Te Tūāhuatanga — Naming the Displacement:

Taming Te Taniwha o Whakamā

Ruku I'Anson (May 2026)

Whakapapa of Colonisation Series — Paper One

Abstract

Paper One of this series proposed Colonisation PTSD as a clinical category, traced the Poison Ivy mechanism of intergenerational transmission, and mapped the full range of dysfunction that colonisation produces across the nine dimensions of Te Poutama Ora. This paper opens the healing arc of the series by addressing its first and most foundational phase: Te Tūāhuatanga — the act of naming the displacement. Drawing on interpersonal neurobiology (Siegel, 2010), narrative therapy (White & Epston, 1990), trauma theory (Herman, 1992; van der Kolk, 2014), decolonisation literature (Fanon, 1963; Smith, 2012), and the author's own lived experience, this paper argues that naming is not a preliminary step on the path to healing — it is itself a therapeutic act of the first order. The paper identifies seven distinct layers of displacement produced by colonisation in Aotearoa New Zealand; examines the architecture of silence that makes naming so profoundly difficult; traces the neurobiological effects of the naming act; describes what naming looks and feels like across each of the nine Taha of Te Poutama Ora; and connects the naming phase directly to Te Ohorere — the Awakening step of Te Ngāhau Kiri. The paper concludes by identifying the specific bridge from naming into the somatic work of Paper Three.

Keywords: Colonisation PTSD, Te Tūāhuatanga, naming, displacement, historical trauma, affect labelling, decolonisation, Te Poutama Ora, Te Ngāhau Kiri, Te Ohorere

1. Introduction: The Name You Couldn't Find

There is a suffering where you find you are triggered by specific acts or situations and yet those reactions don't make sense. Why am I protesting so much? For me these were conversations about Te Tiriti o Waitangi, movies like 'Once were Warriors' or 'Boy'. Then seeing non-Māori embraced into the Māori community to learn te Reo when I am

ostracised for leaving my marae as a teenager to “learn the ways of the Pākehā”. It is the suffering of a pattern, the recurring anxiety that feels unstoppable. The shame that surfaces in spaces where you have every right to belong. The grief that has no clear beginning and no clear end, the sense of being somehow fundamentally displaced from a home you were never given the chance to inhabit. This is the suffering of Colonisation PTSD, and one of its defining features is that the people carrying it frequently do not have a name for what they carry – the shame; Te Taniwha o Whakamā.

This matters clinically. Herman (1992) identifies naming as the first act of recovery from trauma — not because it resolves the wound, but because the unnamed wound cannot be safely approached. It appears to arise from nowhere, from the self, from some inherent inadequacy that confirms the very shame the wound originally installed. Without a name, the person suffering is alone with something that has no edges, no location, and no genealogy. They cannot tell the kaiārahi what happened, because they do not know that something happened. They can only report how they feel, and the feeling is that something is fundamentally wrong with them.

Te Tūāhuatanga — the naming of the displacement — interrupts this. It gives the wound an address. Not a diagnosis of the individual, but a location in a genealogy. The address is not: you are broken. The address is: something was taken, from your people, in your whakapapa, through specific historical mechanisms — and you are carrying the consequence of that taking. This reframing is not merely psychological comfort. As this paper will argue, it has measurable neurobiological effects, observable relational consequences, and a structural role in the healing arc of Colonisation PTSD that cannot be skipped or abbreviated.

> *"The wound that has no name is a wound that cannot heal — because the person carrying it believes they are the wound. Naming separates the person from the pattern. That separation is where healing begins."*

2. Seven Layers of Displacement: What Must Be Named

To name the displacement effectively, kaiārahi and clients both require a clear map of what displacement means in the context of colonisation in Aotearoa New Zealand. The term displacement is used here in a specific and layered sense — not simply as physical dislocation from land, but as a multidimensional severance that operated simultaneously across seven distinct domains of human experience. Each layer

represents a separate act of naming that may be required in the clinical encounter. Together, they constitute the full architecture of the wound.

