

Dimensional Autophagy: A Kaupapa Māori Framework - Metabolising Intergenerational Trauma

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Abstract

This article introduces Dimensional Autophagy as a structured kaupapa Māori intervention within Te Poutama Ora (TPO) — a nine-dimensional wellness framework. Drawing on indigenous knowledge systems, trauma-informed practice, cellular biology, and the lived experience of colonisation PTSD, this article presents Dimensional Autophagy as a decolonised pathway for metabolising intergenerational trauma, releasing toxic patterns, and regenerating authentic identity across five core dimensions: Whakapapa (relational/genealogical), Wairua (spiritual), Tuakiri (identity), Hinengaro (mental/emotional), and Tinana (physical).

Central to this revised framework is a critical theoretical distinction — between catharsis and metabolisation — which repositions transformation as a nutritive rather than expulsive process. The article discusses the four-phase healing model (Te Tūāhuatanga, Te Kāwhatitanga, Te Whakahuatanga, Te Tuku) and the Tūāpapa trinity (Recognition, Reclamation, Restoration) as the clinical architecture through which dimensional autophagy operates. It establishes Taha Tuakiri as the central Pou of the framework — “When I am tau, te Ao Mārama is tau” — and positions Taha Auaha (Creative Wellness, the ninth dimension) as the healing instrument through which metabolisation is expressed across all dimensions.

The article further examines a three-exiles framework for understanding the specific presentations of colonial displacement in Aotearoa New Zealand. And articulates the Poison Ivy metaphor as a teaching tool for naming colonisation as a system that operates beneath conscious awareness. This revised edition responds to months of clinical development, programme delivery, and academic refinement since the original publication.

Introduction

Te Poutama Ora (The Stairway of Wellness) is a nine-dimensional Māori wellness framework developed from lived and resolved experience, clinical practice, and four generations of healing lineage. Its nine dimensions address the full spectrum of contemporary wellbeing: Taha Whakapapa (relational/genealogical), Taha Tinana (physical), Taha Tuakiri (identity), Taha

Hinengaro (mental/emotional), Taha Wairua (spiritual), Taha Pūtea (financial), Taha Kai (nutritional), Taha Matihiko (digital), and Taha Auaha (creative wellness). Where Te Whare Tapa Whā (Durie, 1998) provided the foundational four-wall architecture of Māori health, TPO extends into dimensions that respond to the specific challenges of post-colonial contemporary life.

Within this framework, Dimensional Autophagy names a specific intervention: the structured clearing of blockages, toxic patterns, and intergenerational dysfunction across the five core dimensions in which trauma most deeply accumulates. The term draws on the biological process of cellular autophagy — the body’s mechanism for breaking down damaged components, metabolising what can be reused, and regenerating healthy structures — and extends it as a theoretical and clinical metaphor for psychological, relational, spiritual, and identity-based transformation.

This revised article addresses a gap that became apparent through clinical application: the need for a precise theoretical distinction between catharsis and metabolism, and the need to ground the intervention within a culturally specific understanding of colonial trauma as a complex presenting condition. It also introduces the four-phase healing model and the Tūāpapa trinity as the structural architecture through which dimensional autophagy is taught, facilitated, and lived.

Theoretical Framework

Biological Autophagy: The Source Metaphor

At the cellular level, autophagy (from the Greek: ‘self-eating’) describes the degradation of dysfunctional cellular components through lysosomal machinery, enabling cells to recycle amino acids and eliminate toxic accumulations (Glick et al., 2010). This process accelerates during periods of fasting, cellular stress, or nutrient deprivation — representing a fundamental survival and renewal mechanism (Bagherniya et al., 2018). Research has confirmed autophagy’s critical role in disease prevention, cellular longevity, and stress adaptation (Levine & Kroemer, 2019).

The metaphorical extension to psychological and relational dimensions is not mere analogy. The biological process reveals the same logic that indigenous healing traditions have always known - transformation requires breakdown before regeneration. Dysfunction cannot be transcended; it must be metabolised — broken down, its nutrients extracted, its waste composted. This parallel is the theoretical foundation of Dimensional Autophagy.

