

Dimension Autophagy: Taha Wairua

The Autophagy of Spiritual Wounding and False Belief

Ruku l'Anson (May 2026)

Abstract

This article presents the theoretical and clinical foundations of Wairua Autophagy — the second of five-dimensional autophagy interventions within Te Poutama Ora (TPO). Wairua Autophagy addresses the structured metabolisation of spiritual wounding, false belief, religious trauma, and the shame-driven disconnection from authentic wairua connection. Positioned after Whakapapa Autophagy, this dimension works with the spiritual blockages that relational clearing makes newly visible: the inherited God-image, the secrets held in shame, the beliefs that drove choices the person did not fully choose.

This article introduces the Whakapapa Dilemma — the experience of spiritual imposture when one's genealogical identity does not trace to the Abrahamic covenant, and when Christian faith is received through colonial political mechanism rather than as living encounter. It examines the cave season as a clinical concept for the necessary dissolution of inherited spiritual structures and articulates the critical distinction between spiritual bypassing and authentic wairua metabolisation. The four-phase healing model (Te Tūāhutatanga, Te Kāwhatitanga, Te Whakahuatanga, Te Tuku) and the Tūāpapa trinity (Recognition, Reclamation, Restoration) are applied specifically to the wairua dimension, with attention to the clinical nuance that distinguishes this dimension's presentations from adjacent therapeutic territory.

Introduction: Why Wairua Follows Whakapapa

The sequencing of the Dimensional Autophagy programme is not arbitrary. Whakapapa must come first because the relational field is the field within which all other dimensions operate. A person cannot do honest spiritual work while their relational patterns are generating ongoing shame, obligation, and dysregulation. The clearing of whakapapa creates a quality of inner space — not peace, necessarily, but space — within which the wairua dimension becomes accessible.

Wairua comes second because it is the dimension that most directly governs meaning-making. What a person believes about the divine, about themselves before the divine, about what their choices mean and what their life is for — all of this operates as a structural filter through which every other dimension is interpreted. A person working on identity while still carrying a punishing God-image will interpret their identity work through that image. A person trying to metabolise emotional patterns while carrying shame-driven spiritual beliefs will find the hinengaro work collapsing back into the spiritual blockage. Wairua clearing is foundational for what follows.

Theoretical Framework

Wairua in Te Ao Māori

In te Ao Māori, wairua is not a component of the person — it is the person's fundamental ontological orientation. Wairua names the spiritual dimension of being: the connection to te Ao Wairua (the spiritual realm), to tūpuna (ancestors), to atua (gods/divine forces), and to the sacred dimensions of the natural world. Where Western frameworks tend to treat spirituality as one domain of life among others, Māori understanding positions wairua as the dimension that permeates and orients all others.

Taha Wairua in Te Whare Tapa Whā is one of four walls of the house — not optional, not peripheral, but structurally load-bearing. TPO extends this understanding by treating wairua as a dimension requiring specific clearing work, not merely as a state to be attended to but as a site of wounding that requires the same metabolisation as relational, identity, and physical wounds.

Colonial Spiritual Assault

For Māori, the wairua dimension carries a specific colonial wound that must be named before any spiritual clearing work can be meaningful. The mechanisms of colonial spiritual assault were multiple and deliberate. The Tohunga Suppression Act of 1907 criminalised the practice of traditional Māori healing and spiritual knowledge, effectively outlawing the transmission of indigenous spiritual authority. Alongside this legislative mechanism, Christian missionary activity frequently operated through the explicit denigration of Māori spiritual practice as demonic, primitive, or incompatible with salvation.

The result, for many Māori, is a spiritual inheritance that is double-wounded: the indigenous spiritual knowledge was suppressed, interrupted, or made inaccessible through active colonial mechanism, AND the Christianity received in its place was often imposed through violence, shame, and the implicit message that Māori spiritual identity itself was an obstacle to the divine. The person arrives at their wairua work carrying both a disconnection from indigenous spiritual resource and a distortion of the Christian framework they were given in its place.

The Whakapapa Dilemma

A central clinical concept in this dimension is what the framework names the Whakapapa Dilemma. This is the experience of feeling like a spiritual impostor — standing between two spiritual frameworks and belonging fully to neither. Specifically: the person whose genealogical identity does not trace to the Abrahamic covenant may experience Christian faith as a framework that is not truly theirs, while simultaneously having lost access to the indigenous spiritual knowledge that was suppressed from their whakapapa.

The Whakapapa Dilemma often presents as spiritual restlessness, a persistent sense that one's spiritual practice is borrowed rather than inhabited, or what might be described as performing

belief rather than living encounter. For those whose Christianity was received through colonial mechanism — through mission school, through the explicit suppression of alternatives, through the threat of social exclusion — the framework carries the taint of its delivery. This does not make the spiritual content false; it makes the relationship to it complicated.

