Inherited Wounds and Learned Limits:

Epigenetics, Parentification, and the Long Shadow of 'Not Good Enough'

A lived-experience-informed academic reflection

ABSTRACT

This article explores the intersection of epigenetic science, parentification, and the relational wound of maternal favouritism as contributors to adult mental health challenges, including substance use, interpersonal violence, and suicidality. Drawing on a composite case study of a woman in her forties, the article examines how early biological adaptations to chronic childhood stress — formed in the context of emotional neglect, sibling inequity, and parentified roles — can produce lasting neurobiological and psychological consequences. Concepts from kaupapa Māori, including whakapapa and hau, are applied to extend the analysis beyond the individual and toward an intergenerational, relational framework. Te Poutama o te Ora (TPO), a nine-dimension Māori wellness framework, is proposed as a culturally grounded model for addressing these layered wounds. The article is written in plain language and is intended to be accessible to both professional and non-specialist readers.

Keywords: *epigenetics, parentification, adverse childhood experiences, maternal rejection, intergenerational trauma, Māori wellness, Te Poutama o te Ora, substance use, suicidality*

Introduction

Across clinical, educational, and community settings, practitioners regularly encounter adults who carry deep and persistent beliefs about their own inadequacy. These beliefs are not character flaws, and they are rarely chosen. They are, most commonly, the residue of early relational experiences that shaped both the mind and the body in ways that are only now being fully understood.

This article focuses on one particular configuration of those experiences: a child who grows up feeling less loved than a sibling, who is gradually assigned responsibility for the family's functioning, and who enters adulthood having internalised the belief that she owes something she can never quite repay — and that she is not, in some fundamental way, enough.

The case presented here is a composite, drawn from patterns commonly encountered in therapeutic and community wellness settings, and is not based on any single individual. The woman at the centre of this kōrero is referred to as Mere. She is in her forties. She has experienced substance dependence, interpersonal violence, and at least one attempt on her own life. She is also, as this article will argue, a person whose struggles are not mysterious when viewed through the right lens.

That lens combines three frameworks: epigenetic science, the psychology of parentification, and the wisdom embedded in te Ao Māori — with reference to Te Poutama o te Ora (TPO) as a healing model.

What Epigenetics Tells Us

The Basics

Genetics provides the blueprint. Epigenetics determines how that blueprint is read. In more precise terms, epigenetics refers to changes in how genes are expressed — whether they are switched on or off — in response to environmental factors, without any change to the underlying DNA sequence (Bird, 2007).

The mechanisms involved include processes such as DNA methylation (the addition of chemical tags that can silence or reduce a gene's activity) and histone modification (changes to the protein structures around which DNA is wound, affecting how accessible a gene is to the cell's reading machinery). These processes are entirely normal — they are how the human body adapts to its environment throughout life. The concern arises when early adversity produces adaptations that are disadvantageous in the long term.

Landmark research by Weaver et al. (2004) demonstrated that the quality of maternal care in early life — in this case, studied in rats — produced measurable differences in the epigenetic regulation of genes governing the stress response. Pups who received less nurturing showed altered methylation patterns that resulted in heightened stress reactivity throughout their lives. When Meaney and Szyf (2005) extended this work, they found that some of these effects could, under certain conditions, be partially reversed — a finding with profound implications for human healing.

Childhood Adversity and Stress Biology

In human research, the most influential body of evidence on childhood adversity and long-term health comes from the Adverse Childhood Experiences (ACEs) study, conducted by

Felitti et al. (1998). This landmark research surveyed more than 17,000 adults about childhood experiences of abuse, neglect, and household dysfunction, and tracked their health outcomes over time. The findings were unambiguous: the more adverse experiences a person reported, the higher their risk of depression, anxiety disorders, substance dependence, heart disease, and early mortality.

Importantly, emotional neglect — the absence of warmth, attunement, and consistent love, even in the absence of active abuse — was among the ACE categories most consistently associated with long-term harm. This finding is critical for understanding Mere's experience: her childhood was not characterised by dramatic traumatic events, but by the ongoing, low-grade wound of being less seen, less celebrated, and less cherished than her brother.