Colonisation as Complex Trauma: The Three Exiles

A foundational understanding for this framework is that colonisation does not operate merely as a historical event but as ongoing complex trauma — a form of PTSD with specific, identifiable presentations (Pihama et al., 2014; Reid et al., 2018). For Māori in Aotearoa New Zealand, and for indigenous and displaced peoples globally, this trauma manifests as a pattern of triple exile that is frequently unrecognised by conventional therapeutic frameworks.

The three exiles are understood as follows:

- The First Exile: Colonisation exile — the original displacement from land, language, identity, and spiritual practice through the mechanisms of colonisation. This is not a metaphor; it is the literal severing of the whakapapa connection.
- The Second Exile: The double exile — the experience of Māori who navigated corporate or institutional Pākehā environments for decades, becoming systematically deconstructed into a ‘Brown Pākehā’ identity: neither white enough to fully belong, nor Māori enough to return. This exile is characterised by the loss of the authentic self through incremental compliance.
- The Third Exile: The exile of the displaced — the experience of being turned away by one’s own people upon attempting to return, because urban migration and cultural disconnection have made the person unrecognisable within their own community. This is perhaps the most destabilising exile, as it denies the possibility of homecoming from within whakapapa itself.

The Poison Ivy metaphor names the mechanism through which these exiles operate: colonisation, like poison ivy, spreads beneath the surface, invisible and symptomless until it erupts as a crisis. The person experiencing colonial PTSD often does not recognise the source of their dis-ease. They internalise the wound as personal failure, as cultural inadequacy, as the message that something is fundamentally wrong with them rather than with what was done to them.

For clinical application, this understanding reframes the presenting problem. Anxiety, depression, identity fragmentation, relational dysfunction, and spiritual crisis are not individual pathologies in this population — they are the eruptions of unmetabolised colonial wounds. The foundational reframe of the entire framework is: “You can only give what you were given. You pass on what you know.” This restores dignity to the person and redirects attention toward the wound’s origin.

Catharsis versus Metabolisation: The Critical Distinction

The most important theoretical contribution of this revised framework is the distinction between catharsis and metabolisation — two processes that superficially resemble each other but produce fundamentally different outcomes.

Catharsis (from Greek: katharsis, 'purging') is the expulsion of emotional material — the release of feeling through expression. In therapeutic contexts, catharsis produces relief. It is real. It is valuable. But it is not transformational. A person can cry in every session and remain in the same relational patterns. The material has been expelled, not metabolised.

Metabolisation is the nutritive processing of experience — breaking it down into its constituent elements, extracting what can be learned and integrated, composting what cannot be carried forward. Where catharsis asks, 'how do I release this?', metabolisation asks, 'what does this become?'

This distinction has direct clinical implications. Dimensional Autophagy is not a cathartic programme. Participants are not invited to relive trauma repeatedly until it loses emotional charge. They are guided through a structured process of breakdown and metabolisation — sitting with difficult material long enough to extract wisdom, transform toxins into learning, and compost what cannot be carried forward. The goal is not emotional emptying but nutritive integration.

This parallels the biological autophagy process precisely: the cell does not simply expel damaged proteins. It breaks them down, recovers amino acids and building blocks, and uses those recovered materials to synthesise new, healthy structures. The damage becomes a resource. This is the transformation that Dimensional Autophagy invites.

Trauma-Informed Practice

Contemporary trauma research confirms that healing requires safe processing of difficult experience rather than transcendence or spiritual bypassing (Treleaven, 2018). Van der Kolk's (2014) foundational somatic work establishes that trauma lives in the body and requires embodied processing. Developmental trauma research reveals how early relational wounds shape attachment patterns, identity formation, and emotional regulation across the lifespan (Cloitre et al., 2011). Dimensional Autophagy integrates these insights across five dimensions while maintaining grounding in kaupapa Māori.

Te Wetekina: The Loosing — When Strongholds Block the Autophagy Process

The dimensional autophagy framework presupposes that the metabolisation process, once initiated, can proceed through its four phases with sufficient support and clinical holding. However, clinical experience reveals a specific category of blockage that resists the standard autophagy process: the stronghold. A stronghold, in the clinical sense used within this framework, is an ingrained pattern of thought, behaviour, or relational dynamic that has become fortified over time — often through generational repetition, spiritual wounding, or the repeated covenanting of survival responses. Where ordinary patterns yield to recognition, breakdown, and metabolisation, strongholds resist through a deeper mechanism: the person knows the pattern, names it, intends to release it, and returns to it regardless. Willpower alone cannot break a stronghold. This is the clinical reality Te Wetekina addresses.

