Redefining Flourishing: Young Autistic Women's Perspectives of A Life Lived Well in Aotearoa New Zealand

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Abstract

This thesis explores how autistic women and gender-diverse individuals aged 18–24 in Aotearoa New Zealand understand and experience flourishing. Motivated by the lack of autistic perspectives in well-being research, the study is grounded in critical realism and informed by neurodiversity and critical disability paradigms. It aims to centre lived experience and challenge deficit-based models that position autistic people as inherently lacking well-being or in need of ‘normalisation’. A two-stage primarily qualitative design was used, with 18 participants completing a custom online survey based on psychometrics of joy and flourishing. The survey combined open-ended reflections with basic quantitative ratings of life domains. These survey findings informed the development of in-depth, semi-structured interviews with six participants. Reflexive thematic analysis identified five key themes: (1) Seeking Connection While Guarding the Self, (2) Intimacy as a Spectrum, (3) Family as Framework and Fracture, (4) The Hidden Cost of Coping, and (5) Redefining a Life Worth Living. Participants described flourishing not in terms of normative success, but through authenticity, sensory alignment, relational safety, and emotional sustainability. Material and psychological security emerged as foundational across narratives. Findings challenge traditional models of well-being such as PERMA and Maslow’s hierarchy of needs, revealing the limitations of linear and externally defined metrics. In their place, a neurodivergent-informed model of flourishing is proposed, centred around five interwoven dimensions: security and stability; authenticity and self-acceptance; sensory and emotional regulation; reciprocal connection; and joy in the everyday.

This study contributes to autistic scholarship by affirming that flourishing is not about overcoming difference but about creating environments where difference is supported. Implications for theory, practice, and policy are discussed.

Preface

This thesis explores how autistic women aged 18–24 in Aotearoa New Zealand experience and define flourishing. While much of the existing autism research has focused on challenges, suffering, or perceived deficits, this study takes a different approach—one that centres autistic voices and asks what a good life looks like on their own terms. The aim is to contribute to a more affirming and nuanced understanding of autistic flourishing, grounded in lived experience and context.

I approached this research through a critical and socially engaged lens. My academic interests lie in challenging deficit-based frameworks and exploring how people define well-being, meaning, and selfhood outside of dominant social, cultural and economic narratives. I am drawn to questions about what it means to live well—especially in the unique sociocultural landscape of Aotearoa New Zealand—and how flourishing can be understood in ways that are inclusive, relational, and sensitive to marginalised experiences.

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Finally, to the wider autistic community and those advocating the Neurodivergent Paradigm — thank you for your advocacy, your insights, and your persistence in challenging outdated

narratives. This research exists because of the groundwork laid by so many before me, and I hope it contributes in some way to the ongoing conversations about autistic well-being.

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Chapter One - Introduction

"If you've met one autistic person, you've met one autistic person"— Dr. Stephen Shore

Autism, as both a neurodevelopmental condition and identity, resists simple categorisation. A growing chorus of autistic voices is challenging traditional psychological narratives, shifting the framing of autism from disorder to meaningful neurocognitive variation. This thesis responds to that shift by centring the lived experiences of autistic young women in Aotearoa New Zealand—particularly their experiences of joy, life satisfaction, and flourishing, which remain underexplored in psychological research.

Clinically, autism is defined by differences in social communication, sensory processing, and repetitive behaviours, under the label of Autism Spectrum Disorder (ASD). Controversial foundational diagnostic models, shaped by the early work of Kanner (1943) and Asperger (1944), were developed through studies of boys and have long excluded female presentations. Research now shows that autistic girls and women are frequently diagnosed later than boys—often by an average of eight years (Gesi et al., 2021). This delay is linked to the 'female autism phenotype', where traits are masked through social imitation or camouflaging (Lai et al., 2015). Traditional male-based diagnostic criteria overlook these nuances, contributing to misdiagnosis and underdiagnosis (Hull et al., 2020; Lockwood-Estrin et al., 2021; Rutherford et al., 2016). As a result, many autistic women remain invisible in research, unsupported in clinical settings, and underserved across their lifespan (Hull et al., 2020; Lai & Baron-Cohen, 2015).

Scholars now highlight the distinct challenges faced by autistic women, including delayed diagnosis, unique social needs, and high rates of co-occurring mental and physical health issues

(Bargiela et al., 2016). The ‘female autism phenotype’ - consisting of cognitive, behaviour and emotional traits - offers a critical framework for understanding these overlooked presentations (see Table 1).

Table 1

Diagnostic Biases and the Female Autism Phenotype

Trait / Characteristic	**Diagnostic Impact**	**Description**
Camouflaging / Masking	Misdiagnosis or delayed diagnosis	Autistic females often mask by mimicking peers or rehearsing social scripts (Hull et al., 2020a). Masking—conscious or unconscious—helps conform to neurotypical norms but is cognitively and emotionally draining, linked to depression, anxiety, and identity confusion (Cage & Troxell-Whitman, 2019).
Special Interests	Overlooked due to being socially acceptable	Female autistic interests (e.g., animals, fiction, celebrities) are often seen as typical and dismissed, unlike more stereotypically “male” autistic interests (Hiller et al., 2014).
Social Motivation	Traits misread as neurotypical	Higher social motivation can lead to superficial social success, masking deeper challenges in social cognition—such as in conversation or empathy (Lai et al., 2015).
Internalising Symptoms	Traits misattributed to other conditions	Internalising traits like anxiety, perfectionism, and rumination are common in autistic females but often misdiagnosed as separate mental health issues (Hiller et al., 2014).

Hull et al. (2020a) and Lockwood-Estrin et al. (2021) argue that female-specific social strategies often mask autistic traits, creating a misalignment with diagnostic criteria based on male samples. This contributes to delayed or missed diagnoses, particularly for those without intellectual disabilities. The female protective effect hypothesis suggests biological resilience may obscure traits (Werling & Geschwind, 2013), while systematic underdiagnosis theory argues clinicians misattribute female autism to conditions like anxiety or borderline personality disorder (Loomes et al., 2017). These models highlight complex barriers to recognising autism in females.

Delays in autism diagnosis for women have serious developmental consequences, affecting identity formation, self-esteem, and access to early support. Many autistic girls grow up without a framework to understand their differences, leading to internalised stigma when struggles are misattributed to personality flaws (Bargiela et al., 2016). This can result in ongoing mental health issues—including anxiety, depression, and low self-worth—that disrupt education and social development (Smith et al., 2024). In response, many adopt masking strategies to hide autistic traits and conform to neurotypical norms (Hull et al., 2017; Lai et al., 2019). While masking can enable social acceptance, it is linked to increased stress, burnout, and poorer mental health (Mandy, 2019; Cage & Troxell-Whitman, 2019). Ola and Gullon-Scott (2020) note that strengths in social functioning can be misunderstood by clinicians, contributing to diagnostic ambiguity. These difficulties intensify when combined with other marginalised identities, such as Māori, LGBTQ+, or low-income status (Botha & Frost, 2020).

Contemporary research increasingly critiques deficit-based language in autism discourse, which pathologises neurodivergence and reinforces social bias (Bottema-Beutel et al., 2021). This is especially harmful for autistic women, who are both misread through male-centric diagnostic norms and pressured to meet traditional standards of femininity (Bargiela et al., 2016; Hull et al., 2020a, 2020b). As a result, autism in females remains underexplored, prompting calls to revise diagnostic and research frameworks (Lai & Szatmari, 2020).

Marginalized Identities and Critical Theories

Understanding autism in women requires an intersectional lens. Crenshaw's (1989) framework highlights how overlapping identities—such as race, gender, disability, and class—produce compounded marginalisation. In Aotearoa New Zealand, autistic Māori women experience intersecting impacts of colonisation, racism, and ableism. Erevelles (2011) notes that disabled women of colour face systemic barriers across education, healthcare, and employment. Similarly, Botha and Frost (2018) apply the minority stress model to show how stigma and exclusion heighten mental health risks for autistic people.

Traditional deficit-based autism models overlook these structural dynamics. In contrast, critical theoretical frameworks offer more inclusive analyses (see Table 2). Milton (2014) critiques the marginalisation of autistic voices in research and advocates for neurodiversity-affirming approaches that challenge normative assumptions. These perspectives highlight the need for participatory, socially engaged research that centres autistic experiences and confronts systemic injustice.