The resolution of the Whakapapa Dilemma is not theological argument but lived experience: the recognition that authentic spiritual encounter was present throughout the cave seasons, regardless of the inadequacy of the framework offered for it. The encounter was real even when the container was not. As this is often expressed in the framework: ‘God had me all that time. I had covered my own eyes.’

Religious Trauma and Shame-Driven Belief

Religious trauma describes the specific harm caused when spiritual frameworks are weaponised for control, shame, or abuse (Marlowe, 2019). This includes shame-based theology that positions the person as fundamentally sinful or inadequate before the divine; religious communities that use exclusion and social control as mechanisms of compliance; and the intersection of religious authority with abusive relational dynamics.

The clinical presentation of religious trauma in the wairua dimension typically includes: a punishing or monitoring God-image that generates chronic shame; difficulty distinguishing between authentic spiritual experience and conditioned performance; hypervigilance about spiritual correctness; and the use of spiritual frameworks to justify remaining in harmful situations. The shame generated by religious trauma is distinctive in its scope: unlike relational shame, which is localised to specific relationships, spiritual shame claims to name something fundamental about who the person is before the ultimate ground of reality.

Spiritual Bypassing

Spiritual bypassing — the use of spiritual frameworks to avoid rather than engage with difficult psychological and relational material — is perhaps the most common presentation in the wairua dimension and the one most requiring the catharsis/metabolisation distinction (Welwood, 2000). Spiritual bypassing presents as: ‘Just pray about it,’ ‘God has a plan,’ ‘I can transcend this,’ or the use of forgiveness frameworks to avoid processing legitimate anger.

The clinical effect of spiritual bypassing is that it interrupts the metabolisation process precisely at its most productive point. The person moves from recognition (seeing the wound) directly to spiritual resolution (releasing it to God) without metabolisation (extracting wisdom, sitting with the difficult material, building new structure). The wound is neither processed nor integrated; it is spiritually managed. It returns.

The Cave Season: Dissolution as Necessary Threshold

The cave season is a clinical concept within TPO for the experience of necessary spiritual dissolution — the period in which inherited spiritual structures collapse and the person is held in uncertainty before a new orientation becomes available. In biological terms, this parallels the autophagic breakdown phase: the damaged structure must be degraded before healthy new synthesis can begin.

Conventional therapeutic and pastoral care frequently attempt to resolve the cave season prematurely — to rebuild the person’s faith, to provide a new framework, to move them through the uncertainty as quickly as possible. The TPO framework holds a different clinical position: the cave season is not a crisis to be resolved. It is a threshold to be inhabited. The person who can sit in the dissolution without collapsing into it, and without prematurely building a new structure to escape it, is doing the most important wairua work available.

Secrets, Discretion, and Sacred Space

A clinical principle specific to the wairua dimension concerns the handling of secrets. Conventional therapeutic models often privilege disclosure — the understanding that speaking the secret is itself curative. The TPO framework holds a more nuanced position: not every clearing requires public disclosure. Discretion is wisdom, not repression, when the secret has been metabolised and peace has been found.

Some truths are between the person, te Ao Wairua, and their own healing. The compulsion to tell everyone, confess publicly, or expose what has been held privately is not always a sign of metabolisation — it is sometimes the unprocessed charge of the material looking for cathartic relief. The test is not whether the secret has been spoken but whether the shame that kept it secret has been metabolised. When it has, the question of disclosure becomes a practical and relational one, not a spiritual requirement.

What Blocks Wairua Wellness

Five primary blockages present consistently in the wairua dimension:

Religious trauma: Shame-based theology, spiritual abuse, the use of religious frameworks for control and manipulation. These leave the person with a God-image that is punishing, monitoring, and fundamentally unsatisfying — but which feels impossible to question.

Shame-driven decisions: Choices made to manage spiritual shame rather than from authentic discernment. Marrying to resolve shame around sexuality. Staying in harmful situations because ‘God hates divorce.’ Suppressing identity to maintain spiritual acceptability. These decisions carry long-term relational and identity consequences that cannot be addressed without addressing the spiritual shame that generated them.

Spiritual bypassing: The use of spiritual practice to avoid rather than engage with psychological and relational reality. Prayer as avoidance. Forgiveness as premature closure. Transcendence as a strategy for not metabolising.

Colonial spiritual conditioning: The specific wound of Māori and other indigenous peoples whose spiritual heritage was suppressed and replaced through colonial mechanism. The Whakapapa Dilemma. The distorted Christianity received through political imposition. The disconnection from indigenous spiritual knowledge and the shame attached to its practice.

