Te Ngākau Tūāhua

The Normalised Heart

Normative Abuse, Colonisation, and the Wound That Became the Water

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Abstract

This paper introduces normative abuse as a clinical lens for understanding how colonisation embedded its injuries so thoroughly that they ceased to be experienced as harm. Drawing on established counselling and psychological frameworks, it argues that colonisation operated — and continues to operate — as a form of abuse that was absorbed into baseline cultural and somatic functioning across generations, making the wound indistinguishable from the water in which people swam. The paper situates this concept as a companion to Colonisation PTSD (WOC Paper One), proposing that where Colonisation PTSD names the survivor's response as legitimate, normative abuse names the mechanism by which that response was produced and perpetuated. The Poison Ivy metaphor — discussed in depth in Te Māra me te Pīkao (WOC Paper Six) — anchors the ecological logic of invisible pervasion. Together, these three concepts form an interlocking clinical and conceptual foundation for understanding colonisation not as historical event but as an ongoing lived condition. Implications for kaupapa Māori counselling practice, clinical recognition, and therapeutic orientation are discussed, with reference to the nine-dimensional Te Poutama Ora (TPO) framework.

Keywords: normative abuse, colonisation PTSD, intergenerational trauma, kaupapa Māori, te reo Māori, somatic inheritance, clinical ethics, Te Poutama Ora

1. Introduction: The Wound That Stopped Being Visible

There is a particular quality to harm that has been present long enough to become ordinary. It no longer announces itself. It does not arrive with the violence of rupture. Instead, it is simply there — in the way a family communicates, in the postures people carry, in the reflexes that fire before thought can intervene. This is the nature of normative abuse: not the acute wound, but the chronic condition; not the event, but the environment.

In the training of counsellors and psychologists, normative abuse is a recognised phenomenon. It describes the dynamic by which abusive patterns — relational, emotional, somatic — become accepted as normal, either by the individual who has grown up within them or by the cultural systems that have failed to name them as harm. The key feature is not the

presence of intent but the presence of damage: something has been done to a person or a people that diminishes their flourishing, and that damage has been absorbed into baseline functioning as though it were simply the way things are.

This paper proposes that colonisation, as experienced by Māori and other Indigenous peoples across generations, constitutes normative abuse in precisely this clinical sense. The mechanisms of colonisation — cultural erasure, linguistic suppression, displacement, enforced assimilation, the dismantling of whakapapa — were introduced with such force and sustained with such consistency that by the time several generations had passed, many of their injuries had become invisible. Not healed. Invisible. The wound became the water.

This argument is offered as a companion to WOC Paper One, which established Colonisation PTSD as a legitimate clinical category. Where that paper named the survivor's response as diagnostically real, this paper names the mechanism: how the wound embedded so deeply, so quietly, so completely that it stopped being recognisable as wound. The two concepts together form a double clinical foundation — one validating the experience, one accounting for its depth.

2. Normative Abuse: The Clinical Concept

Normative abuse is not a term found in the DSM or ICD diagnostic manuals, but it is a concept well established in the clinical literature on family systems, developmental trauma, and complex PTSD. Walker (1984), in her foundational work on the cycle of violence, noted that individuals raised in abusive environments frequently develop a normalised relationship with harm — not because they are pathologically tolerant, but because the harm was introduced before they possessed the cognitive or relational scaffolding to recognise it as abnormal. Herman (1992) similarly observed that complex trauma frequently involves not a discrete traumatic event but a prolonged relational environment in which the ordinary conditions of life are themselves the source of injury.

What makes normative abuse clinically distinct from acute trauma is precisely this quality of ordinariness. The individual does not identify as a trauma survivor because they have no reference point that pre-dates the harm. The body does not store it as a discrete event because it was never an event — it was an atmosphere. Van der Kolk (2014) notes that the body keeps the score not only of acute traumatic incidents but of sustained relational environments, embedding nervous system patterning that operates beneath the level of conscious memory or narrative.

In the context of family systems, normative abuse most commonly takes the form of patterns transmitted across generations — relational templates, attachment styles, emotional regulation strategies — that were adaptive responses to harm in one generation but become

inherited wounds in the next. The person who received them did not choose them. They were not taught to them in any conscious sense. They were simply the air breathed in the first years of life, when the nervous system was learning what the world was like.