#	Te Reo Māori	English	What was displaced
1	**Papatūānuku**	Displacement from land	The physical severance from ancestral land as the foundation of identity, spiritual grounding, and economic self-determination. Land in te Ao Māori is not property — it is whakapapa made physical. Its loss is not merely economic. It is ontological.
2	**Te Reo Māori**	Displacement from language	Language is not a communication system. It is, as Mead (2003) describes the vessel through which identity, cosmology, relationship, and knowledge are transmitted. Its removal does not merely silence people. It severs them from the architecture of their own thinking.
3	**Whakapapa**	Displacement from lineage	The loss of connection to tīpuna — grandparents, ancestors — as living presences in identity and decision-making. Pepper-potting severed community. Urbanisation severed marae connection. What is lost is not simply heritage; it is the relational web that tells a person who they are and what they are for.
4	**Mātauranga Māori**	Displacement from knowledge	The Tohunga Suppression Act 1907 criminalised an entire system of indigenous knowledge. What was severed was not superstition but epistemology — a complete way of understanding health, relationship, nature, and the cosmos that had developed over centuries and that

#	Te Reo Māori	English	What was displaced
			provided the community's healing infrastructure.
5	**Marae / Hapū**	Displacement from community	The deliberate dispersal of Māori families through pepper-potting policies that placed one Māori whānau per street was an architectural intervention in social belonging. Isolated from each other, whānau lost the mutual accountability, the shared tikanga, and the social container that made individual wellbeing possible.
6	**Tuakiri**	Displacement from self	The installation of internalised colonialism — the adoption of the coloniser's assessment of Māori identity as inferior, backward, and in need of correction — as the deepest and most enduring layer of displacement. This is the layer that transmits most invisibly, because the carrier believes it is their own view of themselves. The shame of identity with no means of resolution.
7	**Taha Pūtea**	Displacement financial papa	The financial floor removed before this generation arrived. Labour systematically undervalued. Land taken before it could accumulate as wealth. Educational systems designed to measure proximity to the coloniser's world rather than skill. Poverty is not a separate wound from colonisation. It is the delivery system that sustained every other displacement across generations — and it belongs in the list

Each of these seven layers requires its own naming act. A client may be ready to name the displacement from community before they can name the displacement from self. A kaiārahi may need to name the displacement from language before the client has that language. The clinical task is not to rush through all seven in a single encounter, but to create conditions in which each layer can be approached in its own time, with its own weight, without the pressure to reach resolution before the naming is complete.

3. The Whakapapa of Poverty

What colonisation did systematically — the taking of land, language, lineage, knowledge, and community — had a material consequence that compounded across generations. Each displacement carried an economic cost. The land that was taken could not generate wealth for the people it was taken from. The language that was banned reduced access to education on Māori terms. The healing knowledge that was made illegal deprived communities of the kaiārahi who would have served them. The community structures dispersed by pepper-potting dissolved the economic solidarity of hapū and iwi at the same moment the formal economy offered little in its place.

The result was a poverty that did not look like a wound because it was so consistent, so generalised, so present across the whole community that it appeared to be simply the way things were. The child growing up inside it could not see it as a colonial outcome. She saw it as the house she could not bring friends to. The schoolbooks she had to save her own money to buy. The class stream that placed her below her ability — not because of anything she lacked, but because the assessment was measuring something she had never been given access to.

What that child could not see was what the deprivation was doing inside her — and inside her siblings, and her siblings' children. Scarcity, when it is structural and sustained, does not stay outside the body. It becomes a nervous system orientation. It produces accumulation that outlasts the original lack — the holding onto objects, food, money, or information beyond current need, not as greed but as the body preparing for a shortage it learned to expect. It produces rituals of restoring order, filling space, recreating sufficiency — repeated not from habit but from a deep somatic logic that says: if I can make this right here, perhaps the loss will not return. These patterns move through whānau not as character but as inheritance. They are intelligent adaptations to an environment where deprivation was structurally guaranteed — and they are rarely named as such.

This is the whakapapa of poverty: not the abstraction of income inequality but the specific texture of material deprivation as a colonial inheritance, traceable to specific mechanisms, transmitted across generations in the same way the other wounds of colonisation transmit — through the bodies and choices and adaptations of people who were not told what was happening to them. Colonisation PTSD is never only a cultural wound. It is also a material one. And naming it — naming the hoarding, the ritual, the scarcity-body, the poverty that looks like personality — is part of the same first act of healing.

4. The Architecture of Silence: Why Naming Is Resisted

If naming is the first act of healing, the question that immediately follows is: why does it so rarely happen? Why do generations of Māori people carry Colonisation PTSD without naming it? Why do clinical encounters proceed around the wound rather than into it? The answer is not simple, but it has a structure — and understanding that structure is itself part of the clinical work.

