Te Māra me te Pīkao

The Garden and the Ivy:

Linguistic Re-traumatisation, the Triple Exile, and the Clinical Logic of Clearing the Ground

Ruku I'Anson (June 2026)

Whakapapa of Colonisation Series — Companion Article

ABSTRACT

This paper examines how ordinary speech operates as a vehicle of ongoing colonial injury. Drawing on speech act theory and the clinical framework of Te Poutama Ora, it argues that three commonly heard sentences — *"You're still moaning about that?"*, *"Picking up te reo is easy — look at the pēpi and rangatahi,"* and *"You should go back to your marae, ask your kaumātua,"* — function not as casual remarks but as clinically significant speech acts. Each sentence targets one strand of the triple exile as theorised in the Whakapapa of Colonisation series: the colonisation exile itself, the double exile of the corporate Brown Pākehā position, and the exile of the displaced. Together, they form a closed discursive loop that forecloses healing at the point of contact. The paper further argues that this dynamic cannot be understood without tracing its intergenerational dimension: the accumulation of unopened psychic luggage across four generations of colonial policy. The poison ivy metaphor is deployed not as literary ornamentation but as a clinical precision instrument — a means of naming an injury that operates below the threshold of official recognition. Dimensional Autophagy is positioned as the appropriate clinical response: not suppression, not management, but metabolisation.

Keywords: colonisation PTSD, speech act theory, triple exile, intergenerational trauma, linguistic re-traumatisation, Dimensional Autophagy, kaupapa Māori, Te Poutama Ora

1. Introduction: The Sentences That Do the Strangling

The Whakapapa of Colonisation series across five papers, traces the clinical architecture of colonial injury: from its naming as a distinct diagnostic category and displacement (Paper One and Two), through the somatic first contact of wai-māori (Paper Three), the metabolisation of grief rather than its suppression, (Paper Four), and the epistemological grounding of kaupapa Māori as a legitimate healing science (Paper Five). Each paper has concerned itself with the structure of the wound.

This paper turns to the wound's daily re-opening.

Colonisation did not end with the repeal of the Native Schools Act or the Tohunga Suppression Act. It continued — and continues — through the ordinary texture of relational life: through the sentences we hear at work, at whānau gatherings, in counselling rooms, sometimes in the voice inside our own heads. These sentences do not announce themselves as colonial instruments. They arrive dressed as encouragement, as pragmatism, as advice. But their function, as this paper will argue, is re-traumatising: each one lands precisely on a pre-existing wound, applies pressure, and then disappears, leaving no visible mark and no legitimate site of complaint.

To name this mechanism, this paper draws on the speech act theory of J.L. Austin (1962) and John Searle (1969), who established that utterances are not merely descriptions of reality but *actions* — they do things in the world. A marriage is not described into existence; it is performed by the words "I do." A wound is not merely described by the sentence "you're still moaning about that" — it is deepened by it. The sentence itself is the clinical event.

The paper proceeds through three moves. First, it maps each of the three sentences onto the strand of the triple exile it targets, demonstrating the precision with which ordinary discourse re-activates specific wounds. Second, it situates this mechanism within an intergenerational frame, showing that the wound available to be re-traumatised has been accumulating across generations of colonial policy. Third, it positions Dimensional Autophagy as the clinical response — not the suppression of the wound's history, but its metabolisation.

The poison ivy metaphor runs throughout. It is used not decoratively but diagnostically: as a means of naming a form of injury that grows precisely because it is not seen and strangles precisely because it is not named.

2. Speech Acts and Structural Re-traumatisation

2.1 The Clinical Logic of the Performative Utterance

Austin's foundational distinction between *constative* utterances (those that describe a state of affairs) and *performative* utterances (those that enact a state of affairs) opened a theoretical space that clinical work has been slow to fully occupy. When a judge declares a verdict, the declaration does not describe an existing reality — it produces one. The legal status of the defendant changes in the moment of utterance.

The sentences examined in this paper are performative in precisely this sense. They do not describe the survivor's psychic reality — they intervene in it. Each sentence performs a specific invalidation: it removes the right of the wound to exist in the present tense, transfers the blame for colonial damage back to its recipient, or closes off the path to healing while

gesturing toward it. The whānau member, the colleague, the well-meaning advisor who delivers these sentences need not intend harm. Performatives do not require conscious intent. The marriage ceremony works regardless of whether the officiant feels moved by it. The wound deepens regardless of whether the speaker meant to cause damage.