This intergenerational transmission is the feature that most precisely maps onto colonisation. Brave Heart and DeBruyn (1998) documented the transmission of historical trauma across Indigenous generations, noting that the behavioural and somatic signatures of historical grief — depression, substance misuse, relational rupture, hypervigilance — appeared in descendants who had no direct experience of the originating events. Yehuda and colleagues (2016) provided epigenetic evidence that trauma exposure can alter gene expression in ways transmissible to subsequent generations, suggesting that intergenerational transmission is not merely psychological but biological. The wound does not only travel through story and silence. It travels in the body itself.

3. Colonisation as Normative Abuse

3.1 The Mechanism of Pervasion

Colonisation did not arrive as a single event and depart. It arrived as an event and remained as an environment. The initial ruptures — the signing of Te Tiriti, the confiscations, the missionary suppression of tikanga, the Tohunga Suppression Act, pepper-potting and urban displacement — were acute. But the conditions they established were chronic. Successive generations were born into a world in which the colonial arrangement was simply how things were: Pākehā culture was official culture, English was the language of success, Māori ways of knowing were folklore at best and deficit at worst.

Within this environment, the adaptations that Māori individuals and families made were rational. To adopt Pākehā dress, language, relational conventions, and spiritual frameworks was not capitulation — it was survival intelligence. But the cost of those adaptations was the progressive decoupling from whakapapa, from te reo, from the relational and somatic knowledge embedded in tikanga. Each generation further from the rupture was also, in many cases, further from the resources that might have metabolised it.

This is the mechanism of normative abuse operating at a cultural scale: the adaptive response to harm, repeated across enough generations, becomes the new baseline. The harm is no longer visible as harm because it is no longer distinguishable from the conditions of ordinary life. What was once injury has become identity. What was once wound has become water.

3.2 The Ethical Naming

To call colonisation normative abuse is to make an ethical claim, not merely a clinical one. The word abuse carries moral weight. It implies a perpetrator, a victim, and a harm that should

not have been done. It refuses the neutral framing — colonisation as weather, as historical inevitability, as the natural spread of civilisation — that has often been applied to events which were, in fact, deliberate choices made by people that caused damage to other people across multiple generations.

This ethical naming matters clinically because it changes the therapeutic frame. A practitioner who understands a client's presentation through the lens of normative abuse is not asking: what is wrong with this person? They are asking: what was done to this person, and to those before them, and how did it become so embedded that it stopped being visible as harm?

That shift — from pathologising the individual to ethically locating the origin of injury — is fundamental to kaupapa Māori clinical practice. It is also the shift that makes healing possible. You cannot fully metabolise a wound you do not know you carry. You cannot grieve a loss you have no language to name. The clinical task begins with the ethical one: calling the injury what it is.

3.3 The Whakapapa of Normalisation

The normalisation of colonisation's injuries did not happen all at once. It happened across a whakapapa — a generational lineage of adaptive responses, each one making sense in its own moment, each one progressively more distant from the originating rupture and therefore progressively less recognisable as response to rupture at all.

The grandparent generation lived through the most acute phase. Their adaptations were visible, often painful, frequently forced. The parent generation inherited those adaptations as simply how things were done — the rules of the house, the unspoken protocols of survival. The grandchild generation inherits the nervous system patterning without the context that shaped it. By this point, the wound is fully normative: it presents not as injury but as personality, as temperament, as the way this person is.

This whakapapa of normalisation has a clinical corollary. The presenting client may have no conscious knowledge of the historical or familial context of their patterns. They may present with anxiety, with shame, with relational difficulty, with a pervasive sense of not-belonging that they cannot locate in any experience. The practitioner who does not have a framework for normative abuse as a category will likely miss the origin of what they are seeing — and in missing the origin, will miss the nature of the healing work required.

4. The Poison Ivy Ecological Logic

In Te Māra me te Pīkao (WOC Paper Six), the Poison Ivy metaphor was developed to describe the operation of linguistic re-traumatisation within the triple exile framework. But the metaphor has a wider application, and it is nowhere more precise than in describing normative abuse.

Poison ivy does not look like a threat. It looks like a garden. It grows in the gaps, winds through the trellis, spreads across the ground. If you grew up in that garden, you do not know it contains poison ivy. You have always moved carefully there, without knowing why. You have trained yourself, without knowing you were training, to navigate a toxic environment. And if someone comes and says: there is poison ivy in your garden — your first response may not be relief. It may be disorientation. Because the garden is your garden. It is where you live.

This is the ecological logic of normative abuse. The toxic element is not experienced as intrusive because it arrived before the capacity to compare existed. The body learned to navigate it. The nervous system adapted to it. The personality formed around it. And when someone says: this was harm — the response is not necessarily recognition. It may be resistance, grief, or a profound and disorienting confusion between the wound and the self.

