

Dimension Autophagy: Taha Whakapapa

The Autophagy of Relational and Genealogical Wounding

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Abstract

This article presents the theoretical and clinical foundations of Whakapapa Autophagy — the first of five-dimensional autophagy interventions within Te Poutama Ora (TPO), a nine-dimensional Māori wellness framework. Whakapapa Autophagy is positioned as the necessary beginning of the transformative process: the recognition, metabolisation, and release of inherited relational dysfunction, intergenerational trauma, and obligations that are not the participant's own to carry.

Drawing on epigenetic research, systems theory, Māori understandings of whakapapa as living relational architecture, and the specific presentations of colonial complex trauma, this article articulates the terrain of whakapapa wounding with clinical precision. It introduces the four-phase healing model (Te Tūāhuatanga, Te Kāwhatitanga, Te Whakahuatanga, Te Tuku) applied specifically to the relational and genealogical dimension, and articulates the Tūāpapa trinity (Recognition, Reclamation, Restoration) as the movement through which whakapapa autophagy becomes transformation rather than catharsis. The article bridges to the clinical workbook, which carries participants through the 9-cycle process of relational clearing, month-long and in depth.

Introduction: Why Whakapapa Must Come First

Te Poutama Ora opens with whakapapa not because it is the most dramatic dimension, but because it is the most foundational. All human beings are born into a relational web before they are anything else. Before identity, before belief, before cognition — there is whakapapa. There is the family system that receives you, shapes your earliest understandings of safety and danger, and transmits patterns that will run in your nervous system for decades if they are not examined.

For Māori, whakapapa carries additional weight. It is not merely genealogy — it is ontological architecture. Whakapapa names the web of connections that makes you who you are: ancestors, whānau, hapū, iwi, whenua, wairua. The disruption of whakapapa through colonisation is therefore not merely a social disruption. It is an assault on the very framework through which a person understands their existence, their belonging, and their obligations.

This article argues that Whakapapa Autophagy — the structured metabolisation of relational dysfunction, inherited trauma, and false obligations — is the necessary precondition for meaningful work in every subsequent dimension. You cannot address spiritual disconnection while relational patterns are still generating shame. You cannot reclaim identity while carrying

obligations that were never yours. You cannot regulate your nervous system while the relational field you inhabit is dysregulating it daily.

Whakapapa as Living Relational Architecture

In conventional usage, whakapapa is often translated as genealogy or family tree. This translation, while not wrong, dramatically narrows what the concept holds. Whakapapa is the layering of relationships across time and dimension — it includes the living and the dead, the human and the more-than-human, the explicit and the implicit. It is a web of mutual obligation, transmission, and becoming.

In healthy whakapapa, a person receives through this web: strength, cultural knowledge, a sense of belonging, a place to stand, and the accumulated wisdom of those who came before. The web is generative. It orients the person, provides context for their life, and connects them to resources larger than the individual self.

In wounded whakapapa, the same web transmits dysfunction. Not because the transmitters were malicious, but because they could only give what they had been given. This is the foundational reframe of the entire Whakapapa Autophagy process:

You can only give what you were given. You pass on what you know.

This reframe is both clinical and political. Clinically, it removes the misplaced shame from the person receiving the pattern and redirects attention toward the transmission mechanism. Politically, it acknowledges that for Māori and other colonised peoples, the dysfunction in many family systems did not originate within the family. It was introduced, systematically, through colonial violence — and has been cycling ever since.

The Mechanics of Intergenerational Transmission

Epigenetic Transmission

Epigenetic research has confirmed what indigenous peoples have long understood through whakapapa: trauma responses can be transmitted across generations through biological mechanisms. Yehuda and colleagues (2016) demonstrated that intergenerational epigenetic changes are measurable in the descendants of trauma survivors, altering stress hormone regulation and threat-response systems. The body carries the ancestral wound not as metaphor but as physiological reality.

This means that a participant presenting with anxiety, hypervigilance, or emotional dysregulation may be experiencing not merely their own nervous system's history but their parents', their grandparents', their great-grandparents'. The body is the archive of the lineage. Whakapapa

autophagy works with this archive — not to erase the history, but to metabolise it so the lineage is no longer passed forward as wound.

Role Inheritance and Learned Relational Patterns

Beyond the biological, whakapapa transmits through roles, stories, rules, and relational blueprints. Family systems research identifies the roles that families assign and that children assume: the caretaker, the peacekeeper, the scapegoat, the hero, the lost child (Bowen, 1978; Minuchin, 1974). These roles are not chosen. They are assigned by the system's need for homeostasis, often before the child has language to resist or interrogate them.

The obligations that accompany these roles are frequently mistaken for identity. A person who has been the family's emotional regulator since childhood does not experience this as a role; they experience it as who they are. Whakapapa autophagy distinguishes between what is genuinely one's own and what was assigned, and supports the careful, respectful release of what was never truly chosen.