4.1 The internalized prohibition

The most powerful silence is the one that does not feel like silence — it feels like common sense. For many Māori people, the naming of colonial injury as the source of current suffering feels illegitimate before it is even attempted. "This happened a long time ago." "Others have it worse." "I don't identify as Māori enough to claim this." "Making excuses." “Haven’t you people moved on from this…don’t blame us, we didn’t do any of this that was our ancestors!”. These are not neutral thoughts. They are the internalised voice of the colonial project itself, which always insists that the wound it made is either not real, not current, or not the right person's wound to claim. Brown (2010) identifies this dynamic in shame research: shame survives by convincing the carrier that the shame is deserved, personal, and permanent. Colonisation PTSD installs the same prohibition against its own naming.

4.2 The whakamā about the whakamā

There is a recursive structure to the shame of Colonisation PTSD that makes naming particularly difficult for Māori clients. The wound installs whakamā. But there is also whakamā about the whakamā — a secondary layer of shame about having been affected, about not having "gotten over it," about claiming victimhood in a context where resilience is culturally prized. Walker (1990) documents the long tradition of Māori

resistance to colonisation precisely because that resistance demonstrates that the colonial project failed in total. But this tradition of resistance can inadvertently make it harder to name the wound: to name it is to acknowledge that the resistance was not complete, that something got through, that the urushiol found its way in despite everything.

4.3 The clinical failure to name first

Kaiārahi who do not have a working model of Colonisation PTSD will, naturally, not name it. They will work with the presenting symptoms — the depression, the anxiety, the addiction, the relational rupture — using frameworks that locate the source of those symptoms in the individual's biology, early experience, or behavioural patterns. This is not poor practice but is a predictable result of a training system that has not yet integrated Colonisation PTSD as a clinical category. But its effect on the client is significant: it confirms the implicit belief that the wound is personal. The kaiārahi, by not naming the genealogy, inadvertently reinforces the shame architecture. Reid and Robson (2007) document the systematic undertreatment of Māori mental health needs and the overrepresentation of Māori in the most acute crisis statistics — this gap is not only a resourcing failure, but also partly a naming failure.

4.4 The cost of naming

There is a real and legitimate cost to naming that kaiārahi must not minimise. To name Colonisation PTSD in a clinical encounter is to open a genealogy of grief that may be immense. The client who names their displacement from whakapapa may find themselves mourning a connection to tīpuna they have never had. The client who names their displacement from language may grieve a tongue that was taken before they were born. The naming can precede the loss — or more precisely, it can make a loss that was always present finally visible and therefore finally grievable. Herman (1992) is clear that this grief is necessary and therapeutic, but kaiārahi must be prepared to hold it rather than redirect away from it.

5. Name It to Tame It: The Neuroscience of Naming

The phrase "name it to tame it" originates in the work of Siegel (2010), who used it to describe the neurobiological effect of affect labelling — the act of putting a feeling into words. Siegel's synthesis of interpersonal neurobiology research established that when a person labels an emotional experience linguistically, activity in the prefrontal cortex

increases while reactivity in the amygdala — the brain's threat-detection centre — measurably decreases. This finding has since been confirmed in direct experimental research by Lieberman and colleagues (2007), who demonstrated that putting feelings into words disrupts amygdala activity even in the presence of emotional stimuli, and produces a regulatory effect that is distinct from, and complementary to, cognitive reappraisal strategies.

This is not simply metaphor. The act of naming Colonisation PTSD in a clinical encounter does something specific to the nervous system of the person being named. It moves the wound from implicit memory — the unnarrated, somatically encoded layer of experience that drives behaviour without being consciously accessible — toward explicit memory, where it can be narrated, examined, and integrated. Van der Kolk (2014) describes this movement as essential to trauma processing: the trauma that remains in implicit memory continues to drive the nervous system as if the original threat is present now. The trauma that moves into explicit memory can be in the past, and the nervous system can begin to learn that the threat has changed.

For Colonisation PTSD specifically, this neurobiological principle has a particular significance. Because the wound was not experienced by the presenting client as a discrete event, it does not have the experiential markers that typically anchor traumatic memory in time and place. The client cannot say: it happened on this day, in this place, to me. What they carry is diffuse, ambient, and somatic — it lives in the body as a setting rather than as a story. Naming the genealogy — "this is Colonisation PTSD, and it arrived through these specific mechanisms in your whakapapa" — provides the temporal and contextual anchoring that the wound lacks. It creates a story, and the nervous system, presented with a story, can begin to locate it in the past rather than experiencing it as the permanent present.