Table 2

Models of Disability and Their Implications for Autism Research & Diagnosis

Model	Core Concept(s)	Critique / Implications
Medical Model of Disability	Autism as a disorder; clinical diagnosis and treatment	Deficit-focused; reinforced by DSM-5 and ICD-11 (APA, 2013; WHO, 2019). Prioritises clinical/parental views over autistic voices (Kapp et al., 2013). Can shape negative public narratives and self-concepts (Thomas & Boellstorff, 2017).
Social Model of Disability	Disability arises from social/ environmental barriers	Emphasises societal failures like inaccessible environments and ableist norms (Oliver, 1983; Shakespeare, 2013; Zarb, 1995). Useful for systemic critique but may underplay the medical realities or benefits of diagnosis.
Critical Disability Theory	Disability as socially constructed through power and institutions	Rejects medicalised views; reframes autism through cultural and lived experience (Goodley, 2016; Shakespeare, 2013; Thomas & Boellstorff, 2017). Advocates for neurodiversity-affirming, participatory research that challenges systemic oppression (Milton, 2014).
Neurodiversity Paradigm	Autism as natural variation in human neurocognition	Views autism as a valuable identity, not a deficit (Botha, 2021; Walker, 2021). Challenges cure-focused research and promotes strengths-based, identity-affirming approaches to well-being and inclusion (Chapman, 2020). Still emerging in clinical practice.

Masking or camouflaging autistic traits is best understood as strategic emotional labour and self-protection, not maladaptation (Pearson & Rose, 2021). Within neoliberal capitalism, where productivity defines worth, autistic ways of being are devalued—fuelling burnout and marginalisation (Erevelles, 2011; Goodley, 2016). The Social Model and Critical Disability Theory challenge deficit discourses and advocate for valuing autistic flourishing, joy, and relational well-being over narrow ‘functional outcomes’ (Anderson-Chavarría, 2021).

Still, critics argue the Social Model can understate co-occurring medical conditions like epilepsy or chronic pain, which cause distress beyond social barriers (Botha, 2021; Milton, 2012). Many autistic individuals value medical support when delivered with autonomy and respect. Recent scholarship calls for integrated, neurodiversity-affirming frameworks that honour both embodied realities and the impact of structural exclusion (Kintzinger, 2021; Pellicano et al., 2014).

Beyond Binaries: Feminist and Neuroqueer Approaches to Autism

Feminist Disability Theory highlights how gendered expectations shape autistic women's experiences, framing disability not solely as medical but as socially constructed through systems of sexism, ableism, and normative femininity (Garland-Thomson, 2002). Queer and Neuroqueer Theories further expand this by exploring how autism intersects with fluid gender and sexual identities, resisting binary norms and emphasising the social regulation of identity (Butler, 1990; Walker, 2021). Autistic people are significantly more likely to identify as asexual, non-binary, or transgender, prompting a reconceptualisation of autism as a form of queerness that resists normative expectations. An intersectional lens reveals how race, gender, sexuality, and disability compound marginalisation. While theoretical contributions are strong, empirical research remains limited, especially among LGBTQ+ autistic people of colour. Future research must adopt intersectional, community-based approaches.

Neuroqueer Theory (Walker, 2021) offers a radical reframing of neurodivergence and gender nonconformity. Autistic people often challenge social norms through non-traditional communication, relationships, and identities. Both queerness and neurodivergence resist hegemonic norms, with overlapping liberation movements seeking depathologisation. This “double minority” status can affect mental health, support access, and exposure to discrimination (Botha & Frost, 2018; Walker, 2021), demanding inclusive and transformative research and practice.

Race, Indigeneity, and Intersectional Health Inequities

Intersectional frameworks highlight that health inequities cannot be understood without accounting for race, colonisation, class, gender, and disability. In Aotearoa New Zealand, Māori communities face systemic health disparities rooted in colonisation, institutional racism, and socio-economic exclusion—not cultural difference (Brown & Bryder, 2022; Reid et al., 2019; Tobias & Harris, 2010). These structural determinants include discriminatory policies, culturally unsafe care, and underfunding of Māori-led health approaches.

Māori experience worse health outcomes and reduced access to culturally appropriate care than Pākehā (Waitangi Tribunal, 2019). Western biomedical models often ignore Indigenous worldviews, perpetuating epistemic violence when imposed without adaptation (Smith, 2012; Jones et al., 2020). Intersectionality reveals how racism, ableism, and colonialism intersect to disadvantage Māori—particularly women. This framing is crucial for understanding autistic Māori women’s experiences, who remain underrepresented in both autism research and health policy. The next section explores these gaps through Indigenous health models and decolonising perspectives.

Autism in Aotearoa New Zealand

Autism Data in Aotearoa New Zealand: Limitations and Gaps

Despite growing awareness of autism in Aotearoa New Zealand, major gaps persist in national data, diagnostic equity, and culturally responsive assessment. Current prevalence estimates (1 in 54 children) align with global figures (Centers for Disease Control and Prevention, 2025; Ministry of Health, 2024) but are extrapolated from overseas research. The New Zealand Census does not collect autism-specific data, limiting population-level understanding. The 2023 Household Disability Survey reports autism diagnoses in 2% of New Zealanders aged five and over—3% of children aged 5–14 and 1% of adults—highlighting possible underdiagnosis and barriers in adulthood (Whaikaha, 2023). Women, gender-diverse people, and ethnic minorities may mask traits or lack access to diagnostic services. A Hutt Valley study reported just 1.48 diagnoses per 1,000 children, with a 4:1 male-to-female ratio and underrepresentation of Pasifika youth (Drysdale & Van Der Meer, 2020). These disparities raise concerns about diagnostic tools' cultural validity and reflect broader inequities in who gets recognised and supported.

National surveys like the HDS lack critical detail—they do not disaggregate data by age of diagnosis, ethnicity, gender identity, or socioeconomic status, nor do they track access to services. This absence of intersectional data obscures inequities in diagnosis and support, undermining inclusive policy development. Diagnostic frameworks remain rooted in Western, male-centric models originally based on white, cisgender boys (Loomes et al., 2017). These models often miss internalised or subtle traits more common among women, girls, and non-binary individuals. Tools are also not consistently culturally responsive, failing to reflect Māori, Pasifika, and other diverse norms around communication, emotion, and social interaction. As a result, many are misdiagnosed or remain undiagnosed. These gaps suggest autism is underreported in Aotearoa. The lack of a national autism registry and non-inclusive diagnostic tools contributes to invisibility and limits evidence for equitable planning and services.

The New Zealand Autism Spectrum Disorder Guideline (3rd ed.) adopts a disability definition informed by the UNCRPD and New Zealand Disability Strategy (Whaikaha, 2023), which frames disability as arising from the interaction between individual traits and societal barriers—highlighting how lack of accommodation, not neurology alone, creates disabling conditions. Around 70% of autistic individuals in New Zealand are classified as disabled, reflecting the prevalence of co-occurring conditions and the need for sustained support (Whaikaha, 2023) and underscoring the importance of coordinated, culturally responsive care.

While frameworks such as the New Zealand Autism Spectrum Disorder Guideline (Ministry of Health, 2016) and the Disability Action Plan 2019–2023 offer structural direction, implementation critiques emphasize insufficient cultural adaptation and practicality in frontline services, coupled with a lack of disaggregated data that undermines support to underserved populations (Broadstock, 2019; UNICEF, 2025). Research using linked datasets has revealed inequities in diagnosis—particularly for Māori, Pacific youth, and those in deprived areas (Bowden et al., 2020a). However, such data may still exclude undiagnosed or marginalised individuals. Minds for Minds (Virúes-Ortega et al., 2017) offers rare adult-focused data but is limited by self-selection.

Bowden et al. (2020b) also found high rates of psychotropic prescriptions among autistic youth—often due to poor access to non-pharmacological supports like behavioural or culturally grounded therapies. This raises concerns about over-reliance on medication in contexts where holistic, neuroaffirming care is unavailable (Coury et al., 2012).