This is why the clinical work with normative abuse, and with colonisation PTSD as a form of normative abuse, must be done with extraordinary care. You are not simply offering new information. You are asking someone to re-examine the ground they stand on. The practitioner who moves too quickly, who names too bluntly, who does not pace the recognition alongside the regulation, may inadvertently destabilise rather than heal. The garden needs to be cleared carefully. The clearing is its own form of loss, even when what is being cleared was always a wound.

5. Clinical Implications

5.1 Recognition Before Treatment

The first clinical implication of normative abuse as a framework is that recognition must precede treatment. This sounds obvious; it is frequently missed. In the context of colonisation PTSD, practitioners without an Indigenous cultural competency framework may see the symptoms without understanding their whakapapa. They may diagnose anxiety, or depression, or borderline personality features, or complex PTSD in its generic form — and proceed with treatment modalities that address the symptom presentation without ever locating its origin.

The normative abuse framework asks the practitioner to slow down at the recognition phase. Before treating, to ask: is what I am seeing a response to a wound that has been so thoroughly normalised that neither the client nor I can easily see it? What would it mean to look at this presentation through the lens of what was done to this person's whakapapa before they were born?

This is not a small clinical shift. It requires practitioners to hold a more complex aetiological framework than most training programmes provide — one that includes intergenerational

transmission, somatic inheritance, and the specific injuries of colonisation as a live clinical category rather than a historical backdrop.

5.2 The Treatment Orientation Shift

The second implication concerns treatment orientation. Normative abuse changes the clinical goal. In conventional trauma treatment, the goal is often stabilisation followed by processing of the originating event. But with normative abuse, there is no singular originating event to process. The injury is not an event. It is an environment. The treatment task is therefore not primarily to process a discrete trauma but to help the client construct, often for the first time, a comparison point — a sense of what might have been, what was taken, what a different baseline might feel like.

In the TPO framework, this is the work of Te Ara o Iwa: the seasonal tending of a māra that has first been cleared by Dimensional Autophagy. The Dimensional Autophagy phase is precisely the work of recognising and releasing what was absorbed before consent was possible — the breaking up of compacted soil, the removal of what has grown in the wrong places. Te Ara o Iwa is then the slow, deliberate replanting: constructing a new relationship with self, with whakapapa, with body, across nine dimensions of wellbeing.

This dual structure — clearing followed by tending — reflects an understanding of normative abuse that conventional trauma frameworks do not always accommodate. You cannot replant in compacted ground. The recognition and release of what was normalised must precede the construction of what is now possible.

5.3 The Practitioner's Position

Normative abuse also has implications for the practitioner's own position. If colonisation is a form of normative abuse that operated across the entire cultural environment, then Māori practitioners may themselves carry its patterns — not as pathology, but as inheritance. The practitioner who has done their own colonisation-PTSD-informed work will understand this from the inside. The one who has not may find that the framework they bring to the client replicates the very normalisation it purports to address.

This is one reason clinical supervision within a kaupapa Māori framework matters: not simply as professional oversight but as a site for the practitioner's own ongoing work of recognition and release. The supervisor is not exempt from the whakapapa of normalisation. Neither is the training institution that shaped them.

Non-Māori practitioners working with tāngata whenua clients carry a particular responsibility here. Cultural humility is a starting position, not an arrival point. Understanding colonisation as normative abuse means understanding that the practitioner's own cultural framework — however sensitively applied — may itself be shaped by the system that produced the injury.

The willingness to recognise this, and to work from within it honestly, is foundational to any genuinely bicultural clinical practice.

6. Normative Abuse and the Three Exiles

The triple exile framework, developed across the Whakapapa of Colonisation series, identifies three forms of displacement produced by colonisation: the primary exile of the colonised from their own culture, language, and whakapapa; the double exile of the corporate Brown Pākehā position — not Pākehā enough for full acceptance, not Māori enough to belong; and the exile of the displaced, turned away by one's own people after urban migration severed the marae connection.

Each of these exiles has a normative abuse dimension. In the primary exile, the displacement from tikanga and te reo was so thoroughgoing, and so sustained across generations, that many who descended from it did not experience themselves as exiled. They experienced themselves as simply New Zealanders — an identity that carried the colonial arrangement inside it without naming it as such. The exile was complete enough to be invisible.