Te Wetekina (from the Māori: *wetekina*, to loosen, to unbind, to free) names the practice of identifying the precise moment or wound through which a stronghold entered — and consciously dismantling the altar that sustains it. The language of altars is deliberate: strongholds are not merely habits. They are covenanted structures. They entered through a door that was opened — through trauma, through manipulation, through the inherited weight of ancestral wounding — and they remain because that door has not been intentionally closed. Te Wetekina is the act of closing it: naming what covenant was made, what was promised and what was delivered, and replacing that covenant with one that serves mana rather than diminishing it.

Within the Dimensional Autophagy programme, Te Wetekina operates as a precision clinical protocol rather than a general practice. It is trigger-specific and time-anchored: the *kaiārahi* (practitioner) supports the participant to identify the exact moment the stronghold makes its bid — the time of day, the specific relational dynamic, the recurring internal narrative — and constructs a deliberate counter-covenant that occupies that moment with something aligned to the participant's healing. This is not cognitive restructuring alone. Te Wetekina recognises that strongholds operate at spiritual and ancestral registers that cognitive intervention cannot reach. The loosing requires *karakia*, divine invocation, and the sustained engagement of *te Ao Wairua* — the spiritual world — as an active participant in the healing. This is consistent with *kaupapa* Māori understandings of *wairua* as foundational to all dimensions of wellbeing (Durie, 1998).

Te Wetekina threads through all three theoretical registers of the framework. As an unbinding mechanism, it enables the metabolisation that the four-phase model describes but that strongholds would otherwise prevent. As a practice of spiritual authority, it grounds the *wairua* dimension of the autophagy work — making explicit the understanding that healing at depth requires *te Atua* as co-agent. And as a response to ancestral altars, it positions many strongholds not as individual failures but as inherited covenants — structures established

generations before the participant and now available to be consciously dissolved. The participant who completes a Te Wetekina process often reports something precise and unexpected: the sensation not merely of personal change, but of crossing generations. Of something in the lineage shifting.

The Nine Dimensions of TPO and the Five Autophagy Core

Te Poutama Ora articulates nine dimensions of wellness, structured as 5 + 3 + 1. The first five dimensions address the foundational domains of being: Whakapapa, Tinana, Tuakiri, Hinengaro, and Wairua. The second three address the contemporary dimensions of living: Pūtea, Kai, and Matihiko. The ninth — Taha Auaha, Creative Wellness — is not a parallel container but the healing instrument through which all other dimensions are expressed and integrated.

Dimensional Autophagy operates primarily within the first five dimensions, because these are the domains in which intergenerational trauma most deeply accumulates. Relational dysfunction, physical trauma storage, identity fragmentation, emotional dysregulation, and spiritual disconnection all require the specific process of metabolisation before the contemporary dimensions (financial wellness, nutritional connection, digital balance) can be addressed with lasting effect. The five autophagy dimensions are therefore understood as the foundational clearing that precedes full-spectrum wellness.

Taha Tuakiri: The Central Pou

Of the five autophagy dimensions, Taha Tuakiri — identity wellness — is understood as the central Pou of the entire framework. This is not merely conceptual but structural: when identity is unstable, all other dimensions are destabilised. When identity is grounded, the nervous system can tolerate the autophagy process across all dimensions without collapse.

The central truth of the framework is expressed as: “When I am tau, te Ao Mārama is tau.” When I am settled, the world is settled. Identity stability is not a destination arrived at after wellness work; it is the precondition and the proof of it. Tuakiri autophagy, therefore, occupies a particular position in the programme — it is the work that makes the other work possible.

For Māori and other colonised peoples, tuakiri autophagy is also the most politically charged dimension. The colonial mechanism operates most effectively through identity assault — the systematic message that indigenous identity is shameful, primitive, or inadequate (Walker et al., 2006). Reclaiming identity is therefore not a therapeutic exercise; it is an act of decolonisation.

The Four-Phase Healing Model

The structural architecture through which Dimensional Autophagy operates is the four-phase healing model. Unlike linear therapeutic models, this framework understands healing as a spiral process — each dimension passes through all four phases, and the completion of one dimension deepens the capacity for the next.