Secrets held in spiritual shame: The things the person believes disqualify them from the divine. The choices that were never named because to name them would be to invite condemnation. The identity aspects held in hiding because they are not spiritually acceptable. These secrets do not require public disclosure; they require metabolisation in sacred space.

The Four-Phase Model Applied to Wairua

The four-phase healing model operates in the wairua dimension as follows:

Te Tūāhuatanga — Recognition: Seeing the inherited spiritual framework clearly, without the distortion of shame or loyalty. Naming the God-image that was given rather than chosen. Identifying the spiritual bypassing. Acknowledging the cave season, if the person is in one, rather than pathologising it as spiritual failure.

Te Kāwhatitanga — Breakdown: Allowing the old spiritual structure to break down. This is perhaps the most frightening phase in the wairua dimension, because the person's spiritual framework is often what has provided the only available structure of meaning. The breakdown feels like freefall. The clinical task is to hold the freefall as sacred rather than as emergency.

Te Whakahuatanga — Metabolisation: Extracting what is true from what was false. Separating the messenger from the message. Recovering what was genuine in the faith experience, even when the framework that contained it was distorted. The shame composted into wisdom; the secret metabolised into peace; the bypassing replaced with honest engagement.

Te Tuku — Release and Integration: Releasing what cannot be carried: the punishing God-image, the shame-driven obligations, the spiritual bypassing. Integrating what has been metabolised into an authentic, inhabited spiritual orientation — one that holds complexity, that does not require performance, and that can survive contact with actual life.

The Tūāpapa Trinity in the Wairua Dimension

Recognition — in the wairua dimension, is the refusal to perform spiritual certainty as a cover for spiritual injury. It is the naming of the God-image, the spiritual trauma, the Whakapapa

Dilemma, and the cave season — without immediately reaching for resolution. Recognition here requires courage because spiritual frameworks are often the last defended territory.

Reclamation — is the retrieval of spiritual authority: the right to determine one’s own relationship with te Ao Wairua, to hold both Māori spiritual frameworks and Christian wisdom without colonial contamination, to name what was done in God’s name that was not of God. Reclamation in the wairua dimension includes the reclaiming of body, sexuality, and choice as sacred — reframing what was condemned as disqualifying as belonging fully within the care of te Ao Wairua.

Restoration — is the building of an authentic wairua connection: one that is inhabited rather than performed, that integrates cultural heritage and lived complexity, and that no longer requires the suppression of truth to maintain spiritual acceptability. This restoration is not a return to a previous state of faith. For most people doing wairua autophagy, the restoration is something they have never had authentic spiritual encounter, on their own terms.

Bridge to Clinical Application: The Workbook

The corresponding participant workbook carries the foundations of this article into the structured 9-cycle practice. The recognition practices address the God-image, the shame inventory, and the spiritual bypassing pattern. The release protocols work with sacred disclosure (in private sacred space, not public confession), the rewriting of the spiritual narrative, and the reclaiming of body, sexuality, and choice as sacred.

The workbook is designed for both self-directed and facilitated engagement. The wairua dimension requires particular attention in self-directed use: the breakdown phase can be profound and having a support person or clinical professional available during Cycles 2–3 is strongly recommended. Participants already in a cave season when they begin the programme should be supported to stay there rather than encouraged toward premature resolution.

Discussion

Wairua Autophagy occupies a distinctive position in the clinical landscape: it is neither pastoral care nor conventional psychotherapy, though it draws on both. It takes seriously the ontological reality of wairua as Māori knowledge asserts it, while bringing clinical rigour to the specific presentations of spiritual wounding in a post-colonial context. The Whakapapa Dilemma, the cave season, and the discretion-as-wisdom principle around secrets are all contributions that emerge specifically from this cultural and clinical context and have no direct equivalent in either conventional therapeutic or pastoral frameworks.

A limitation worth naming: kaiārahi’s facilitating wairua autophagy must have genuine engagement with their own wairua dimension. A kaiārahi who has not sat in their own cave

season, who bypasses their own spiritual material, or who is uncomfortable with spiritual dissolution cannot adequately hold participants through this dimension. The wairua dimension is the most personally demanding of the five autophagy dimensions to facilitate.

Conclusion

Wairua Autophagy clears the spiritual framework through which all subsequent dimensional work will be interpreted. Without it, identity work is conducted through the lens of a punishing God-image; emotional work is short-circuited by spiritual bypassing; and the restoration of all dimensions is limited by the unmetabolised shame that spiritual wounding generates. When it is done — when the breakdown has been inhabited, the secrets metabolised, the bypassing named and replaced with honest engagement, and the authentic wairua connection built on its own terms — what becomes available is a quality of spiritual freedom that was never possible within the inherited framework.

That freedom is not the absence of belief. It is the presence of encounter: authentic, inhabited, capable of holding complexity, and no longer requiring the suppression of any part of the person to sustain it.

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