Fanon's analysis of colonial language is instructive here (1952). He argued that the colonised subject's relationship to language is never neutral: the coloniser's tongue carries the coloniser's epistemology, and to speak in that tongue is to internalise a hierarchy in which the colonised person is already diminished. What the three sentences share is a common deep structure: they speak *from* the cultural and temporal position of the coloniser, and they position the colonised subject as someone who should have moved on, assimilated, or stayed put — without acknowledging that none of these choices was freely available.

2.2 Invisible Injury and the Absence of a Complaint

One of the defining features of this form of re-traumatisation is its resistance to naming. A physical wound can be pointed to. A slur can be quoted. But the injury delivered by "you should go back to your marae" is not legible as injury within the discourse that delivers it. The sentence is grammatically correct, socially acceptable, and sincere in its intent. The damage it causes has no official name and no legitimate site of complaint.

This is the poison ivy dynamic at the level of language. Poison ivy does not announce itself. It sits quietly, grows where no one is looking, and is only identified as dangerous after contact has already been made. The sentences examined in this paper operate identically: they do their work before they can be identified as dangerous, and by the time the person experiencing them has the language to name what happened, the original context has long since dissolved.

Clinically, this creates a specific presentation: the client who describes feeling "dismissed" or "set back" after a conversation but cannot locate the precise mechanism of injury, because the mechanism is embedded in the structure of ordinary speech. Part of the therapeutic task — and part of what this paper attempts — is to make the mechanism visible, so that the injury it produces can be properly named and therefore properly tended.

3. Three Sentences, Three Exiles

The triple exile framework, developed across the preceding papers in this series, identifies three distinct but interrelated positions of displacement experienced by many urban Māori: the original exile produced by colonisation itself; the double exile of the corporate Brown Pākehā position, caught between two worlds and fully at home in neither; and the exile of the

displaced, the position of those who reach back toward whānau and marae only to find the connection severed, and themselves blamed for the severance. Each of the three sentences examined here targets one of these positions with clinical precision.

3.1 "You're still moaning about that?" — The Colonisation Exile

> *"That was in the past. Why don't you just let it go."*

This is the first leaf of the ivy, and it is aimed at the original wound — the colonisation exile itself. Its surface grammar is temporal: the injury belongs to the past, and the past is over. But its deep grammar is *nullifying* it takes the trauma carried through the Native Schools Act, the Tohunga Suppression Act, the loss of land and language and formal healing transmission and reclassifies it as ancient history with no bearing on the present. The survivor's thoughts and feelings about it become, by the logic of the sentence, *categorically invalid* — not because they have been examined and found wanting, but because the sentence itself withdraws their right to exist in the present tense.

The clinical literature on complex trauma and intergenerational transmission is unambiguous on this point: trauma that is not metabolised does not simply remain static. It *compounds*. The physiological and psychological signatures of traumatic stress — heightened cortisol reactivity, altered attachment patterning, hypervigilance, dissociative episodes — have been documented across generations in populations who have experienced comparable historical ruptures (Bombay et al., 2014; Yehuda et al., 2016). The sentence "you're still moaning about that" does not encounter a person who is choosing to dwell in the past. It encounters a person whose nervous system is operating on inherited instructions that have never been updated, because no one has been permitted to update them.

The injury delivered by this sentence is therefore double: it dismisses the content of the wound while simultaneously confirming its structure. The person who is told to get over it receives the message that their wound is illegitimate — a message that lands on a nervous system already primed by generations of delegitimisation. The ivy, in other words, was already growing. This sentence is not the planting. It is the condition finally becoming right for the ivy to show what it has been doing the whole time.

3.2 "Picking Up Te Reo is Easy — Look at the Pēpi and Rangatahi" — The Double Exile

> *"If children younger than you can do it, and non-Māori can do it, then your difficulty is about you."*

This sentence is aimed at the double exile: the position of the urban Māori adult who was raised in a context where te reo was actively suppressed, who now finds themselves without

their own language in a cultural environment that increasingly expects its presence, and who is caught between a Pākehā world that does not fully receive them and a Māori world in which their language loss marks them as insufficient.

On its surface, the sentence is encouragement. Underneath, its speech act function is to take the historical fact of language suppression and convert it into *personal inadequacy*. The comparison with pēpi and rangatahi is the mechanism: if those without history can acquire the language, and those without ancestry can acquire it, then the only variable that explains the adult Māori's difficulty is the adult themselves. The sentence erases the Native Schools Act. It erases the fact that te reo was formally removed from tamariki as a matter of government policy. It erases the chain of transmission that was deliberately broken. And into that erasure it inserts the implication:

> *Perhaps you are simply not clever enough.*

This thread runs in a direct line back to the foundational colonial narrative that Māori were intellectually inferior to Europeans (Salmond, 1991). The sentence sounds like support. What it delivers is the original insult, freshly repackaged as comparative observation. The double exile tightens: the person is not white enough for the world they grew up in, and not Māori enough for the world they are trying to return to, and now they have the private confirmation that the failure is *theirs*.