Te Tūāhuatanga — Recognition: The phase of seeing clearly. This is not a diagnosis but honest witnessing — naming what is present without pathologising it. In this phase, participants identify what patterns are running, what has been inherited, and what no longer serves. The kaiārahi's role is to create conditions of safety sufficient for honest recognition without shame.

Te Kāwhatitanga — Breakdown/Clearing: The phase of intentional dissolution. Having named what needs clearing, the participant initiates the breakdown process. This is the most uncomfortable phase — the discomfort of dissolution, the guilt of releasing obligations, the grief of acknowledging what was done. It is also the most transformative. The kaiārahi holds this discomfort without premature resolution. Where a pattern proves resistant to breakdown — where the participant returns repeatedly to the same behaviour despite clear intention to release it — Te Wetekina is introduced as the specific protocol for dismantling the stronghold that prevents the autophagy process from proceeding.

Te Whakahuatanga — Metabolisation/Composting: The phase of extracting wisdom from the broken-down material. This is the nutritive core of the process. The dysfunction is not expelled — it is composed, its elements recovered. The rage becomes clear-seeing. The grief becomes gratitude. The inherited pattern becomes the template for what will not be passed on. This phase requires the most skill to facilitate because it demands staying in the material without cathartic release.

Te Tuku — Release/Integration: The phase of releasing what cannot be metabolised further and integrating what has been transformed. Te Tuku is both an ending and a beginning — the consciously chosen release of burdens that are not one's own, and the integration of new patterns, new relational structures, and new identity. Me Heke ki Mua — to descend forward — names the movement of this phase: returning changed. This process is further defined within Te Poutama Ora as what to do when you are stuck and bringing back control and enabling forward movement.

Tūāpapa: The Trinity of Transformation

The Tūāpapa trinity structures the clinical architecture of the programme across all five dimensions. Each dimension is engaged through three movements — Recognition, Reclamation, and Restoration — which together produce what the framework calls the complete autophagy cycle.

- Recognition — Seeing the pattern clearly, naming its origin, refusing shame. This corresponds to Te Tūāhuatanga and the early cycles of the 9-cycle process.
- Reclamation — Taking back what was taken: identity, agency, spiritual authority, relational sovereignty. This corresponds to Te Kāwhatitanga and Te Whakahuatanga. It often involves rage work, grief work, and the deep refusal of inherited diminishment.
- Restoration — Building what was never present: healthy relational patterns, grounded identity, authentic spiritual life, integrated emotional range. This corresponds to Te Tuku and the later cycles. Restoration is not a return to a previous state but the creation of something that may never have existed in the lineage.

Taha Auaha: The Healing Instrument

The ninth dimension of Te Poutama Ora is Taha Auaha — Creative Wellness. Where the other eight dimensions are containers (dimensions of human experience), Taha Auaha functions differently: it is the healing instrument through which metabolisation is expressed, integrated, and made legible across all dimensions.

Creative autophagy is the mechanism by which unprocessed experience finds form: the rage that becomes art, the grief that becomes song, the fracture that becomes story. This is not art therapy as an adjunct; it is the understanding that human beings metabolise through making. The body does not merely hold trauma — it seeks expression, and when expression is blocked, the holding becomes pathological.

For Māori, this is not a new insight. Waiata, haka, tukutuku, koru carving, kōrero — all creative expressions within tikanga Māori carry the function of metabolisation. Taha Auaha reclaims this understanding and returns it to the centre of a healing framework. In the programme, creative practice is not optional enrichment; it is the integration pathway through which the work of all five autophagy dimensions finds its permanent home in the person's body and life.

The Five Dimensions of Autophagy

Whakapapa Autophagy: Relational and Genealogical Clearing

Whakapapa autophagy addresses the clearing of toxic relational patterns, ancestral trauma, and connections that drain rather than sustain. This dimension recognises that individuals inherit not only genetic material but relational patterns, emotional responses, and survival strategies from previous generations (Pihama et al., 2014). Epigenetic research confirms that trauma responses can be transmitted across generations through biological mechanisms (Yehuda et al., 2016).

The work of whakapapa autophagy involves metabolising inherited dysfunction while honouring the lineage that transmitted it. The foundational reframe is critical here: the parent who caused harm most often passed on what they were given. This does not excuse the harm; it contextualises it within a whakapapa of wounding that began long before the individual and extends beyond them. Whakapapa autophagy breaks the cycle not through blame but through metabolisation.