Gendered Gaps: Autistic Women in Aotearoa

Women and gender-diverse individuals remain underrepresented in autism research, and Aotearoa New Zealand reflects this global pattern. Diagnostic tools, rooted in male-centric models, often lead to delayed or missed diagnoses for women and gender-diverse people (Hull et al., 2020a, 2020b; Lai & Szatmari, 2020; Loomes et al., 2017; Drysdale & Van Der Meer, 2020). Local studies highlight diagnostic inconsistencies and prolonged wait times, especially for adult women (Drysdale & Van Der Meer, 2020; Bowden et al., 2020; Taylor et al., 2021).

While studies like Minds for Minds include adults, most participants were diagnosed in youth (Virúes-Ortega et al., 2017), limiting insights into later-life diagnosis. Data from the Household Disability Survey show boys are diagnosed nearly four times more often than girls (Figure NZ, 2024), echoing international trends but raising concerns about gender-sensitive diagnostic practices. High levels of masking among autistic women can further delay recognition and increase mental health risks (Bargiela et al., 2016; Hull et al., 2020a, 2020b). Furthermore, the lack of robust, culturally specific data in New Zealand limits responsive service delivery. These intersecting themes—bias, masking, mental health, and access—are explored further in the literature review.

Bicultural Obligations: Māori Autistic Women in Aotearoa

Autism data in Aotearoa New Zealand likely underrepresents Māori and Pacific peoples due to systemic barriers in diagnosis, culturally unsafe services, and limited use of Indigenous frameworks. Diagnostic pathways often follow Western models focused on observable traits in cisgender boys, overlooking more nuanced or masked traits common in girls or gender-diverse individuals. These models frequently fail to align with Māori understandings of health and identity. Administrative data from New Zealand show significantly lower autism identification rates for Māori children (49.2 per 10,000) and Pasifika children (38.6 per 10,000) compared to New Zealand European children (67.5 per 10,000) (Bowden et al., 2020).

Despite Aotearoa's obligations under Te Tiriti o Waitangi to reflect Māori worldviews, autism research including Māori voices—particularly Māori women—is scarce. Broader health and education disparities for Māori are shaped by colonisation, racism, and intergenerational trauma (Brown & Bryder, 2022; Reid et al., 2019; Tobias & Harris, 2010). A scoping review by Tupou et al. (2021) confirmed that autism studies rarely adopt kaupapa Māori approaches or integrate Māori terms like takiwātanga - "in their own time and space" (Higgins et al., 2020).

Māori autistic women face layered marginalisation across Indigeneity, gender, and neurodivergence (Came & Griffith, 2018; McNeill, 2019). A move toward kaupapa Māori and Indigenous-led methods is vital. As Smith (2012) argues, decolonising research must prioritise Māori voices and mana. Though holistic Māori health frameworks such as Te Whare Tapa Whā (Durie, 1985) and Te Wheke (Pere, 1991) offer inclusive alternatives, they remain underused in autism research and policy.

Multicultural Complexity: Pacific and Ethnic Minority Women

Alongside its bicultural foundation, Aotearoa New Zealand is increasingly multicultural, with growing Pacific, Asian, African, and Middle Eastern populations. Yet autism research and services often fail to reflect the cultural, linguistic, and structural barriers faced by these communities. Diagnostic systems grounded in Western norms may clash with cultural beliefs about disability, communication, and family roles (Suaalii-Sauni et al., 2009), leading to underdiagnosis and exclusion—particularly for Pacific and ethnic minority women.

Pacific health perspectives emphasise spirituality, collectivism, and intergenerational roles (Enari et al., 2024), which are often misinterpreted within individualised clinical frameworks. Systemic exclusion from disability services has prompted calls for more culturally responsive research and practice. Htut et al. (2019) found that Asian families in Auckland faced stigma, language barriers, and poor service navigation support, often relying on self-advocacy. Kasilingam et al. (2019) also reported dissatisfaction with early intervention services among culturally and linguistically diverse families, who found existing models misaligned with their values. A lack of bilingual clinicians and tailored resources compounds these issues, leaving many families underserved and unsupported.

Autism and Shifting Language in Aotearoa

In Aotearoa New Zealand, language around autism is shifting in response to critiques of deficit-based framing. The revised New Zealand Autism Guideline (3rd ed., 2022) discourages terms like “high functioning,” “non-verbal,” and “symptoms,” and instead promotes identity-first language (e.g., “autistic person”). It recognises autism as an integral part of identity, not a condition to be normalised or cured. This aligns with international calls to centre neurodivergent voices and move toward more affirming, inclusive practice. Despite these advances, many local research and policy frameworks remain influenced by individualistic and neoliberal ideals—such as independence, productivity, and conformity—that do not reflect the lived realities of many autistic people in Aotearoa. Diagnostic tools still draw heavily from male-centric models, contributing to the ongoing under-recognition of autistic women and nonbinary individuals (Lai & Szatmari, 2020).

Emerging local and international research highlights that autistic flourishing may include sensory joy, deep engagement with special interests, and strong community connections (Botha & Frost, 2020; Cage et al., 2018a). However, these dimensions are often excluded from clinical assessments of well-being, which continue to prioritise symptom reduction. To bridge this gap, future autism research in Aotearoa must be informed by neurodivergent-led, culturally responsive approaches that reflect local values, challenge normative assumptions, and recognise diverse pathways to well-being.

Autism, Flourishing, and Positive Psychology

Positive psychology offers a strengths-based lens that counters the deficit-oriented focus common in autism research. Founded by Seligman and Csikszentmihalyi (2000), it emphasises constructs like joy, life satisfaction, and flourishing—areas rarely explored in relation to autistic individuals, especially women. Recent research supports its relevance: Taylor et al. (2023) found strengths use predicted higher well-being in autistic adults, while Courchesne et al. (2015) showed strength-based assessments reduced the risk of underestimating autistic children's capabilities. This paradigm encourages a shift away from pathologising traits toward recognising resilience, adaptive strategies, and lived experiences. It provides a framework for reframing autism research and support systems to better align with neurodivergent values and the conditions that enable thriving.

Positive psychology views well-being as a multidimensional construct encompassing emotional states (e.g., joy), cognitive evaluations (e.g., life satisfaction), and broader flourishing. Subjective well-being (SWB) has been theorised through both bottom-up models—emphasising satisfaction across life domains (Cummins, 1996; Nakamura et al., 2021)—and top-down models, which highlight dispositional traits and cognitive appraisals (Diener et al., 1999). Contemporary research recognises well-being as arising from the interplay between personal traits and life context.

Flourishing, a central concept in positive psychology, includes both hedonic (pleasure, happiness) and eudaimonic (meaning, growth) well-being (Keyes, 2007; Seligman, 2011). It is conceptualised as a dynamic state of optimal functioning, supported by models such as Seligman’s PERMA theory (Butler & Kern, 2016; Seligman, 2011), VanderWeele’s (2017) six-domain framework, and Diener et al.’s (2009) Flourishing Scale (see Table 3).

Table 3

Flourishing Frameworks in Positive Psychology

Model	Domains Included	Key Features	Relevance to Autism
Seligman (2011); Butler & Kern (2016)	PERMA theory - Positive emotion, engagement, relationships, meaning, accomplishment	Emphasises internal psychological strengths and personal agency	May marginalise neurodivergent ways of experiencing emotion, meaning, or motivation
VanderWeele (2017)	Six-domain framework - Life satisfaction, mental and physical health, meaning and purpose, character and virtue, social relationships, financial/material stability	Integrates internal traits with external conditions (e.g., economic security, social ties)	Offers a more holistic approach, though rooted in culturally specific norms about morality and success
Diener et al. (2009)	Flourishing Scale - Optimism, purpose, competence, relational support (via 8-item scale)	Accessible, widely used, suitable for large-scale surveys	Not tailored to autistic populations; may overlook masking, sensory factors, or alternative communication styles

Flourishing is widely defined as involving autonomy, self-acceptance, resilience, and vitality (Fredrickson & Losada, 2005; Schotanus-Dijkstra et al., 2016). However, its measurement often reflects Western, individualistic ideals that may not suit marginalised or collectivist perspectives (Keyes & Haidt, 2002; Wright et al., 2024). This presents challenges in autism research, where deficit-focused models have historically overlooked autistic strengths and lived experiences (Pellicano et al., 2014).