The biological mechanism through which this wound operates involves the hypothalamic-pituitary-adrenal (HPA) axis — the system responsible for the body's stress response. When a child's stress response is repeatedly activated without adequate soothing and repair, the system's calibration can shift. The result is a stress response that activates more easily, more intensely, and takes longer to return to baseline — a state researcher has called allostatic overload (McEwen, 2007). In Mere's case, the chronic low-grade stress of feeling comparatively unloved, combined with the demands of parentification, would have kept this system chronically elevated throughout childhood.

> *The body does not distinguish between the stress of being chased by a lion and the stress of growing up unseen. Both leave marks.*

Parentification: When Children Carry Adult Weight

Defining Parentification

Parentification describes the process by which a child takes on roles and responsibilities that appropriately belong to adults, most often a parent (Jurkovic, 1997). It manifests in two forms. Instrumental parentification involves taking on practical household duties — cooking, cleaning, caring for younger siblings. Emotional parentification involves managing the emotional needs of a parent or the overall family system.

Mere's experience encompassed both. She ran the household practically. She was also emotionally attuned to her mother's moods in the way that a child who is not sure of their security must be — reading the emotional weather, adjusting accordingly, and suppressing her own needs in the service of family stability.

Importantly, parentification in Mere's case was not experienced as exploitation in any conscious way. It was presented and received as simply what was expected. This subtlety is clinically significant: when parentification is normalised, the adult the child becomes may have no conscious awareness that anything was taken from them. They only know that they feel exhausted by relationships, that they cannot identify their own needs, and that they experience a persistent low-grade sense of owing the world something.

The Debt That Was Never Agreed To

Boszormenyi-Nagy and Spark (1973), in their foundational work on contextual family therapy, introduced the concept of 'relational ethics' and the ledger of debts and entitlements that families unconsciously maintain. Their work identified that parentified children often carry an invisible debt — a felt sense of owing the parent who 'needed' them, who 'sacrificed' for them, who 'couldn't have managed without them.'

For Mere, this debt was compounded by the context of maternal favouritism. If her brother was more loved, then perhaps she needed to earn her place through service. The parentified role became not just a family expectation but a strategy for worthiness. The logic, at its core: if I am useful enough, perhaps I will be loved enough.

This belief does not resolve with adulthood. It migrates into adult relationships, workplaces, and parenting. The woman in her forties who cannot say no, who gives until she is empty, who feels secretly responsible for everyone around her, is very often the child who learned that love was earned through service — and that the debt never quite cleared.

Maternal Favouritism and Attachment Disruption

Attachment theory, developed by John Bowlby (1969) and extended by Mary Ainsworth, establishes that human beings are biologically primed to seek proximity to a caregiver in moments of threat or distress. The quality of this attachment relationship shapes the child's developing model of themselves and others: Am I worthy of care? Are others reliably available? Is the world safe?

When maternal favouritism is present — when one child consistently receives more warmth, attention, and celebration than another — the less favoured child receives ongoing, low-grade evidence that they are less worthy of care. This is not typically a deliberate or malicious message. Parents who show favouritism are often unaware of it or rationalise it in ways that make it invisible to them. For the child, however, it is experienced in the body as a persistent, subtle threat.

Research by Suitor et al. (2009) examined the long-term effects of perceived maternal favouritism across a large sample of adult siblings and found that individuals who felt they were the less-favoured child reported significantly higher rates of depression, lower self-esteem, and more conflicted relationships in adulthood — even controlling for other family factors. Notably, the effects were present whether or not the favouritism was 'objectively' observable; the perception itself was sufficient.

For Mere, the message was not explicit. But it was consistent. And consistency — in epigenetic terms — is precisely what matters. A single difficult experience rarely produces lasting biological change. Repeated, patterned experiences do.