The Neuroscience of Te Tūāhuatanga

Unnamed wound: implicit memory → amygdala-driven → present-tense threat experience → shame cycle → transmission continues Named wound (Te Tūāhuatanga): implicit → explicit memory → prefrontal engagement → past-tense location → shame architecture disrupted → transmission can be interrupted Naming is not resolution. It is the neurobiological precondition for resolution.

Pennebaker's (1997) research on expressive writing provides a complementary finding: the act of writing about emotional experiences produces measurable improvements in immune function, psychological wellbeing, and cognitive processing of the experience. This is the neurobiological basis for Te Poutama Ora's instruction in the Te Ohorere phase: don't edit your thoughts, write your first impressions, write what's true. That instruction is a naming permission and a nervous system intervention simultaneously.

6. The Witness and the Named: Clinical Dimensions of Te Tūāhuatanga

Herman (1992) introduces the concept of the witness as central to trauma recovery — the person who is present to the wound, who does not flinch from it, and whose presence confirms that the wound is real and the person carrying it is not alone. In the context of Colonisation PTSD, the kaiārahi who names the wound before the client has found the name is performing a specific and powerful act of witnessing. They are saying: I can see this. I know what this is. You are not making it up and you are not its source.

White and Epston's (1990) narrative therapy framework offers a complementary clinical tool through the concept of externalisation: the therapeutic practice of locating the problem outside the person so that the person can develop a relationship with the problem rather than being defined by it. In the context of Colonisation PTSD, externalisation is not a technique. It is the accurate description of the actual situation. The wound is external in its origin. Naming it as Colonisation PTSD — naming it as something that arrived through a genealogy rather than something that originated in the self — is the most precise externalisation available. It does not distance the person from their experience. It locates their experience correctly.

6.1 What naming sounds like in the room

The clinical act of naming Colonisation PTSD is not a lecture, and it is not a diagnosis delivered from above. It is a collaborative act of recognition — one that follows the client's own material and offers language for what they have been trying to say. Some examples of what naming sounds like in the room:

What the client says	What Te Tūāhuatanga names
"I've always felt like I don't belong anywhere."	"That feeling has a name. It's displacement from community — something that was done to your

What the client says	What Te Tūāhuatanga names
	whakapapa, not something that is wrong with you."
"I can't explain why I feel so ashamed sometimes. I just do."	"That shame arrived before you did. It's colonisation-installed whakamā — carried in the family system and transmitted forward. It belongs to the genealogy, not to you."
"My dad was a hard man. His dad was the same. I'm trying not to be."	"You're standing at a naming point in your whakapapa. What you're naming is a pattern that has a whakapapa of its own — and you're choosing to be where it turns."
"I don't feel Māori enough to talk about this."	"That thought — 'not Māori enough' — is itself one of the things colonisation installed. The doubt about your right to claim your own whakapapa is part of the wound."

7. Naming Across the Nine Dimensions

Because Colonisation PTSD operates across all nine dimensions of Te Poutama Ora, the naming act must also be dimensionally aware. The client carrying suppressed creativity (Taha Auaha) and the client carrying spiritual homelessness (Taha Wairua) are both carrying Colonisation PTSD — but the naming that reaches each of them is different. The following map describes what naming sounds like and what it opens within each dimension.

Taha Whakapapa (Relational)	*"The isolation you feel from your own people is not rejection — it is displacement. Pepper-potting was designed to produce exactly this feeling of not belonging to any community."*
Taha Tinana (Physical)	*"Your body's hypervigilance — the tension, the sleeplessness, the gut that never settles — is keeping a score it did not write.*