Colonial Wounding in the Whakapapa Dimension

For Māori, the whakapapa dimension carries specific colonial wounding that requires naming. Colonisation dismantled whakapapa through multiple simultaneous mechanisms: land alienation severed the physical and spiritual relationship to whenua; the imposition of nuclear family structures disrupted extended whānau systems; urbanisation separated people from marae, hapū, and the relational web of iwi; the Tohunga Suppression Act criminalised the transmission of traditional healing knowledge; and residential schools, in various forms across indigenous contexts globally, severed intergenerational transmission of language, culture, and identity.

The specific presentations of this colonial whakapapa wound are understood within the framework through the three exiles (described in detail in the overarching Dimensional Autophagy article). In the whakapapa dimension, the third exile is particularly acute: the person who has navigated decades of double exile returns to find their own people do not recognise them. The homecoming that should restore whakapapa is denied. This is a wound with no simple clinical category — it is the loss of the one relationship that was supposed to be unconditional.

What Blocks Whakapapa Wellness: A Clinical Map

Clinical practice within the TPO framework identifies five primary blockages in the whakapapa dimension. These are not exhaustive, but they represent the most common presentations:

- **Toxic loyalty patterns:** The belief that boundary-setting equals abandonment. The experience of guilt as the primary signal of family obligation. The inability to distinguish between love and enmeshment. These patterns often present as an inability to refuse family demands regardless of the cost to the person's own wellbeing.

- **Inherited dysfunction mistaken for identity:** The relational patterns transmitted through the family system have been operating long enough that the person experiences them not as inherited patterns but as character. The person who explodes in rage may be repeating a grandfather's pattern they never met. The person who disappears under pressure may be repeating their mother's survival strategy. The autophagy process begins with the recognition that pattern is not destiny.
- **Unmetabolised intergenerational trauma:** The epigenetic and behavioural transmission of ancestral trauma creates presentations that conventional clinical frameworks frequently misread as individual psychopathology. Chronic hypervigilance, emotional dysregulation, attachment disruption, and identity fragmentation may all carry an intergenerational signature that must be addressed at the whakapapa level before individual-level interventions can hold.
- **Geographic solutions to relational problems:** The belief that physical distance resolves relational wounding. This is among the most common and most costly errors in the whakapapa dimension. A person can relocate, emigrate, change their name, and cut contact — and carry every pattern intact in their body and their choices. Geographic distance is not relational clearing. It is relational delay.
- **Relational fusing and triangulation:** The family system's pressure to involve its members in conflicts that are not theirs, to carry emotions on behalf of others, and to maintain the system's dysfunctional homeostasis. Breaking these triangulations requires understanding them as systemic rather than personal — the system is not targeting the person; it is maintaining itself.

The Four-Phase Model Applied to Whakapapa

The structural architecture of the Dimensional Autophagy programme is the four-phase healing model. Applied specifically to the whakapapa dimension, these phases operate as follows:

Phase 1 *Te Tūāhuatanga*

Recognition. The participant maps the relational web clearly for the first time: who is in it, what patterns run through it, what roles they have been assigned, what obligations they are carrying that are not theirs. This is not analysis; it is witnessing. The kaiārahi's role is to hold the conditions of safety in which honest recognition is possible without shame collapsing the process.

Phase 2 *Te Kāwhaitanga*

Breakdown and Clearing. Having named the patterns, the participant begins the intentional process of dissolution — not dramatic severing, but the honest admission that certain dynamics are no longer

Phase 3

Te Whakahuatanga

tenable. This phase is uncomfortable. Guilt, grief, and the anxiety of relational disruption are present. The critical clinical task is holding the discomfort without premature resolution.

Metabolisation and Composting. The material of the breakdown is processed for wisdom. This is the phase that distinguishes metabolisation from catharsis: the dysfunction is not expelled but broken down, its nutrients recovered. The father's rage becomes the template for what will not be passed on. The mother's silence reveals the cost of unexpressed truth. The inherited obligation becomes the clear-seeing that produces choice. This phase requires sustained engagement with difficult material without the relief of release.

Phase 4

Te Tuku

Release and Integration. The participant consciously releases what cannot be carried further — the burdens, obligations, and patterns that belong to the lineage rather than to themselves. This is done with respect for the ancestors who carried them, and with the understanding that this release is not abandonment but the deepest possible form of honouring: breaking the cycle by refusing to pass it on. *Me Heke ki Mua* — to descend forward — names the movement of this phase: returning to relationships changed.

The Tūāpapa Trinity in the Whakapapa Dimension

The Tūāpapa trinity — Recognition, Reclamation, Restoration — operates as the clinical spine through which the four phases move. In the whakapapa dimension, these movements have specific content:

Recognition is the refusal of shame as an organising principle. It is the naming of what was done to the person and to the lineage, rather than the performance of what the person did wrong. Recognition in the whakapapa dimension includes seeing the colonial origins of family dysfunction clearly, without either minimising the harm or excusing it. It is honest witnessing at the level of lineage.