3.3 "You Should Go Back to Your Marae, Ask Your Kaumātua" — The Exile of the Displaced

> *"The answer is there. You should have stayed."*

This sentence is the most structurally complex of the three, because it is simultaneously correct and devastating. Marae *are* the repositories of whakapapa knowledge. Kaumātua *do* hold the threads that were cut. The sentence names the right answer. Its injury lies not in what it says but in what it erases: the entire history of why that answer is inaccessible.

Urbanisation and pepper-potting — the deliberate dispersal of Māori whānau into Pākehā suburbs as a matter of government policy — severed the marae connection for hundreds of thousands of Māori families. The people who held the knowledge have, in many cases, passed on. The whakapapa threads that would have guided a return are no longer held by anyone living who knows this person. And in some cases, the return itself has been met not with welcome but with the gentle or not-so-gentle gatekeeping of those who remained: a reminder that the connection was forfeited, that the absence marks something.

The sentence "you should go back to your marae" points at the cure with one hand while holding the door shut with the other. It closes the loop of the triple exile: you should have stayed (colonisation exile), you should have retained the language (double exile), and you

should be able to find your way home (exile of the displaced). Three sentences, three exiles, a closed system with no exit and no internal logic that leads to healing.

4. The Intergenerational Accumulation of Unopened Baggage

4.1 The Luggage Nobody Packed

To understand why these three sentences land as hard as they do, it is necessary to understand the psychic context they land on. That context is not simply the personal history of the individual survivor. It is the accumulated weight of what each preceding generation was handed and never opened.

Generation one carries the Tohunga Suppression Act: the criminalisation of traditional healing knowledge, the severing of the Rangīūia and other healing lineages from formal transmission. They are also carrying the first impacts of the Native Schools Act: the beginning of systematic te reo suppression. These are not closed cases. They are open wounds, handled daily, handed on at the end of each life to the next generation — not because anyone chose to pass on the damage, but because nothing was ever fully closed.

Generation two inherits both cases unopened, plus their own: the consolidation of the Native Schools Act, the continued suppression of te reo, the early period of urbanisation beginning to pull whānau away from marae. By the time generation three arrives — the urbanisation generation, the pepper-potting generation, the generation raised in Pākehā suburbs where the language was absent, and the marae was a rumour — the luggage has multiplied. The chairs themselves are made of luggage. The people sitting on them are being held up by what is crushing them.

This framing is not metaphorical in the pejorative sense. It is a clinical description of what intergenerational trauma research describes as *transmitted protective adaptations*: the behavioural and physiological patterns that one generation develops in response to severe stress, which are then passed to the next generation not through genetic inheritance alone but through attachment, modelling, and the implicit teaching of a nervous system that learned to survive in a particular kind of world (Yehuda et al., 2016; Brave Heart, 2003). Generation three did not choose their nervous system. They inherited it, along with the worldview that produced it.

4.2 The Clinical Problem with “Just Get Over It”

“Just get over it” is not merely unhelpful advice. It is, clinically speaking, *a category error*. It applies the logic of a conscious choice to a situation that is not primarily organised at the level of conscious choice. The person who carries the accumulated weight of four

generations of colonial policy does not need a stronger will. They need the cases to be opened, their contents named, the items belonging to earlier generations returned to their rightful owners, and the ground cleared for what belongs to this person and this life.

The wound analogy is precise here. A wound that is not tended festers. It does not stay still. It develops infection, and infection, left untreated, moves through the body — systemically, invisibly, in ways that appear to have nothing to do with the original injury until the connection is made. “Getting over it” does not close the wound. It stops anyone from looking at it while it continues to develop underneath. The clinical outcome of decades of “getting over it” advice is visible in the health and social statistics of colonised populations worldwide: elevated rates of anxiety and depression, disproportionate rates of substance use, higher incarceration, lower educational outcomes, compressed life expectancy (Reid et al., 2017; Paradies et al., 2015).

These are not the outcomes of a people who need to try harder. They are the outcomes of a people who have been told, for generations, that the wound is not there.

4.3 The Chairs and the Cases

The image that crystallises this dynamic is worth dwelling on clinically: by generation three, the luggage cases have become furniture. The family does not sit on chairs and carry luggage. The family sits on the luggage because it is what they have to sit on. The burden and the support are the same object.