Pathways to Adult Harm

Substance Use as Self-Regulation

The link between childhood adversity and adult substance use is among the most robustly documented in the field of developmental psychopathology. Dube et al. (2003) found that individuals with ACE scores of five or more were seven to ten times more likely to report illicit drug use than those with no adverse experiences — and that this relationship was partially mediated by depression and negative affect.

From a neuroscientific perspective, the logic is straightforward. Substances — alcohol in particular, but also many illicit drugs — act on the brain's stress response systems in ways that produce rapid, temporary relief from the state of hyperarousal that characterises a dysregulated HPA axis (Sinha, 2008). For a person whose nervous system has been in a state of chronic low-level alarm since childhood, the first encounter with a substance that quiets that alarm is not a moral failure. It is a pharmacological discovery. The tragedy is in what follows: tolerance, dependence, and the compounding of life circumstances that make the underlying wound even harder to address.

For Mere, alcohol arrived as respite. It silenced a nervous system that had been braced since childhood. Understanding this does not excuse harm caused to herself or others during periods of use. It does, however, reframe the question from 'Why can't she just stop?' to 'What has she been trying to regulate, and what resources does she have to do it differently?'

Interpersonal Violence

The relationship between childhood emotional neglect, attachment disruption, and adult involvement in interpersonal violence — as victim, perpetrator, or both — is complex and does not reduce to any simple formula. What research consistently shows is that adults with histories of relational trauma are at higher risk of entering and remaining in volatile relationships, and of having fewer skills for emotional regulation in moments of high stress (Johnson, 2008).

For individuals like Mere, whose emotional landscape was shaped by unpredictability and the suppression of personal need, the adult presentation of this history may include explosive anger (the eruption of needs that were never allowed expression), an inability to leave relationships that replicate the original wound, or a numbing that allows harm to be endured beyond what most would tolerate. None of these are moral failures. They are predictable adaptations.

Suicidality and the Logic of Escape

Dube et al. (2001) demonstrated that childhood abuse and household dysfunction are among the strongest predictors of lifetime suicide attempts, with the risk increasing significantly with each additional adverse experience. For adult women with histories of emotional neglect, parentification, and attachment disruption, suicidality often emerges not as a desire to die, but as a desire for relief from an existence that has always been exhausting.

When a person has spent decades carrying the belief that they are not enough, that they owe more than they can give, and that their own needs are an imposition on others, the internal calculus of suicidality may take the form of a final act of consideration: ceasing to be a burden. This reading does not pathologise the individual; it contextualises them.

> *The question 'Why would she do that?' almost always has an answer. The answer is usually found in what happened before — not in who she is.*

A Kaupapa Māori Perspective

Te Ao Māori has long held an understanding of reality that modern science is only beginning to formalise. Whakapapa — genealogy, lineage, relational mapping — encodes the understanding that what our tūpuna (ancestors) experienced, we carry. Not as metaphor, but as literal transmission through relationship, story, and the biological inheritance of trauma responses (Durie, 1998).

The concept of hau — the life force, the essence of vitality that circulates through relationship and exchange — offers a way of understanding what happens when the exchange between parent and child is inequitable. When a child gives more than she receives — when her hau flows outward in service without being replenished — wellbeing diminishes in ways that cannot be explained by rational analysis alone.

Mere's story, read through a Māori lens, is not only an individual psychological narrative. It is also a story about disrupted exchange, about a child whose hau was drawn upon without adequate return, and whose healing must therefore include not just individual therapy but relational, cultural, and spiritual dimensions.

Pere (1997), in her articulation of the te wheke (octopus) model of Māori wellness, identifies whanaungatanga (the quality and integrity of relational connection) as central to wellbeing across all dimensions. A model of healing that does not address the relational wound at Mere's centre — the wound of feeling comparatively unlovable — will remain incomplete.

Te Poutama o te Ora as a Healing Framework

Te Poutama o te Ora (TPO) is a nine-dimension Māori wellness framework designed to offer both diagnostic clarity and transformative pathway for individuals who carry the kind of layered wounds described in this article. Rather than addressing symptoms in isolation, TPO seeks the whakapapa of the presenting distress — its origins, its transmission, and the conditions needed for genuine transformation.