Neurodiversity-affirming frameworks instead prioritise identity, autonomy, and authentic well-being (Kapp et al., 2013; Walker, 2021). Yet flourishing tools like the PERMA-Profiler often rely on neurotypical assumptions that don’t capture autistic realities, such as masking, sensory needs, or stigma (Botha & Frost, 2020; Cage et al., 2018a). For autistic individuals, flourishing may be more aligned with self-understanding, environmental fit, and freedom from normative pressure.

Wright et al. (2024) call for reframing flourishing through a neurodivergent lens—valuing alternative forms of communication, sensory diversity, and non-normative life paths—so success reflects alignment with one's identity, not conformity. While research often centres on diagnosis or behaviour, practice-based guides like Honeybourne (2018) offer strengths-based tools to promote flourishing in autistic children, drawing on positive psychology principles (Seligman, 2011; VanderWeele, 2017). However, the guide lacks peer review and empirical backing, and its relevance is limited to young children. More broadly, there is a lack of empirical research on how autistic adolescents and adults define and experience flourishing, especially across diverse identities.

Cross-cultural research shows that well-being is shaped by both internal dispositions and external life domains, with values like family, health, and spirituality often central across contexts (Loewe et al., 2014; Malvaso & Kang, 2022). However, most flourishing models are based on Western, neurotypical assumptions and often fail to capture how autistic individuals experience well-being (Botha & Frost, 2020; Milton, 2014). Concepts like “success” or “leisure” may differ in meaning, and masking can obscure distress (Pearson & Rose, 2021). More inclusive, co-produced frameworks are needed to reflect neurodivergent and cultural diversity in experiences of flourishing.

Research Rationale

This study addresses significant gaps in autism research by exploring how autistic young women in Aotearoa New Zealand conceptualise and experience flourishing, focusing on gender, age, masking, identity, and sociocultural context. It is among the first in-depth qualitative investigations of autistic flourishing in Aotearoa—an area underrepresented in both autism and well-being scholarship.

Conceptually and practically, the study challenges dominant deficit-based frameworks that have historically shaped autism research—especially regarding women and gender-diverse people. Prevailing models of well-being often reflect Western, neurotypical ideals that equate success with independence, productivity, and social conformity. Such models frequently overlook the diverse, contextual indicators of joy, meaning, and connection articulated by autistic individuals. In Aotearoa, these assumptions continue to influence diagnostic tools, services, and research agendas, often marginalising lived experience and culturally grounded understandings of well-being.

The study also foregrounds intersectionality, acknowledging how gender, race, class, disability, and colonisation intersect to exacerbate barriers to diagnosis and care. Autistic women—especially Māori, Pacific, LGBTQ+, and low-income individuals—face compounded inequities, including healthcare disparities, stigma, and a lack of culturally safe services. Yet few studies adopt a holistic, intersectional approach. By drawing on Indigenous frameworks such as Te Whare Tapa Whā (Durie, 1985), this project advances a justice-oriented, locally grounded research agenda.

Finally, the study engages with positive psychology and the science of well-being. Core constructs such as joy, self-worth, meaning, and connection—central to flourishing theory (Seligman & Csikszentmihalyi, 2000; VanderWeele, 2017)—remain largely unexplored from autistic perspectives, particularly in Aotearoa. Where flourishing is addressed, it is often through neurotypical and culturally dominant metrics. This study amplifies autistic epistemologies by investigating how flourishing is defined and lived by those often excluded from such discourses.

A domain-based framework grounded in neurodiversity scholarship and general quality of life research structures this inquiry. By exploring ten interrelated life domains—including identity, relationships, health, and special interests—it provides a flexible, contextually relevant lens for understanding what well-being means to autistic young women in Aotearoa.

Research Questions

This thesis explores how autistic females (ages 18–24) in Aotearoa New Zealand define and experience flourishing, using qualitative interviews and reflexive thematic analysis. It adopts a neurodiversity-affirming, lived-experience lens, using accessible terms like joy, life satisfaction, and contentment during interviews to support participant engagement. The study focuses on the following four research questions:

1. **How do autistic young women in Aotearoa define and experience flourishing?**
   This question investigates participants' own conceptualisations of flourishing, prioritising their definitions and subjective experiences.

2. **What social, cultural, and structural factors contribute to or hinder flourishing?**

   Narrative accounts will explore external influences—such as whānau support or systemic discrimination—that shape well-being and distress.

3. **How do intersectional identities (e.g., Māori, LGBTQ+) influence these experiences?**

   Drawing on an intersectional feminist lens, this question examines how overlapping identities affect access to joy, safety, and recognition.

4. **In what ways do neurodivergent perspectives challenge conventional definitions of flourishing?**

   This question considers how autistic perspectives may disrupt dominant psychological paradigms and contribute to more inclusive definitions of well-being.

Aims and Objectives

This strengths-based, two-stage mixed-methods study integrates critical autism studies, feminist epistemologies, and Indigenous health frameworks to examine how autistic young women in Aotearoa define and experience flourishing. Stage One informs and refines Stage Two through participatory engagement.

The study aims to:

1. **Critically examine how autistic young women conceptualise flourishing**

   Across both stages, participant-defined understandings of flourishing are central. Stage One collects open-text responses for content analysis; Stage Two builds on these with in-depth, semi-structured interviews analysed using reflexive thematic analysis.

2. **Identify and analyse life domains that influence flourishing**

   A framework of ten empirically supported life domains—social, family, intimate, work/education, financial, recreation/special interests, spirituality, identity, mental and physical health—structures both stages. Stage One includes Likert-scale and open-ended data; Stage Two explores subjective experiences in depth.

3. **Investigate camouflaging, delayed diagnosis, and intersectionality**

   The study examines how masking, diagnostic bias, and cultural invisibility impact well-being, with a focus on intersecting identities. Both qualitative and quantitative data contribute to this analysis.

4. **Develop a neurodiversity-affirming framework for understanding flourishing**

   Synthesising findings across stages, the study aims to challenge deficit-based narratives and create a conceptual model grounded in autistic realities in Aotearoa.

5. **Center the voices and lived experiences of autistic young women**

   A participatory approach ensures autistic voices shape the research process. Survey findings directly inform the interview phase, supporting responsive, community-informed design.

6. **Understand well-being within Aotearoa's bicultural context**

   Guided by Māori health models like Te Whare Tapa Whā (Durie, 1985), the study examines how colonisation, cultural identity, and systemic inequity shape flourishing for Māori participants.

Study Design

Stage One involves an online survey with Likert-scale and open-ended questions (n ≈ 18), analysed via descriptive statistics and content analysis. Stage Two includes semi-structured interviews (n ≈ 6), analysed using reflexive thematic analysis. This participatory design honours the epistemologies and lived priorities of the autistic community while providing structured and emergent insights into flourishing.

Thesis Structure

This thesis is structured as follows:

- **Chapter 2: Literature Review**

  Critically examines research on autism, gender, flourishing, neurodiversity, and positive psychology, with emphasis on identifying gaps and conceptual tensions.

- **Chapter 3: Methodology**

- Details the mixed-methods design, including ethical considerations, participant recruitment, and the integration of survey and interview phases.

- **Chapter 4: Survey Findings**

- Presents key quantitative and qualitative results from Stage One, organised by life domains.
- **Chapter 5: Interview Findings**
- Explores emergent qualitative themes from Stage Two interviews, centring participant narratives and lived experience.
- **Chapter 6: Discussion**
- Interprets findings in relation to theoretical frameworks and existing literature, connecting insights on autistic flourishing to broader psychological discourse.
- **Chapter 7: Conclusion**
- Summarises key contributions, reflects on limitations, and outlines implications for future research and practice.

Chapter Two – Literature Review

This literature review examines how positive psychology can offer a transformative alternative to deficit-based autism models by focusing on strengths, meaning, and engagement across key life domains such as identity, relationships, autonomy, and purpose. While this represents a move away from pathology-oriented frameworks, critiques from critical disability studies and neurodiversity scholars caution that even strengths-based models often reflect neurotypical, neoliberal, and Eurocentric ideals—such as independence, productivity, and emotional expressiveness—as universal markers of flourishing. This review synthesises emerging research through a neurodivergent-affirming and culturally responsive lens, identifying key domains that contribute to autistic flourishing while interrogating dominant assumptions. The goal is to support a more inclusive, lived-experience-based understanding of well-being.