This has significant clinical implications. When a kaiārahi — or a well-meaning whānau member, or a sentence in the street — says “just put the bags down,” they are asking the person to fall. The request, however, sincerely meant, does not reckon with the structural function that the weight has come to serve. The first clinical task is not to remove the weight but to identify it: to trace which cases belong to this person and which were inherited, to open them, to name what is inside, and to ask — carefully, relationally, with the full weight of whakapapa behind the question — whether this item needs to stay.

This is the clinical logic of Dimensional Autophagy. Not purging. Not bypassing. Not getting over it. Going through it, with eyes open, until the inherited and the self-generated can be distinguished, and the ground can begin to be cleared for what wants to grow here.

5. Dimensional Autophagy as the Clinical Response

5.1 From Poison Ivy to Garden

The poison ivy metaphor carries a specific clinical logic that is worth making explicit. Poison ivy does not die when it is cut back. It regrows from the root. Managing poison ivy —

repeatedly cutting it at the stem, keeping it visible, not letting it get too far — is a permanent occupation. It is not a garden. It is maintenance of the problem.

Dimensional Autophagy proposes a different relationship to the wound. The autophagy process in cellular biology is not destruction for its own sake: it is the cell's own mechanism for identifying what is no longer serving life, breaking it down, and recycling its components into something the cell can use (Mizushima, 2007). The cell does not *purge* the damaged material — it *metabolises* it. The distinction matters. Purging leaves a hole. Metabolisation leaves nourishment.

Applied to the clinical context of colonial wounding, Dimensional Autophagy proposes that the work of healing is not the removal of the wound's history but its integration: the naming of what happened, the tracing of its intergenerational transmission, the identification of what belongs to whom, and the returning of inherited material to its origin point. This is what Te Tuku — the subject of Paper Five in this series — describes as the clinical act of surrender: not passive resignation but the active, intentional release of what was never yours to carry, placed back in the care of the ancestors who generated it.

5.2 The Clearing and the Planting

There is a sequence to this work that the garden metaphor illuminates precisely. First, the ivy must be named. Not managed, not worked around, not accepted as a permanent feature of the landscape — named, for what it is and what it does. This is the function of the Whakapapa of Colonisation series as a whole: to give clinical and conceptual language to an injury that has historically been forced to operate in silence.

Second, the ivy must be pulled out by the root. This is the metabolisation work — the grief work, the whakapapa work, the somatic work of bringing the body's inherited alarm systems into contact with the present-tense reality that the original danger has passed. This is not a single session. It is, in the Te Poutama Ora framework, a nine-dimensional process that moves through the full architecture of the person: their whakapapa, their wairua, their tuakiri, their hinengaro, their tinana, and the five emerging dimensions that the colonial wound has most systematically suppressed.

Third — and this is the step that is most often omitted from trauma frameworks that focus primarily on wound resolution — the cleared ground must be planted with intention. What seeds are going in now? What music, what creativity, what relationships, what practices, what dreams were crowded out by the ivy? The garden is not finished when the weeds are gone. It is finished when something is growing in their place.

5.3 On Not Needing the Fence

The poison ivy metaphor closes with an image that deserves its own clinical attention: the garden that has been properly cleared and intentionally planted no longer needs the fence. This is a significant clinical proposition, and it deserves to be stated clearly.

Trauma responses are, in the first instance, adaptive. The hypervigilance, the emotional guardedness, the difficulty with trust, the defensive relational postures that develop in response to chronic colonial injury are not pathological in origin — they are the nervous system doing precisely what a nervous system is designed to do when the environment is genuinely dangerous. The fence is necessary when the ivy is still growing.

But the fence is also the thing that stops the garden from connecting to the wider landscape. A person who has metabolised their colonial wound — who has named it, traced its whakapapa, returned the inherited material to its ancestors, and planted something intentional in the cleared ground — does not need the same fence. The vigilance that was once the primary tool of survival becomes available to be repurposed. It becomes discernment rather than defence. This is not the absence of awareness. It is awareness that is no longer running on inherited emergency settings.

6. Clinical Implications

6.1 Naming the Sentences

The first clinical implication of this analysis is the simplest: the three sentences need to be named in the therapeutic context. Clients who have experienced re-traumatising speech of this kind often carry the injury without a framework for understanding it. They know something happened. They felt worse after the conversation than before it. But because the sentence was socially acceptable, grammatically correct, and sometimes sincerely intended, they have no legitimate ground on which to stand.

