitual identification with aversion and reduces reactive behaviors.

From the perspective of contemporary psychology, Mahāsi's method bears striking similarities to what is now terminology somatic tracking or interoceptive awareness whereby individuals learn to observe bodily sensations with curiosity and non-reactivity rather than fear or avoidance. However, the goals remain fundamentally different. Modern trauma-informed therapies generally pursue symptom reduction, emotional regulation and improved psychological functioning. Mahasi sayadaw's practice employ somatically observed processes as a means of developing vipassana nana or insight knowledge ultimately leading to complete eradication of greed, aversion and ignorance and conclusion of the realization of nirvana. The observation of bodily sensations is therefore not solely therapeutic purposes but also higher Buddhist objective of liberation from cycle of suffering.

3. Somatic Tracking in Contemporary Trauma-Informed Therapies

Somatic tracking was designed to help clinicians use curiosity, acceptance, and non-reaction to observe their client's bodily sensation. The idea behind it is that if the clinician can understand what his/her client is experiencing physically then they will be able to better assist him in managing emotions and recovering from trauma. In addition to being used to manage and recover from physical trauma, somatic tracking has been shown to aid individuals who suffer from PTSD. Individuals who have experienced physical or emotional trauma often experience a disruption in their ability to sense and interpret bodily signals. For example, some individuals may become overly sensitive to bodily sensations that they perceive as threatening. Others may become detached from their bodily experience and unable to feel their own sensations. Trauma therapy attempts to restore balance to an individual's ability to sense and interpret bodily signals by helping the patient become aware of their bodily sensations without immediately reacting to or dismissing them.³

Trauma therapists aim to allow patients to eventually distinguish their current bodily experience from their traumatic memories encoded through earlier defensive responses. One of the most well-known body-oriented treatments for trauma is Somatic Experiencing (SE) developed by Dr. Peter A. Levine. Somatic Experiencing is based on the belief that traumatic stress often arises from incomplete biological defensive responses rather than from the traumatic event per se. Therefore, instead of relying solely on memory recall, SE emphasizes attention to interoceptive (bodily sensations), proprioceptive (position and movement), and kinesthetic (muscle sensation) sensations. Clients using SE learn how to modulate inappropriate levels of autonomic arousal by paying close attention to their bodily activity and completing previous incomplete defensive responses in a safe environment. While there is still limited scientific

³ Anuruddha, Abhidhammattha-saṅgaha, trans. Bhikkhu Bodhi (Kandy: Buddhist Publication Society, 2007), 82–96

research on body-oriented treatments like SE, several clinical studies suggest that attending to bodily sensations can lead to better chronic stress regulation and reduced symptomatology related to trauma. In addition to providing specific tools for treating trauma such as SE, mindfulness-based interventions have recently become more prominent in the field of trauma-informed care. Mindfulness does not seek to avoid discomforting sensory experiences; rather, it encourages developing a consistent, non-judgmental awareness of immediate sensory experience. A recent systematic review and meta-analytic study of RCT indicated that mindfulness-based interventions yielded moderate-sized positive effects on both trauma symptoms and interoceptive awareness. Thus, increased awareness of the body appears to be one possible mechanism through which mindfulness promotes psychological recovery.

4. Bridging Mahāsi Vipassanā and Modern Clinical Approaches

There exists a growing conversation about how Trauma-Informed Psychotherapy can learn from Theravada Meditation methods. The two philosophies have a common ground in terms of recognizing the connection between our physical experience and our emotional suffering. Both Theravada and modern clinical therapies suggest that one way we can reduce fear, aversion and emotional reactivity is through long-term, non-reactive observation of what is happening in our bodies at any given moment.

Although Mahāsi Sayadaw's Vipassana Tradition and modern clinical therapies come from vastly different intellectual and philosophical backgrounds, they both use similar techniques in teaching practitioners to observe and note their emotions. Specifically, both traditions utilize *noting* (labeling) to acknowledge the existence of experiences like fear, anger, irritation, etc., and then continue to allow those experiences to exist without suppressing or identifying with them. Neither tradition asks practitioners to resist uncomfortable experiences, nor do they ask practitioners to exchange unpleasant experiences for pleasant ones. Rather, practitioners repeatedly observe these experiences until they begin to reveal the universal truths of impermanence (*Anicca*), dissatisfaction/unsatisfactoriness (*Dukkha*), and no self (*Anatta*). As a result, attachment to emotional reactions is weakened and the habitual influence of *dosa* is dissolved.⁴ This is not solely an exercise in regulating emotion; it is an ongoing development of liberating insight (*Vipassana ñāṇa*).

Similarly, current trauma-informed clinical therapies are utilizing similar interoceptive awareness strategies to help clients become aware of internal bodily sensations related to emotional arousal. Clinical modalities such as Mindfulness-Based Stress Reduction (MBSR), Somatic Experiencing, and other body-centered therapies encourage clients to view tense sensations, constricted areas, trembling, breath rate, heart rate, or opportunities for exploration with curiosity instead of fear. Research demonstrates that non-reactive awareness increases interoceptive processing, decreases physiological hyperarousal, and improves emotional regulation for individuals who suffer from trauma-related disorders. Furthermore, randomized controlled studies demonstrate that improvement in interoception mediates reduction in PTSD symptomatology after mindfulness-based treatments.