	Your nervous system inherited a threat environment. We can name that and begin to show it the threat has changed."
Taha Tuakiri (Identity)	*"The voice you keep silencing had a right to exist. The 'who do you think you are?' was installed by a system that needed you not to know who you are. Naming it is the first act of reclaiming."*
Taha Hinengaro (Mind / Emotion)	*"This depression is not a chemical imbalance in isolation. It is three generations of unprocessed grief that was never given a container. Naming the genealogy of it is not dwelling in the past — it is finally giving the grief somewhere to go."*
Taha Wairua (Spiritual)	*"Your spiritual homelessness is not a personal failure of faith or practice. It is the consequence of a specific legislative act — the Tohunga Suppression Act — that removed the container your gifts were designed to inhabit."*
Taha Kai (Food/Gut)	*"The body that cannot seem to thrive on the food it has been given is not failing. The kai systems that sustained your tīpuna for generations were disrupted by the same displacement that took the land — because they were the land. What colonisation replaced those systems with was not nourishment; it was management. Naming that severs the shame from the biology and returns the hunger to its right source: the severed connection to whenua."*
Taha Pūtea (Financial)	*"The poverty cycle in your whānau is not a character failure across generations. It is an economic consequence of land confiscation and deliberate isolation from resource networks. Naming that changes where the work needs to happen."*
Taha Matihiko (Digital)	*"The digital divide your whānau sits on the wrong side of is not a gap in intelligence or ambition. It is the continuation of a deliberate exclusion — the same system that removed land and language also failed to resource Indigenous communities for each new era of economic participation. The digital space has replaced connections with others and, driven wants and needs*

	that impact all other dimensions, and the belief that we must always be 'switched on'."
Taha Auaha (Creative)	*"The creative suppression you carry — the voice that was told to be quiet, the art that was called a waste of time — that is colonisation reaching into your most generative capacity. Naming it opens the possibility of metabolising it."*

8. Te Ohorere and Te Tūāhuatanga: The Awakening Step as Naming

Within Te Ngāhau Kiri, the first step of the nine-step framework and Te Ara Iwa, the nine-step transformation aligned with the Maramataka is Te Ohorere — Awakening. The instruction that opens this step is both simple and radical in its implications: don't edit your thoughts. Write your first impressions. Write what's true.

This instruction is a naming permission. It is telling the person who has spent a lifetime editing, minimising, and translating their experience for the comfort of dominant systems: in this space, you are allowed to name what you see. The seven-day daily observation journal that forms the spine of Te Ohorere is structured around five questions per wellness dimension — questions that do not ask the person to evaluate or improve themselves, but simply to observe and record. That act of observation is Te Tūāhuatanga in its most accessible form.

The week summary and dimension ranking exercise that follows — which asks the person to sit with what they have observed and identify which dimensions are most under pressure — is the moment where naming becomes diagnostic in a self-directed, non-pathologising way. The person is not being told what is wrong with them. They are being given a map and asked to locate themselves on it. When that self-location happens — when a person writes, for the first time, "I think my whakapapa dimension is the one that is most suffering" — they have named something. And the naming is the beginning of everything that follows.

> *"Te Ohorere asks you to see clearly before you try to change anything. That clarity — the willingness to look without immediately running — is the first act of courage in the healing of Colonisation PTSD."*

9. The Bridge to Te Kāwhatitanga: What Naming Opens

Te Tūāhuatanga is not a complete healing arc. It is the necessary first movement — the act that creates the conditions for the somatic work that follows in Paper Three. Understanding what naming opens, and why the somatic work cannot begin without it, is therefore a clinical priority.

When Colonisation PTSD is named, the wound moves — at least partially — from implicit to explicit memory. The nervous system can begin to locate the threat in the past rather than experiencing it as permanent present. Shame, which requires the belief that the wound is personal and permanent, begins to loosen its grip. The client is no longer alone with something nameless. They have a kaiārahi who can see what they are carrying, and a framework that maps where it came from.

But the body has not yet been directly addressed. The displacement lives not only in the story but in the tissue — in the held breath, the contracted chest, the gut that has been on alert for generations. Te Kāwhatitanga — Somatic Contact with Wai-māori — is the phase in which the body is brought into the healing work. It cannot be approached safely until the naming work is done, because the body under unacknowledged threat cannot receive restorative contact. The naming act changes the conditions. It tells the nervous system: this is no longer a secret, and it is no longer yours alone. Now we can approach the body.

Durie's (1998) model of Māori health, Te Whare Tapa Whā, identifies taha tinana (physical dimension) as one of the four walls of the whare of wellbeing. A whare whose walls are held in place by unnamed injury cannot be properly repaired. The naming establishes the safe perimeter within which the structural work can proceed.

10. Implications for Practice

The framework presented in this paper suggests several specific implications for kaiārahi working with Māori clients and others carrying the effects of historical colonial trauma.