In the double exile, the normative abuse operates through the internalisation of a double-bind: the person who has adapted toward Pākehā norms feels the pull of Māori identity but has lost the fluency — in language, in tikanga, in marae protocol — to inhabit it without shame. The shame itself is the wound's inheritance. It presents as personal failure; it is structural injury, carried personally.

In the exile of the displaced, the normative abuse takes the form of belonging nowhere: too Pākehā for the marae, too Māori for the suburb. Both rejections feel like personal inadequacy. Neither is named as the product of deliberate colonial displacement strategies — including pepper-potting, the systematic dispersal of Māori families into Pākehā suburbs, which severed not just individual but community connections to place and whakapapa.

The normative abuse framework illuminates why these exiles are so difficult to name and so painful to examine. They are experienced as identity, not as injury. The clinical task — again — is not treatment before recognition, but recognition first: creating the conditions in which the person can begin to see the exile as something done to them, rather than something that reflects who they are.

7. The Anti-Blame Frame

Any framework that names harm requires a careful reckoning with blame. Normative abuse, like Colonisation PTSD, carries an inherent risk: that the naming of injury and injustice tips

into a narrative of perpetual victimhood, or that naming the historical perpetrators of colonisation forecloses the possibility of the present generation doing anything differently.

The anti-blame frame central to the Whakapapa of Colonisation series is expressed in a formulation that has anchored the broader body of work: you can only give what you were given. You pass on what you know. This is not an absolution. It is a framework for understanding transmission without collapsing into accusation — recognising that each generation in the whakapapa of normalisation was responding to the conditions they inherited, with the resources they were given, in the context they occupied.

The parent who transmitted disconnection from whakapapa did not do so because they chose harm. They did so because they themselves were never given the conditions in which connection was possible. The practitioner who did not see the colonisation PTSD beneath the anxiety presentation did not do so because they were malicious. They did so because their training did not equip them with the framework to see it. The system that produced the training was itself shaped by the colonial arrangement it failed to name.

This anti-blame frame is not passive. It is, in fact, the precondition for action. When harm is in its structural origin rather than personalised as character flaw, it becomes possible to interrupt the transmission. Not by blaming the past, but by seeing it clearly enough to do something different in the present. The four-generation healing arc — in which the work done now shifts what these grandchildren and their children, will carry — depends on this: the willingness to look clearly without collapsing into accusation or despair.

8. Conclusion: Naming the Water

There is a well-known teaching story in which a fish, asked to describe the ocean, cannot: it has never known anything else. Water is not an object to a fish. It is the condition of existence. To name the water requires, at minimum, a moment of comparison — a flicker of something different against which the ordinary can be seen for what it is.

This is the fundamental clinical challenge of normative abuse: helping someone who has only ever known the water to become curious about it, to begin to see it, and eventually to consider whether the water they have been swimming in has been, all along, something that was done to them rather than simply the nature of the world.

Colonisation, experienced as normative abuse across generations, is precisely this: the water. It entered before comparison was possible. It shaped the nervous system, the relational templates, the sense of self and of belonging. It taught people what to expect from the world and what to expect from themselves. And it taught them these things so quietly, so pervasively, and so early that most had no framework to recognise the teaching as teaching at all.

Te Ngākau Tūāhua — the normalised heart — is the clinical name for what is left when the wound has been present long enough to become ordinary. It is not broken. It is adaptive. It is, in many ways, extraordinarily resourceful. But it is also, beneath the adaptation, wounded — and it deserves, at last, to be seen as such.

The work of Te Poutama Ora, across its nine dimensions, is partly the work of naming the water: creating the conditions in which what was passed on without language can at last be named, metabolised, and — slowly, carefully, across time — replaced with something the next generation does not have to carry.

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About the Whakapapa of Colonisation Series

This paper is a companion piece within the Whakapapa of Colonisation academic series, published through Te Poutama Ora / IAnTeMo.com. The series traces the clinical, cultural, and somatic dimensions of colonisation as an ongoing lived condition and situates that understanding within the nine-dimensional TPO framework for kaupapa Māori wellbeing. Other papers in the series include: WOC Paper One (Colonisation PTSD as a clinical category), WOC Paper Two (Te Tūāhuatanga — Naming the Displacement), WOC Paper Three (Te Kāwhatitanga — Somatic Contact and the Wai-Māori), WOC Paper Four (Te Whakahoki — The Metabolisation of Colonial Chemical Displacement), WOC Paper Five (Te Repo o te Mātauranga — Epistemological Positioning), and WOC Paper Six (Te Māra me te Pīkao — The Garden and the Ivy).

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