For a person with Mere's history, TPO would engage the following dimensions as primary sites of healing work:

- **Taha Hinengaro (Mental and Emotional Wellness):** Identifying and naming the core belief system — the 'not good enough' narrative — and tracing its genealogy back to its relational origins. Cognitive restructuring is useful here, but insufficient without relational repair.
- **Taha Wairua (Spiritual Wellness):** Reconnecting with a sense of inherent worth that is not conditional on service, performance, or the variable approval of a parent. For Māori clients, this may involve reconnection with whakapapa, karakia, and the spiritual grounding of identity beyond the nuclear family.
- **Taha Tinana (Physical Wellness):** Addressing the somatic legacy of chronic stress. The nervous system holds history. Bodywork, breath-based regulation practices, and psychoeducation about the physiology of trauma are all relevant.

- **Taha Whānau (Relational Wellness):** Healing the template of transactional love. This involves developing the capacity for mutuality — relationships in which Mere is not always the giver — and interrupting the pattern of debt-based connection.
- **Taha Tuakiri (Identity Wellness):** Reclaiming an identity beyond caretaker and family resource. Discovering what Mere values and offers that is genuinely her own, rather than what was assigned before she could consent.
- **Taha Pūtea (Financial Wellness):** Addressing the practical consequences of years of disrupted life trajectory, including periods of unemployment or economic instability associated with substance use and relationship difficulties.

TPO's use of the Maramataka — the Māori lunar calendar — as a temporal scaffold for healing work is also relevant here. Epigenetic change, while real, is not rapid. The Maramataka reminds practitioners and clients alike that healing is seasonal: there are times for uncovering, times for tending, and times for harvest. Expectations of swift resolution are not only unrealistic but can inadvertently replicate the original wound of inadequacy ('Why am I not better yet?').

Discussion

This article has argued that the adult distress experienced by women like Mere is most accurately understood as the predictable outcome of a set of formative experiences that altered both the biology and the psychology of her development. Epigenetic science provides the mechanism; attachment and parentification research provides the relational framework; and te Ao Māori provides both the contextual depth and the healing vocabulary.

Several key implications emerge for practitioners:

- **Psychoeducation matters.** Helping a client understand the epigenetic and neurobiological underpinnings of their distress is not merely interesting — it is therapeutically significant. When a person understands that their nervous system learned something, rather than that they are broken, the shame load diminishes substantially.
- **Whakapapa is a clinical tool.** Tracing the genealogy of a belief — back through developmental history, through family systems, through cultural and colonial context — is both more accurate and more useful than treating symptoms in isolation.

- **Somatic approaches are not optional.** If the body holds the history, the body must be part of the healing. TPO's Taha Tinana dimension offers a culturally grounded container for this work.
- **The colonial dimension cannot be ignored.** For Māori women in particular, the experience of being less-than is rarely purely familial. It occurs within a broader context of structural marginalisation that has its own epigenetic legacy (Yehuda et al., 2016). A healing framework that does not acknowledge this will remain incomplete.

Conclusion

Mere's story is not rare. It is told in different accents, across different whānau configurations, in different parts of this whenua and this world. A child who grows up feeling comparatively unlovable, who earns her place through service, who enters adulthood carrying a debt she never agreed to and a belief she never chose — this is a story that clinical and community settings encounter daily.

Epigenetic science tells us that this story is written in the body. Attachment and family systems research tells us how. Kaupapa Māori tells us that what has whakapapa — lineage, origin, pattern — can also have a different ending. Te Poutama o te Ora offers a framework within which that different ending becomes not just possible, but practicable.

Healing from the wound of not being good enough begins not with self-improvement but with understanding: understanding what happened, why the body responded as it did, and what a different relationship with the self might look like — not as performance, but as genuine transformation.

> *The weed has a whakapapa. So does the garden that grows in its place.*

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