10.1 Name it first

The kaiārahi task in the early phase of working with Colonisation PTSD is to create the conditions for naming — and where the client cannot yet name, to name on their behalf as a witnessing act. This does not mean imposing a diagnosis. It means offering

language and watching whether it lands: "I wonder if some of what you're describing has a genealogy that goes back further than your own experience?" The client who recognises themselves in that question has already begun the naming act.

10.2 Normalise the resistance

The architecture of silence that makes naming difficult should be addressed directly in the clinical encounter. Naming the resistance to naming — "There's often a voice that says this isn't real, or you're making excuses — does that sound familiar?" — is itself a form of Te Tūāhuatanga. It names the prohibition and thereby reduces its power.

10.3 Work dimensionally

Use the nine dimensions of Te Poutama Ora as a naming map. Different clients will be ready to name in different dimensions first. The kaiārahi task is to follow the readiness, not to prescribe the sequence. The full naming will come, but it comes in the order the person can bear it.

10.4 Hold the grief

Naming opens grief. The kaiārahi must be prepared to hold it — not redirect away from it, not rush it toward resolution, but sit with it as the necessary and therapeutic consequence of finally seeing what has been carried. The grief of Colonisation PTSD, when it is finally given space, is not infinite. It has a shape. It moves. But only if it is allowed to be present.

11. Conclusion: The Word That Makes the Wound Visible

Te Tūāhuatanga — naming the displacement — is not the hardest part of healing Colonisation PTSD. But it is the part without which the rest cannot happen. The wound that has no name is a wound that continues to transmit, because the carrier cannot interrupt what they cannot see. The wound that is named becomes locatable in a genealogy, anchorable in time, approachable by a nervous system that has been given permission to know what it is responding to.

This paper has argued that naming is a neurobiological act, a relational act, a political act, and a spiritual act simultaneously. It draws on the science of affect labelling, the clinical practice of witnessing, the decolonising imperative to call the colonial condition by its right name, and the wairua dimension of the work — the understanding that in te

Ao Māori, to name something is to call it into relationship, to acknowledge its existence and its power, and in doing so, to begin to change that relationship.

The next paper in this series, Te Kāwhatitanga, takes the work into the body. But the body cannot receive that work until the naming has been done. The kaiārahi who sits with a client carrying Colonisation PTSD and names it — who says, with confidence and without drama, "this has a name, and the name is not yours" — is doing something that no amount of symptom treatment can replicate. They are giving the wound an address. And the wound, finally addressed, can begin to move toward its resolution.

> *"You did not plant the poison ivy; now you know what to call it. That is not a small thing. That is the first act of becoming the ancestor your descendants will thank."*

References

Brave Heart, M.Y.H. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. Journal of Psychoactive Drugs, 35(1), 7–13.

Brown, B. (2010). The gifts of imperfection: Let go of who you think you're supposed to be and embrace who you are. Hazelden.

Durie, M. (1998). Whaiora: Māori health development (2nd ed.). Oxford University Press.

Fanon, F. (1963). The wretched of the earth (C. Farrington, Trans.). Grove Press.

Herman, J.L. (1992). Trauma and recovery: The aftermath of violence — from domestic abuse to political terror. Basic Books.

Lieberman, M.D., Eisenberger, N.I., Crockett, M.J., Tom, S.M., Pfeifer, J.H., & Way, B.M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. Psychological Science, 18(5), 421–428.

Mead, H.M. (2003). Tikanga Māori: Living by Māori values. Huia Publishers.

Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. Psychological Science, 8(3), 162–166.

Pihama, L., Reynolds, P., Smith, C., Reid, J., Smith, L.T., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. AlterNative: An International Journal of Indigenous Peoples, 10(3), 248–262.

Reid, P., & Robson, B. (2007). Understanding health inequities. In B. Robson & R. Harris (Eds.), Hauora: Māori standards of health IV. Te Rōpū Rangahau Hauora a Eru Pōmare.

Siegel, D.J. (2010). The mindful therapist: A clinician's guide to mindsight and neural integration. W.W. Norton.

Smith, L.T. (2012). Decolonizing methodologies: Research and indigenous peoples (2nd ed.). Zed Books.

van der Kolk, B. (2014). The body keeps the score: Mind, brain and body in the transformation of trauma. Viking.

Walker, R. (1990). Ka whawhai tonu mātou: Struggle without end. Penguin.

White, M., & Epston, D. (1990). Narrative means to therapeutic ends. W.W. Norton.