A key distinction of this dimension is the difference between geographic distance and relational clearing. A person can travel five hours or five thousand kilometres from their family and carry every pattern intact in their nervous system, their choices, their relationships. Whakapapa autophagy requires metabolisation, not geography. Where relational patterns prove particularly resistant — where the participant recognises the inherited dynamic, intends to release it, and finds themselves drawn back regardless — Te Wetekina names the mechanism: an ancestral altar has been established. The pattern entered through a specific wound, a specific moment, and has been covenanted across generations. The loosening is not primarily a therapeutic act but a genealogical one — the dismantling of what was established in the lineage before the participant was born, made possible by the conscious reclamation of tino rangatiratanga over their own whakapapa.

Wairua Autophagy: Spiritual Clearing

Wairua autophagy addresses spiritual blockages, false beliefs, and disconnection from authentic spiritual life. For Māori and others whose spirituality has been shaped by colonial mechanisms — whether through the Tohunga Suppression Act, the imposition of Abrahamic frameworks, or the systematic displacement of indigenous spiritual knowledge — the spiritual dimension often carries both a wound and a gift that have become entangled.

This dimension addresses what the framework names the Whakapapa Dilemma: the experience of feeling like a spiritual impostor when one's genealogical identity does not trace to the Abrahamic covenant, or when Christianity is received through a colonial political mechanism rather than as a living encounter. The resolution of this dilemma is not a theological argument but a lived experience: the recognition that the sacred was present throughout the cave

seasons—the sites of praxis; that the encounter was real even when the framework offered for it was not. “God had me all that time. I had covered my own eyes.”

Wairua autophagy also works with the appropriate metabolisation of secrets held in sacred space. Not every clearing requires public disclosure. Discretion is wisdom, not repression, when the secret has been processed, and peace has been found. Some truths are between the person, Te Ao Wairua, Te Atua, and their own healing. It is within this dimension that Te Wetekina finds its deepest expression: the loosing of spiritual strongholds — the ingrained covenants that no amount of willpower can dissolve — requires the engagement of te Ao Wairua as co-agent in the healing. Karakia is not preparatory; it is the mechanism. Divine invocation is not supplementary; it is the authority through which the altar is dismantled and the door finally closed.

Tuakiri Autophagy: Identity Clearing

Tuakiri autophagy addresses the breakdown of false selves, imposed identities, and colonial conditioning. This is the dimension that most directly confronts the three exiles and the Poison Ivy mechanism. The false self-created through decades of institutional compliance, code-switching, and cultural performance is not the person. It is the adaptive structure built to survive an environment hostile to authentic identity. It served its purpose. It is not who they are.

The clinical work of tuakiri autophagy involves rage work — providing safe containers for the anger that could not be expressed during survival. It involves naming what was done to the person rather than what the person did wrong. It involves the reclamation of cultural identity without apology and the composting of the performance self without grief for it. It is among the most politically alive and clinically demanding dimensions in the framework.

Hinengaro Autophagy: Mental and Emotional Clearing

Hinengaro autophagy focuses on clearing toxic thought patterns and emotional blockages. This dimension carries a critical reframe mental and emotional distress patterns as adaptive responses rather than pathologies. Anxiety is information. Depression is a closing down in the face of impossible situations. Rage is the soul’s refusal to accept violation as normal. These patterns are not the problem — they are messengers.

Positioned fourth in the sequence, hinengaro autophagy is most effective after the clearing of whakapapa, wairua, and tuakiri blockages. The understanding is precise: individuals cannot think their way out of patterns created by relational trauma, spiritual shame, and identity assault.

Cognitive and emotional clearing is naturally more available once the deeper structural blockages have been metabolised. The sequence matters.

Tinana Autophagy: Physical Clearing

Tinana autophagy is positioned last because the body holds everything. The physical dimension is the archive of all relational patterns, spiritual wounds, identity trauma, and emotional material — stored in fascia, posture, nervous system, and cellular memory. Van der Kolk's (2014) foundational research confirms that the body keeps the score of all that has not been metabolised. Tinana autophagy integrates biological fasting practice — which activates cellular autophagy directly (Bagherniya et al., 2018) — with the understanding that the body responds most profoundly once the other dimensions have been cleared.