The review is structured as follows: it begins by critiquing traditional models of well-being (e.g., life satisfaction, PERMA) and their limitations for autistic populations. It then explores neurodiversity-affirming frameworks that challenge normative ideals of the 'good life.' Next, it traces the development of flourishing within positive psychology, considering its relevance and constraints for neurodivergent individuals. The following sections reframe concepts such as joy and contentment through autistic perspectives and advocate for multidimensional, inclusive models of well-being. The review introduces ten key life domains as a methodological framework for this study and concludes by identifying research gaps—particularly regarding autistic women and cultural responsiveness—thereby justifying the study's contribution to a more affirming model of flourishing.

Traditional Psychological Perspectives and Their Limitations

Positive psychology emerged in the late 1990s to shift focus from pathology to strengths and optimal functioning (Seligman & Csikszentmihalyi, 2000) summarised in Table 4.

Table 4

Limitations of Traditional Psychological Models for Understanding Autistic Flourishing

Limitation	Description & Implications for Autistic Populations	Key References
Neurotypical Bias	Tools like the SWLS assume neurotypical norms (e.g., social success, productivity), overlooking autistic values like solitude, sensory regulation, and deep interests.	Grove et al., 2018; Williams & Gotham, 2021; Williams et al., 2023
Neoliberal/ Individualistic Ideals	Emphasis on self-sufficiency and personal achievement ignores those who flourish through interdependence or face systemic barriers to such ideals.	Elliott & Lemert, 2006; McGuigan, 2014
Masking and Camouflaging	Masking is emotionally taxing yet often invisible in standard well-being metrics, leading to inflated assessments of mental health—especially in autistic women.	Hull et al., 2020a, 2020b
Framework Inflexibility (e.g., PERMA)	Models like PERMA centre neurotypical preferences (e.g., social relationships, emotional expression), which may not align with autistic modes of flourishing such as focused interests or solitude.	Grosvenor et al., 2023; Grove et al., 2018
Gendered Oversights	Diagnostic and well-being tools often neglect how gender influences masking and subjective well-being, contributing to misdiagnosis and under-recognition of autistic women's experiences.	Hull et al., 2020a

Core constructs such as happiness, life satisfaction, and flourishing have since shaped well-being research. However, these models often reflect neurotypical, individualistic, and Western ideals of a ‘good life’, which may marginalize autistic ways of being. Life satisfaction, commonly measured through tools like the Satisfaction with Life Scale (Diener et al., 1985), assumes universal standards of well-being that may not align with neurodivergent experiences or values. A major limitation of traditional well-being models is their neurotypical bias. Tools like the SWLS were developed with neurotypical populations and prioritise values such as social engagement, economic productivity, and personal achievement. These do not always reflect autistic experiences, where fulfilment may stem from routines, special interests, sensory regulation, or solitude (Grove et al., 2018).

Such models also embed neoliberal ideals of independence and self-sufficiency, potentially marginalising those who flourish through interdependence or face systemic barriers to normative success (Elliott & Lemert, 2006; McGuigan, 2014). Moreover, they rarely account for masking and camouflaging, especially among autistic women. The emotional toll of suppressing traits to fit neurotypical or gendered expectations can lead to distress, identity confusion, and internalised stigma (Hull et al., 2020a, 2020b). While masking may support short-term social acceptance, it undermines long-term well-being—yet remains invisible in most assessments.

Even broader models like PERMA (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) fall short. Though more inclusive in theory (Grosvenor et al., 2023), PERMA still assumes neurotypical preferences for social connection and expressive joy, neglecting autistic ways of engaging, such as deep immersion in special interests or joy in predictability (Grove et al., 2018).

Finally, standard tools often overlook the gendered dynamics of autism, contributing to underdiagnosis and misrepresentation of autistic women's well-being (Hull et al., 2020a, 2020b). These gaps call for neurodivergent-affirming models that reflect diverse, lived realities.

The Need for Neurodiversity-Affirming Approaches

In light of traditional models' limitations, scholars increasingly advocate for neurodiversity-affirming frameworks that recognise diverse manifestations of well-being beyond dominant cultural or psychological norms. These models validate forms of flourishing rooted in predictability, sensory comfort, solitude, or deep engagement with special interests—experiences often overlooked in mainstream metrics (Cherewick & Matergia, 2023).

Such approaches prioritise lived experience and autistic epistemologies, moving away from deficit-based assumptions and towards definitions of well-being that value authenticity, self-understanding, and neurodivergent ways of relating (Cherewick & Matergia, 2024; Milton, 2012). Importantly, they centre autistic voices in the development and validation of well-being tools, ensuring that what "counts" as flourishing reflects those it seeks to represent.

By reframing psychological health through this inclusive lens, researchers can build ethically grounded models that challenge normative benchmarks and affirm a wider range of meaningful life experiences. This shift moves the field toward a more just, respectful, and context-sensitive understanding of what it means to live well.

Defining Flourishing in Positive Psychology and Its Relevance to Neurodivergent Lives

Flourishing is a core construct in positive psychology, describing optimal human functioning that includes both hedonic (pleasure-based) and eudaimonic (meaning-based) well-being. Seligman's (2011) PERMA model—Positive Emotion, Engagement, Relationships, Meaning, and

Accomplishment—helped redefine flourishing as the presence of positive life functioning. Others, like Huppert and So (2013), emphasized ‘feeling good’ and ‘functioning well’, while VanderWeele (2017) introduced a multidimensional model incorporating character, social ties, and purpose. However, these frameworks are shaped by Eurocentric, neurotypical, and neoliberal ideals, often privileging autonomy, productivity, and individual achievement (Elliott & Lemert, 2006; McGuigan, 2014). This risks marginalizing neurodivergent experiences—especially those of autistic individuals, who may prioritise sensory comfort, predictability, or deep engagement with interests (Grove et al., 2018; Hull et al., 2020a, 2020b).

In response, scholars have called for neurodiversity-affirming definitions of flourishing, grounded in lived experience and attuned to cognitive and cultural diversity (Cherewick & Matergia, 2024; Milton, 2012). This is especially vital for autistic women, whose flourishing is shaped by intersectional marginalisation and masking. While flourishing is the study’s central construct, related terms like joy, contentment, and life satisfaction were also used in Stage 1 to make the language accessible and participant-driven. These constructs are culturally shaped and non-universal (Christopher, 1999; Lomas, 2016; Ruggeri et al., 2020). Joy reflects vitality and meaning (Watkins et al., 2018), contentment is linked to self-acceptance and present fulfillment (Cordaro et al., 2016, 2024), and life satisfaction involves a global quality-of-life judgment (Diener et al., 2002). These terms offer flexible entry points into autistic definitions of well-being.

Toward Neurodivergent-Centered Definitions of Flourishing

Conventional well-being models often reflect neurotypical norms—valuing independence, extroversion, and productivity—while neglecting the diverse needs of neurodivergent individuals, especially autistic women and gender-diverse people. In response, more inclusive frameworks are emerging that center neurodivergent perspectives and challenge conceptual bias. The ICF (World Health Organization, 2019) exemplifies this shift, offering a more holistic model that considers both personal functioning and environmental context. Unlike deficit-based diagnostic tools, it emphasizes the interaction between individual strengths and systemic barriers, enabling a more contextualised and strengths-based view of quality of life.

Building on this direction, autism-specific tools are addressing gaps in existing measures. The Autistic Women's Experience (AWE) Scale (Grosvenor et al., 2023) was designed to capture distinct well-being indicators relevant to autistic women, including sensory well-being, authenticity in social settings, and connection with special interests. Psychometrically validated in a large community sample, the scale shows strong internal consistency and construct validity, and is already being used in further research. These tools mark a significant step toward valid, affirming, and neurodivergent-centred models of flourishing, grounded in lived experience rather than normative assumptions.

The Importance of Multidimensional and Inclusive Measurement

Measuring life satisfaction through an inclusive, multidimensional lens is vital, especially for autistic women, who face systemic barriers in healthcare, employment, and social inclusion (Mano, 2016). While these challenges impact quality of life, focusing solely on "struggles" risks reinforcing deficit narratives. A balanced approach must account for both strengths and structural barriers—including identity affirmation, creative expression, autonomy, and culturally responsive care. Autistic women's well-being is shaped by intersecting personal, relational, and systemic factors. To reflect this complexity, future research should be community-informed, centring autistic perspectives in defining and measuring flourishing. This is crucial for developing policies and interventions that support diverse, affirming pathways to well-being.