Reclamation is the active retrieval of relational sovereignty — the authority to determine which relationships nourish and which drain, which obligations are genuine and which are imposed, which roles were chosen and which were assigned. Reclamation in the whakapapa dimension often involves rage work: the appropriate expression of anger about what was inherited, what was lost, and what was done in the name of family or culture. This anger is not destructive; it is clarifying.

Restoration is the building of something that may never before have existed in the lineage. Not a return to a previous state — for many participants, there is no prior healthy state to return to. Restoration is the creation of new relational patterns: whānau built on choice, boundaries held with love, connection that sustains rather than depletes. This is the future face of the whakapapa.

Catharsis versus Metabolisation in Whakapapa Work

A critical distinction for kaiārahi's facilitating whakapapa autophagy is between cathartic and metabolising processes. This distinction matters clinically because it determines whether the work produces lasting change or temporary relief.

Cathartic whakapapa work looks like: crying about family dysfunction repeatedly, re-narrating family history without extracting wisdom, expressing anger about the past without it producing changed behaviour in the present, or confessing pain without integration. These are real experiences with real value — but alone, they do not produce the structural changes that the autophagy process seeks.

Metabolising whakapapa work looks like: naming a pattern and then tracing its lineage back through the whakapapa. Recognising an inherited role and distinguishing it from genuine identity. Sitting in the discomfort of not fixing a family dynamic long enough to feel the difference between obligation and love. Extracting the wisdom embedded in even the most dysfunctional patterns. And building, slowly and deliberately, something that the lineage has not had before.

The test of metabolisation is not emotional relief. It is behavioural change. The person makes different choices in the relational field. The pattern does not recur, or recurs with decreasing power. The relationship to the whakapapa changes in how it is lived, not merely how it is narrated.

Bridge to Clinical Application: The Whakapapa Autophagy Workbook

This article provides the theoretical and clinical foundations for Whakapapa Autophagy. The corresponding participant workbook carries these foundations into structured practice across the 9-cycle, month-long process. The workbook is designed for two modes of engagement:

- **Self-directed:** For individuals working through the whakapapa dimension independently, the workbook provides sufficient scaffolding to navigate the recognition practices, release protocols, and integration work without facilitation. Safety considerations and pacing guidance are embedded throughout. Self-directed participants are encouraged to have a support person or clinical professional available, particularly for the deeper phases of the process.
- **Facilitated:** For kaiārahi's delivering the programme, the workbook is the participant-facing document that accompanies facilitated group or individual sessions. Facilitator notes provide additional clinical guidance for holding the specific presentations that arise in whakapapa work: acute grief, rage responses, complex family system dynamics, and colonial trauma presentations.

The workbook's 9-cycle structure maps directly onto the four-phase model: Cycles 1–3 correspond to Te Tūāhuatanga and Te Kāwhatitanga; Cycles 4–6 correspond to Te Whakahuatanga; Cycles 7–9 correspond to Te Tuku. The Tūāpapa trinity — Recognition, Reclamation, Restoration — is embedded throughout as the orienting movement of the work.

Discussion and Positioning

Whakapapa Autophagy exists in an emerging space of indigenous family systems practice — work that honours the relational architecture of Māori and other indigenous peoples while applying clinical rigour to the process of healing. It sits alongside, rather than in competition with, existing family systems approaches and trauma-informed frameworks, drawing selectively on their insights while maintaining grounding in kaupapa Māori.

The framework's insistence on the colonial origins of much whakapapa dysfunction is both clinically necessary and politically important. It is necessary because treatment that addresses only the proximal wound and not its distal origin is incomplete. It is important because naming the structural cause of intergenerational dysfunction is itself an act of decolonisation — it returns dignity to the person and redirects accountability to its appropriate location.

A limitation worth naming: Whakapapa Autophagy is not crisis intervention. The intensity of the relational work — particularly in the Kāwhatitanga and Whakahuatanga phases — requires sufficient personal stability to engage with destabilising material without acute decompensation. Kaiārahi's must assess readiness carefully and ensure that appropriate support is available for those for whom the work surfaces acute presentations.

Conclusion

Whakapapa Autophagy is where the work of Te Poutama Ora must begin, because the relational field is the field within which all other dimensions of wellness are or are not possible. The person who cannot set boundaries in their family system will carry that inability into their spiritual life, their identity work, their emotional regulation, and their physical health. The person who breaks the relational cycle changes not only their own future but their lineage's.

What Whakapapa Autophagy offers is not the severing of whakapapa but its deepening — a movement from the inherited whakapapa of dysfunction toward the chosen whakapapa of restoration. Breaking cycles does not break connection. It creates the conditions under which genuine connection, finally free of dysfunction's distortion, becomes possible.

The ancestors, in this understanding, are not left behind. They are honoured by the refusal to pass forward what they could not release. The future whakapapa — what is transmitted next — is the measure of the work.

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