Providing that ground is a clinical act. When a kaiārahi can say, with specificity, “that sentence — the one about going back to your marae — that’s aimed at the exile of the displaced, and here is what it does and why it lands where it lands,” the client’s experience is validated not as sensitivity or overreaction but as an accurate reading of a clinically real injury. The sentence did do something. It just did it in the dark.

6.2 Tracing the Whakapapa of the Wound

The second implication is the intergenerational frame. Kaiārahi working with Māori clients in the context of colonial wounding need to be able to hold the full temporal depth of the presenting material. The client who arrives with anxiety, disconnection, a sense of not belonging anywhere, and a private suspicion that the difficulty is theirs is not, likely, primarily

dealing with a personal history issue. They are dealing with a cumulative whakapapa of injury that their personal history has activated.

The clinical task is to help the client trace that whakapapa: to identify which items in the luggage are genuinely theirs, which were inherited unopened from a parent or grandparent, and which belong to the historical record rather than to this person's life going forward. This is not a purely cognitive exercise. It requires the somatic and spiritual dimensions of the person to be included — which is precisely why a nine-dimensional framework, rather than a primarily psychological one, is the appropriate clinical container.

6.3 Positioning Dimensional Autophagy in the Discourse

The third implication concerns the positioning of Dimensional Autophagy within the wider therapeutic discourse. It is worth being explicit: Dimensional Autophagy is not a form of *getting over it*. It is the clinical alternative to getting over it. It does not ask the client to set down the bags they are sitting on. It asks them to open the bags, name what is inside, and go through the contents with enough care to distinguish what is theirs from what was placed there by history.

This distinction matters for how kaiārahi present the work to clients, particularly to clients who have been told, in various ways, that the appropriate response to their history is to move on. The promise of Dimensional Autophagy is not that the history will be forgotten. It is that the history will no longer be running the present. That the ivy will be out, the ground will be clear, and the person will get to choose — perhaps for the first time, or for the first time in this generation — what they want to grow.

7. Conclusion: The Garden After the Ivy

This paper has argued that three commonly heard sentences function as clinically significant speech acts, each targeting one strand of the triple exile with sufficient precision to suggest that the colonial wound does not only live in legislation, in history, or in documented trauma events. It lives in ordinary speech. It is reproduced daily, in offices and whānau gatherings and counselling rooms, by people who have no intention of causing harm and who would be appalled to learn that they had.

This is the nature of ivy. It does not require a malicious gardener. It requires only that no one is looking at it closely enough to name it, and the conditions to remain right for it to grow.

The intergenerational frame established in the paper's second movement situates this daily re-traumatisation within its full clinical context: a wound that has been accumulating across four generations of colonial policy, carried as unopened luggage by each successive generation, and available to be re-activated by a single sentence in a corridor. The weight

that lands on the person who hears “you’re still moaning about that” is not just their own weight. It is the weight of everyone who was never permitted to put that bag down.

Dimensional Autophagy is proposed as the clinical response because it is the only framework that does not ask the person to set down what is holding them up without first asking what it contains. The clearing is real work. The planting is real work. And the garden that grows on the other side of that work is not a garden that needs a fence.

That is the difference — clinically, personally, and intergenerationally — between managing the poison ivy for the rest of your life and growing something else entirely. That difference is the work. That difference is, in the fullest sense of the word,

Whakatipuranga.

References

Austin, J. L. (1962). “How to Do Things with Words.” Oxford University Press.

Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. “Transcultural Psychiatry,” 51(3), 320–338.

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.

Fanon, F. (1952). “Black Skin, White Masks.” Editions du Seuil. (English translation by C. L. Markmann, Grove Press, 1967.)

Mizushima, N. (2007). Autophagy: Process and function. “Genes & Development,” 21(22), 2861–2873.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. “PLOS ONE,” 10(9), e0138511.

Reid, P., Cram, F., Paine, S.-J., & Robson, B. (2017). The colonisation of Māori health. In B. Robson & R. Harris (Eds.), “Hauora: Māori standards of health IV.” Te Rōpū Rangahau Hauora a Eru Pōmare.

Salmond, A. (1991). “Two Worlds: First Meetings Between Maori and Europeans, 1642–1772.” Viking.

Searle, J. R. (1969). “Speech Acts: An Essay in the Philosophy of Language.” Cambridge University Press.

Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust exposure induced intergenerational effects on FKBP5 methylation. “Biological Psychiatry,” 80(5), 372–380.

Te Poutama Ora | IAnTeMo.com

Whakapapa of Colonisation Series — Companion Article

This paper is part of the Te Poutama Ora kaiārahi resource library.