Justification for Ten Life Domains

To capture the multidimensional nature of well-being, this study adopts a domain-based framework informed by both general quality of life research and autism-specific scholarship. Rather than relying on single-indicator measures, it recognises well-being as shaped by interrelated domains. The ten selected domains reflect empirical relevance, neurodivergent inclusivity, and specific salience for autistic women aged 18–24 in Aotearoa New Zealand (see Table 5).

Table 5

Summary Table: Justification for the Ten Life Domains

Domain	**Why It Matters for Well-being**	**Specific Relevance to Autistic Women (Aged 18–24, Aotearoa NZ)**
Social Life	Social connection is a universal predictor of well-being and life satisfaction.	Experiences shaped by masking, gendered expectations, and non-traditional forms of connection (e.g., online spaces).
Family Life	Family provides emotional security, belonging, and identity development.	Autistic women face familial pressures to conform to gender norms; support or lack thereof strongly impacts well-being.
Intimate Life	Romantic/sexual relationships are core to adult development and self-esteem.	Camouflaging and sensory/emotional differences affect how intimacy is formed, expressed, and sustained.

Domain	Why It Matters for Well-being	Specific Relevance to Autistic Women (Aged 18–24, Aotearoa NZ)
Work and Educational Life	Employment and education support autonomy, identity, and future planning.	Neurotypical norms in work/school create exclusion; flexible pathways support flourishing.
Financial Well-being	Financial security underpins independence and stability.	High risk of underemployment and financial exclusion due to systemic barriers; rarely studied from gendered lens.
Recreational Life & Special Interests	Recreation promotes joy, self-regulation, and identity formation.	Special interests are vital sources of meaning but often pathologized; domain affirms non-normative flourishing.
Existential, Religious & Spiritual Life	Provides resilience, purpose, and a sense of coherence.	Often excluded from autism research, yet important for autistic individuals making meaning amid marginalisation.
Identity and Self-Understanding	A stable, positive identity supports mental health and belonging.	Autistic women negotiate complex, intersecting identities and face barriers to self-recognition and validation.
Mental Health	Mental well-being underpins functioning across all life domains.	High rates of anxiety, burnout, and misdiagnosis; pathologisation of autistic traits affects treatment and outcomes.
Physical Health	Chronic conditions and bodily autonomy affect daily quality of life.	Autistic women face healthcare disparities, diagnostic overshadowing, and sensory-based pain often unacknowledged.

While models like WHOQOL (WHO, 1998) and ICF (WHO, 2001) provided a foundation, their emphasis on normative ideals (e.g., functionality, independence) required critical adaptation. Domains such as recreation and special interests or identity and self-understanding were included to reflect autistic definitions of joy, resilience, and authenticity (Grove et al., 2018; Hull et al., 2020a, 2020b). The inclusion of existential, religious, and spiritual life acknowledges how meaning-making may differ for autistic individuals, especially those facing cultural or social marginalisation (Bogdashina, 2013). These domains were selected not as fixed categories, but as flexible, intersecting areas of inquiry that resist reductive, Eurocentric models and centre lived experience.

Social Life

Social relationships are a key contributor to well-being, but autistic individuals often navigate them in ways that differ from neurotypical norms (Kapp, 2018). For autistic women, masking and camouflaging in social contexts can lead to exhaustion, reduced authenticity, and heightened loneliness (Hull et al., 2020a, 2020b). Conventional metrics often fail to capture non-traditional forms of connection—such as online communities or shared special interests—which may be more accessible and fulfilling (Beggiato et al., 2017). Autistic young adults consistently value authentic friendships, meaningful engagement, and shared interests (Øverland et al., 2024).

Family Life

Family relationships are central to autistic well-being, yet most research focuses on caregivers rather than autistic individuals themselves. Supportive, inclusive families can offer emotional stability and identity affirmation, while unsupportive environments often contribute to masking, stress, and internalised stigma—especially for autistic women facing gendered expectations (Leedham et al., 2020). Satisfaction with family life and leisure has been found to strongly predict overall well-being, often more than factors like income or location (Nakamura et al., 2021). In addition to family, autistic young adults also highly value their relationships with pets (Øverland et al., 2024).

Intimate Life

Intimacy—including dating, relationships, and sexuality—is a vital yet underexplored domain in autism research. Autistic women may experience unique challenges in this area, such as navigating emotional reciprocity, sensory needs, and social expectations around romance (Hull et al., 2020a, 2020b). Camouflaging and difficulty expressing needs can further complicate intimate experiences. Understanding this domain is key to recognising how autistic women define and pursue intimacy in ways that align with their authentic selves.

Work and Educational Life

Education, employment, and training contribute to self-esteem, financial stability, and social inclusion, yet autistic women often face significant barriers in these settings due to sensory demands, rigid structures, and unwritten social norms (Mano, 2016). Flexible, accessible environments are linked to greater well-being and life satisfaction (Mason et al., 2018). For autistic young women, this domain is closely tied to identity development and future aspirations.

Financial Well-being and Security

Financial security is a key component of quality of life, yet autistic individuals face higher risks of underemployment, economic instability, and housing insecurity due to systemic barriers in education, work, and healthcare (Autistica, 2023; Pryke-Hobbes, 2023). Despite this, little research addresses their financial literacy needs and experiences of security. Reframing this domain through a strengths-based lens highlights autonomy and empowerment, rather than economic burden.

Recreational Life and Special Interests

Recreational activities and special interests play a vital role in emotional regulation, identity, and well-being for autistic individuals. Deep engagement in personal passions enhances joy, relaxation, and life satisfaction (Grove et al., 2018), yet traditional models often overlook this domain. Including it affirms non-normative flourishing and acknowledges the strong influence of leisure satisfaction on overall well-being (Nakamura et al., 2021).

Existential, Religious, and Spiritual Life

Spirituality and existential meaning-making are important but underexplored aspects of autistic well-being. While many low-support-needs autistic individuals identify as atheist or form personal belief systems (Caldwell-Harris et al., 2011), others engage in religious traditions shaped by cultural and familial influences (Hayat et al., 2024). For caregivers, spirituality can support emotional resilience, though religious activity may sometimes correlate with less positive outcomes (Ekas et al., 2009). Research suggests that autistic individuals may express spirituality in unique ways—through metaphor, music, or visionary beliefs (Hills et al., 2019; Kéri, 2023). These frameworks can offer belonging and purpose, particularly for those navigating marginalisation or identity conflict (Bogdashina, 2013).

Identity and Self-Understanding

A positive and coherent sense of identity is central to well-being, particularly for individuals with intersecting identities related to gender, neurodivergence, culture, and sexuality. Autistic women often face complex identity negotiations and may experience challenges with self-recognition and external validation (Hull et al., 2020a, 2020b). Research has shown that authenticity, self-acceptance, and community belonging are key predictors of mental health and life satisfaction. Including this domain allows for an understanding of internal well-being beyond external functionality.

Mental Health

Mental health is a vital and distinct domain for autistic well-being. Autistic individuals—especially women—experience elevated rates of anxiety, depression, and burnout, often driven by systemic exclusion, sensory overload, and masking (Davies et al., 2023; Mittertreiner et al., 2024). Traditional models frequently conflate neurodivergent traits with pathology, leading to misdiagnosis, stigma, and inappropriate treatment. Suicidality is notably high among autistic adults, with rumination and low self-esteem as key risk factors, particularly for women (Arwert & Sizoo, 2020). A neurodivergent-affirming approach is essential—one that distinguishes distress from difference and centres lived experience (Milton, Waldock & Keates, 2023).

Physical Health

Autistic individuals often face significant physical health challenges, including gastrointestinal issues, chronic pain, epilepsy, and sleep disturbances—frequently underdiagnosed or mismanaged (Davies et al., 2023). Autistic women are particularly vulnerable due to gendered healthcare disparities, such as diagnostic overshadowing and dismissal of sensory or pain-related concerns. These issues highlight the need for neurodivergent- and gender-responsive healthcare. Recognising physical health as a distinct domain affirms its central role in daily functioning and overall well-being.