In the framework, serious physical illness is not understood punitively but structurally: the body doing the clearing, the mind could not yet comprehend. The work of tinana autophagy is to honour the body's intelligence, support its clearing through fasting and embodied practice, and recognise that physical regeneration is the integration of all that has been metabolised across all dimensions.

Programme Structure and the Teaching Tool Pathway

Dimensional Autophagy is delivered as a structured five-month programme, with each month dedicated to one dimension in sequence. This sequential approach creates focus (deep work within a contained domain), safety (sufficient integration time between dimensions), and momentum (completing one-dimension builds both capacity and confidence for the next).

The programme follows a layered delivery architecture, designed to allow participants to engage at multiple levels of depth and facilitate kaiārahi's to teach with fidelity:

- Academic Article (overarching + per dimension) — theoretical and clinical foundations; positions the framework within the wider literature
- Blog / Accessible Introduction — story-led entry point for each dimension; bridges personal experience and conceptual understanding
- Teaching Tool / Workbook — the structured clinical programme; recognition practices, release protocols, integration work, and the 9-cycle framework applied to the specific dimension

Each dimension's workbook contains teaching through te pūrākau (lived and resolved personal story), recognition practices, release protocols, integration work, and the 9-cycle framework applied specifically to that dimension's terrain. The Tūāpapa trinity and four-phase model are embedded throughout as the consistent structural logic.

Participants may follow three delivery pathways: the Ground-Up approach (Tinana through to Wairua), the Root-Out approach (Whakapapa through to Wairua), or a Lived Experience approach (following the dimension that presents most urgently in their current life). The programme is either facilitated by kaiārahi's trained in Te Poutama Ora or can be self-directed if a participant chooses. Workbooks are scaffolded to assist learning and integration/release flow.

Discussion

Relationship to Existing Frameworks

Dimensional Autophagy exists in a complementary relationship to Mason Durie's Te Whare Tapa Whā, to Rochford's Te Pae Māhutonga, and to the Meihana Model. Where these frameworks provide essential foundational architecture for Māori health and wellness, Dimensional Autophagy offers a specific clinical intervention for the clearing and metabolisation

of intergenerational trauma within an expanded nine-dimensional model. These frameworks are not competitive; they occupy different registers of the same kaupapa.

The integration of indigenous knowledge with insights from cellular biology, epigenetics, and somatic psychology represents decolonisation not as rejection of Western knowledge but as the exercise of indigenous authority to select, on our own terms, what from other traditions serves our people. The framework is Māori in its foundation, architecture, and orientation. It converses with other knowledge systems without being governed by them.

Limitations and Future Directions

Several limitations deserve acknowledgement. The framework requires cultural competence from kaiārahi's and deep engagement with Māori worldviews and colonial trauma. The intensive nature of dimensional autophagy means it serves those ready for significant transformation rather than those in acute crisis — stabilisation must precede this work. The primarily online delivery model, necessitated by geographic realities in Aotearoa New Zealand, may reduce the depth of understanding and application that would be garnered from face-to-face and marae-based healing contexts.

Future directions include longitudinal outcome research across the full five-month programme; development of cultural adaptation protocols for other indigenous contexts; training pathway formalisation for kaiārahi's; and the integration of Maramataka (the Māori lunar calendar) as a temporal clinical spine, aligning the programme's phases with natural cycles of planting, growth, harvest, and rest.

Conclusion

Dimensional Autophagy offers a kaupapa Māori framework for the metabolisation of intergenerational trauma, colonial conditioning, and intergenerational dysfunction across five foundational dimensions of human experience. Its central theoretical contribution — the distinction between catharsis and metabolisation — reframes transformation as a nutritive rather than expulsive process and repositions wellness work as the creation of something that may never before have existed in the person's lineage.

Grounded in the truth that you can only give what you were given and pass on what you know, the framework restores dignity to those carrying colonial wounds. It redirects attention from personal failure to structural cause. The four-phase healing model, the Tūāpapa trinity, and the positioning of Taha Tuakiri as central Pou provide clinical architecture that is both culturally coherent and practically robust.

In the hands of prepared kaiārahi's and ready participants, Dimensional Autophagy is not merely a wellness programme. It is an act of intergenerational healing — the breaking of cycles that began long before the individual and the creation of new whakapapa: the whakapapa of what is passed on next.

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