Therefore, from an interdisciplinary perspective Mahāsi Vipassana may provide value to contemporary trauma-informed clinical work by offering a complex contemplative model for viewing aversive responses without resistance or repression, while contemporary clinical psychology provides valuable information regarding neural system regulation, attachment relationships and trauma-sensitive clinical practices.

⁴ Mahāsi Sayadaw, *Manual of Insight*, trans. Vipassanā Metta Foundation Translation Committee, ed. Steve Armstrong (Somerville, MA: Wisdom Publications, 2016), 143–175, 263–330

Dialogue between the two disciplines should not result in collapsing Buddhism into psychotherapy or reducing meditation to clinical treatment. Rather, this dialogue would promote respectful collaboration in which each discipline maintains its unique integrity while contributing collectively toward a more complete understanding of embodied human suffering.

Within this context, Mahasi Sayadaw's somatic observation technique can be seen not only as an effective path for liberation but also as an important contemplative tool for exploring contemporary discussions surrounding emotional resilience, trauma recovery, and overall holistic human wellness.

5. Discussion, Clinical Implications, and Conclusion

This article investigates the relationship between Mahasi Sayadaw's Somatic Observation Methodology and modern trauma-informed somatic therapy using an Interdisciplinary Study of the Pali Canon, Theravada Abhidhamma, Meditation Manuals of Mahasi, and modern psychological research. As this study shows, there is agreement among both camps regarding the effectiveness of direct observation of one's own body to alter how people react to their suffering; however, the two schools have significantly different final objectives. Trauma-informed therapies are intended to result in better emotional regulation, lessened stress levels, greater quality of life, and overall improved psychological functioning. Mahasi's approach to meditation is directed toward achieving total liberation from all forms of suffering.

Therefore, it would not be correct to interpret Mahasi's method solely as a therapeutic strategy or to consider psychotherapy as a replacement for meditation. Each of these disciplines presents a different aspect of the nature of our embodied experience. Modern clinical science provides empirical evidence about the effects of trauma, neurophysiology, and interoception related to somatically oriented therapy. Theravada Buddhism provides a broad framework encompassing ethics, psychology, and soteriology which considers the nature of awareness of the body as part of a larger path to liberation. An ongoing dialogue between these disciplines will lead to further growth in contemplative studies and clinical psychology and support a more holistic view of well-being based upon compassion, wisdom and mindfully attentive awareness.

6. Clinical Applications

There are at least three ways that Mahasi Sayadaw's contemplative methodology can be integrated with trauma-informed clinical practice. First, Mahasi's systematic practice of continuous noting provides a structural framework for establishing sustained, unreactive awareness of bodily sensations associated with anger, fear, anxiety, and aversion. Establishing such sustained attentional training could potentially strengthen the client's ability to develop interoceptive awareness and emotional self-regulation, thus making possible more successful application of contemporary therapeutic techniques.

Second, because of its emphasis on the reduction of aversion (Dosa) as a conditionally arisen process based in ignorance (Avijja), the Buddhist analysis of dosa goes beyond symptom management by considering the cognitive and behavioral patterns responsible for suffering. Therefore, clinicians and contemplative practitioners working together can establish a common agenda for addressing the underlying cognitive and behavioral processes that create and maintain suffering. Psychotherapists

typically focus on restoring functional capacity, while Buddhist practitioners focus on permanent transformation via wisdom.⁵

Third, the results of this study provide strong support for developing trauma-sensitive adaptations of Theravada mindfulness that allow clinicians and researchers to use Theravada mindfulness methods in ways that do not compromise their integrity as traditional Buddhist practices. These adaptations should occur thoughtfully and in collaboration with other professionals so that Buddhist contemplative practices are either used as they were originally developed or developed using clear reference to trauma-sensitive clinical principles.

7. Conclusion

This study has analyzed the relationship between Mahasi Sayadaw's method for observing the body and contemporary trauma-informed somatic therapies through an interdisciplinary examination of the Pali Canon (*Chaṭṭha Saṅgāyana Tipiṭaka*), Theravada Abhidhamma texts, Mahasi meditation manuals and contemporary psychological research. It was shown that both traditions agree on the value of directly observing embodied experience as an effective means of altering how people habitually respond to suffering. Despite this shared commitment to somatic awareness, however, there exist fundamental differences in the purpose for which they utilize this awareness. Specifically, trauma-informed therapies aim primarily for psychological recovery, emotional regulation, and an improvement in quality of life. On the contrary, Mahāsi Vipassanā uses observation of embodied experiences as a means to cultivate Vipassanā ñāṇa (insight knowledge) and ultimately achieve complete liberation from suffering through an understanding of impermanence (*Anicca*), suffering (*Dukkha*), and no-self (*Anatta*).

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