Summary: Why These Domains Matter

The ten life domains offer a holistic framework for understanding well-being, grounded in both positive psychology's concept of flourishing (Seligman, 2011; VanderWeele, 2017) and disability-inclusive research. This approach aligns closely with Te Whare Tapa Whā (Durie, 1985), a Māori health model that emphasises the interdependence of spiritual, mental, physical, and relational dimensions. Just as all walls of the wharenui are needed for balance, well-being in autistic lives depends on multiple interconnected areas—including identity, community, and meaning. For autistic women aged 18–24, who often face systemic barriers and identity-related transitions, this multifaceted, culturally grounded framework provides a more inclusive, affirming, and locally relevant way to understand flourishing (see Table 6).

Table 6

Summary of Framework Rationale

Feature	**Description**
Interdisciplinary Foundations	Domains draw from WHOQOL (1998), ICF (2001), neurodiversity research, and Māori health models (e.g., Te Whare Tapa Whā).
Cultural Relevance	Emphasizes bicultural responsiveness in the Aotearoa context, challenging Eurocentric, individualistic views of success.
Participatory Alignment	Reflects domains that autistic individuals themselves report as meaningful, resisting deficit-oriented metrics.
Conceptual Flexibility	Domains are not rigid categories but overlapping, dynamic aspects of flourishing shaped by social and cultural contexts.

Domains of Life and Existing Autism Research

This section reviews the literature on autistic women's experiences across the ten life domains, identifying both established findings and key gaps—particularly around gender, culture, and neurodivergent-affirming research. While presented individually for clarity, these domains are deeply interconnected. For example, employment influences financial stability, self-esteem, and mental health (Hedley et al., 2019; Mason et al., 2018), while poor mental health can affect relationships, education, and physical health (Lai et al., 2019). Gender and sexuality also shape access to care, belonging, and discrimination (Botha & Frost, 2020; George & Stokes, 2018).

Understanding well-being requires recognising how these domains interact to form a complex, dynamic ecology—reinforcing the need for holistic, person-centred approaches in research and practice. For a summary, see Table 7.

Table 7

Summary of Literature Review of Autism-related Research by Life Domain

Domain	Key Themes	Unique Challenges for Autistic Women
1. Social Life	Connection, masking, emotional labour	High rates of camouflaging to meet neurotypical expectations contribute to chronic social exhaustion, identity fragmentation, and difficulty forming authentic friendships. Gendered norms intensify pressure to manage others' emotions (Hull et al., 2020a, 2020b; Pearson & Rose, 2021).
2. Family Life	Belonging, support, identity development	Literature often centers caregivers, not autistic voices. Young women may face pressure to conform to familial gender norms and may experience masking within the home. Limited research on extended whānau and culturally specific dynamics (Leedham et al., 2020; Mano, 2016).
3. Intimate Life	Romantic connection, emotional safety	Romantic relationships are shaped by masking, difficulties with emotional reciprocity, and navigating gendered expectations. LGBTQ+ identities are common but often unsupported, complicating disclosure and safety (Pecora et al., 2020; Yew et al., 2023).
4. Work & Education	Inclusion, self-efficacy, identity	Rigid institutional structures often fail to accommodate sensory needs or non-linear learning/working styles. Gendered professionalism and masking in workplaces lead to burnout, with little

Domain	Key Themes	Unique Challenges for Autistic Women
		research specific to autistic women's trajectories (Mason et al., 2018).
5. Financial Security	Autonomy, stability, empowerment	Autistic women face increased risks of financial insecurity due to underemployment, benefit complexity, and gendered economic inequality. Financial education rarely tailored to neurodivergent needs (Caria et al., 2018; Hassan et al., 2011).
6. Recreation & Special Interests	Joy, identity, self-regulation	Special interests often pathologised or misinterpreted, especially when gendered (e.g., fiction, animals, arts). Leisure participation limited by social anxiety, gendered gatekeeping, and lack of inclusive spaces (Grove et al., 2018; Spain et al., 2020).
7. Spiritual / Existential Life	Meaning, identity, resilience	Spirituality underexplored in autism research. Autistic women may engage in non-traditional or sensory-based spiritual practices. Māori models like wairua offer culturally grounded alternatives but remain underutilised (Bogdashina, 2013; Durie, 1985).
8. Identity & Self-Understanding	Authenticity, self-esteem, community	Masking and late diagnosis delay identity development. Many navigate intersectional identities (e.g., Māori, queer) without adequate support. Online and autistic-led spaces are key to self-recognition (Cage et al., 2018a; Strang et al., 2018).
9. Mental Health	Burnout, resilience, belonging	Elevated risks of anxiety, depression, and suicidality linked to chronic masking, social exclusion, and gendered underdiagnosis. Mental health services often pathologise autistic traits and lack affirming care models (Botha & Frost, 2020; McCrossin, 2022).

Domain	Key Themes	Unique Challenges for Autistic Women
10. Physical Health	Access, co-occurring conditions	Autistic women experience higher rates of underdiagnosed conditions (e.g., chronic pain, GI issues), but gendered health disparities and diagnostic overshadowing delay treatment. Sensory barriers reduce healthcare access (Kassee et al., 2020).

Domain 1: Social Life

Social life—including friendships and community involvement—is essential to well-being, with perceived social support linked to higher life satisfaction in autistic individuals (Kapp, 2018; McKenzie et al., 2022). For autistic women, however, social experiences are shaped by gendered expectations and the pressure to mask, leading to exhaustion, anxiety, and fragmented identity (Hull et al., 2020a, 2020b; Pearson & Rose, 2021). Emotional labour—especially the management of others' emotions—is intensified by intersecting ableist and sexist norms, often resulting in burnout, strained relationships, and social withdrawal (Hochschild, 2012; Garland-Thomson, 2002; Kassee et al., 2020; Woods, 2017;).

Despite this, standard assessments often overlook the emotional costs of socialisation. In work and personal life, unacknowledged masking may hinder advancement and erode self-esteem (Molloy & Vasil, 2021). Yet research rarely explores these impacts across life stages, particularly during emerging adulthood—a critical period for identity formation that remains understudied (Franke et al., 2018). Encouragingly, new studies challenge deficit-based views. Bollen (2023) and Shalev et al. (2022) describe how autistic adults experience unique, expansive empathy patterns, while Tsermentseli (2022) highlighted self-esteem as a key moderator of the link between social support and life satisfaction. However, most existing research uses quantitative metrics that miss the emotional depth of autistic women's social realities. Scholars call for qualitative, neurodivergent-led methods that centre authenticity over neurotypical conformity (Hull et al., 2020a, 2020b). Future research must adopt intersectional, affirming approaches to better capture how autistic women navigate, resist, and reframe social life on their own terms.

Domain 2: Family Life

Family life significantly influences emotional well-being and identity development. Yet autism research disproportionately focuses on caregivers' perspectives, often marginalising autistic voices—particularly those of young women—and reinforcing deficit-based narratives (Al-Oran et al., 2022; Kuhlthau et al., 2014). While studies highlight caregiver stress and financial strain (Montes & Halterman, 2008; Papadopoulos, 2021; Robinson & Weiss, 2020; Bradshaw et al., 2020), this framing risks portraying autistic individuals as burdens rather than as agents with meaningful relational lives.

Coping strategies such as religion or social support are often discussed in terms of managing burden rather than fostering affirming family dynamics (Al-Oran, 2022; Nakamura, 2021). Moreover, cultural and intergenerational influences—particularly in Indigenous and collectivist contexts like Aotearoa—are underexplored. Extended whānau, including grandparents, often provide vital support but are frequently overlooked by Western-centric systems (Mano, 2016).

Emerging research shifts this lens, however, significant gaps remain: autistic perspectives, sibling relationships, cultural diversity, and gendered experiences are often missing. Most studies remain focused on childhood, ignoring how family dynamics evolve during adolescence and early adulthood—a critical period shaped by autonomy, masking, and diagnostic delay. Family life can either support or hinder flourishing, depending on cultural context, relational dynamics, and responsiveness to neurodivergent needs. Future research must adopt intersectional, qualitative, and neurodivergent-affirming approaches that prioritise autistic voices in defining what healthy family life looks like.

Domain 3: Intimate Life

Intimate life—encompassing dating, romantic relationships, and sexuality—is vital to adult well-being but remains underexplored in autism research, particularly for autistic women. Existing studies often reflect neurotypical and heteronormative norms that overlook the unique experiences of autistic individuals, including challenges related to masking, gender, and communication (Hull et al., 2020a, 2020b). Masking in intimate settings, aimed at conforming to expectations of femininity and emotional responsiveness, can lead to identity loss, emotional fatigue, and relational burnout (Hull et al., 2020a, 2020b). Difficulties with emotional reciprocity are often wrongly attributed to autism itself, rather than co-occurring alexithymia (Ola & Gullon-Scott, 2020). Nonetheless, when communication is open and mutual understanding is present, autistic individuals report satisfying relationships (Yew et al., 2023; Pollmann et al., 2010).

Autistic populations show high rates of non-heterosexual orientations and gender-diverse identities, especially among those assigned female at birth (George & Stokes, 2018; González-García et al., 2023). Studies also highlight elevated experiences of asexuality, gender dysphoria, and nonconforming romantic preferences (Glackin et al., 2023; Weir et al., 2021; Dewinter et al., 2017). Schalkwyk (2018) emphasises the need for frameworks that support complex gender–neurodiversity intersections. Yet, most research remains grounded in binary and heteronormative models. This lack of inclusive research limits recognition and support for autistic women's diverse identities, reducing access to safe and affirming intimate experiences. Intimacy is closely linked to life satisfaction (Carr, 2014), and autistic adults report lower levels of sexual and romantic well-being compared to neurotypical peers (Rocha et al., 2022; Yeung et al., 2024). Autistic–autistic relationships may offer particular relational safety through shared communication styles and sensory preferences (Crompton et al., 2020).

Critical gaps persist and gender-specific and intersectional experiences remain understudied, and standard tools fail to capture the importance of sensory compatibility, shared interests, or non-normative forms of intimacy (Grove et al., 2018; Nowell et al., 2021). Future research must adopt participatory, neurodivergent-affirming approaches that prioritise authenticity, agency, and joy in intimate life on autistic individuals' own terms.

Domain 4: Work and Educational Life

Employment and education are critical to life satisfaction, self-esteem, and economic stability. Yet autistic adults experience disproportionately high rates of unemployment and underemployment, driven not only by individual challenges but by systemic ableism, exclusionary hiring practices, and inflexible work environments rooted in neurotypical and neoliberal ideals of productivity (Cimera & Cowan, 2009; McGuigan, 2014; Roux et al., 2013). Zwicker et al., (2017) highlight the urgent need for disaggregated data and intersectional policy planning by revealing how people with autism face disproportionately unmet support needs in employment, education, and daily life, despite their willingness to participate in society. They report that the autistic population faces one of the lowest labour force participation of all disability groups, largely due to a mismatch between their needs and the supports available.

For autistic women, these barriers intersect with gendered experiences. Hayward et al. (2019) found that autistic women value employment that allows them to be authentic and aligns with their interests and sensory needs, yet often feel excluded from such opportunities due to inflexible environments and limited understanding—highlighting a need for greater individual–environment fit in workplace policy and practice. However, research on gender-specific experiences in work and study remains sparse.

Inclusive and community-based employment has shown positive outcomes. Cimera and Burgess (2011) reported both financial and social benefits for autistic adults in community roles, while Hedley et al. (2019) linked inclusive workplaces to better mental health. In education, factors like academic performance, social support, and family involvement predict success (Migliore et al., 2012; Roux et al., 2013), but most studies overlook how these intersect with gender or cultural factors. Strengths-based approaches that incorporate special interests into work or study pathways are promising, boosting motivation and well-being (Grove et al., 2016, 2018). However, research rarely explores how these approaches can be tailored to autistic women, whose interests may differ or be more socially constrained.

Transitions into tertiary education also present challenges, including social isolation, masking, and mental health concerns (Mason et al., 2018). Yet few studies examine how autistic women navigate these hurdles or define success on their own terms. Conventional definitions of success—focused on independence, linear progress, and competition—often exclude neurodivergent ways of thriving (McGuigan, 2014). These norms devalue part-time work, remote learning, interest-led pathways, and non-traditional careers. This structural mismatch can undermine identity, autonomy, and long-term satisfaction. Despite growing awareness, research still underrepresents the experiences of autistic women in work and education. Studies often ignore how gender, culture, and neurodivergence intersect, and offer few systemic solutions. Future work should use participatory and intersectional methods to centre autistic women's voices and promote inclusive policy reform.

Domain 5: Financial Well-being and Security

Financial well-being is a vital yet underexamined dimension of autistic life. Existing research has predominantly framed autism through an economic burden lens—highlighting costs to families and systems (Buescher et al., 2014; Lavelle et al., 2014; Järbrink & Knapp, 2001)—but this framing risks dehumanising autistic people by portraying them as liabilities rather than agents with financial needs, aspirations, and strengths.

A shift is emerging toward understanding autistic financial autonomy. In Pellicano et al.'s (2024) study, autistic adults defined financial wellbeing as having enough money for daily essentials, a buffer for emergencies, and the freedom to spend without worry – demonstrating an emphasis on security. Tailored financial literacy programs can help address executive functioning difficulties, abstract financial concepts, and sensory challenges (Caria et al., 2018; Cheak-Zamora et al., 2017), but such programs remain rare and inaccessible. For autistic women, financial well-being involves more than income—it also includes navigating gendered economic systems and gaining autonomy in decision-making. Mainstream financial education typically assumes neurotypical learning styles, often overlooking accessible formats like interactive, visual, or digital tools (Caria et al., 2018; Hassan et al., 2011). Broader reforms are needed to ensure financial inclusion for neurodivergent learners, particularly those facing intersecting barriers.

Employment remains closely tied to financial security, but autistic adults—especially women—face persistent underemployment and hiring discrimination (Rogge & Janssen, 2019). These barriers can lead to housing insecurity and financial exclusion. Scheeren et al. (2021) found autistic adults face greater difficulty in securing rental housing, worsening overall well-being.

Bureaucratic systems compound financial stress. Disability benefits and housing support programs are often inaccessible and complex (Bradshaw et al., 2020), with few studies offering practical solutions to reduce gatekeeping or support long-term planning. Research rarely explores financial well-being from autistic individuals' own perspectives—especially those of women. Gendered economic inequities, workplace exclusion, caregiving roles, and poor access to financial education limit many autistic women's financial autonomy. Intersectional factors such as race, class, and disability are also seldom addressed, despite their significant impact.

Critics such as Elliott & Lemert (2006) and McGuigan (2014) argue that neoliberal definitions of success—emphasising self-sufficiency and productivity—further marginalise disabled and neurodivergent individuals. Instead of reinforcing deficit models, future research should explore strengths-based, flexible economic pathways, such as remote work, freelancing, or interest-led entrepreneurship. Housing and financial security must be addressed together. Research should investigate sensory-friendly housing, accessible rental processes, and supported independent living. Similarly, welfare and benefit systems must be redesigned to reduce administrative barriers and promote empowerment.

Key gaps remain in understanding how autistic individuals approach budgeting, saving, investing, and planning. There is scarce research addresses how neurodivergent thinking may inform unique financial strategies. Gender-specific and intersectional studies are also lacking, as is the development of neurodivergent-friendly financial education that is practical, adaptable, and inclusive. Future work must also tackle the structural barriers that perpetuate financial insecurity.

Reforming benefit systems, housing supports, and employment policies is essential to create equitable, accessible, and affirming financial futures for autistic individuals—especially those navigating multiple forms of marginalisation.

Domain 6: Recreational Life and Special Interests

Recreational life—including hobbies, self-care, and special interests—is central to autistic well-being. Special interests, in particular, are deeply meaningful sources of joy, identity, and emotional regulation (Anthony et al., 2015; Klin et al., 2007). Yet they have historically been pathologized as “restricted” or “obsessive” rather than recognized as adaptive and fulfilling. More recent work reframes them as beneficial, supporting stress relief, motivation, and connection (Grove et al., 2018; Nowell et al., 2021; Turner-Brown et al., 2011). Despite this progress, research often overlooks how gender shapes engagement with special interests. Grove et al. (2016) note that autistic women may pursue different or less visible interests, often misread as typical “female hobbies” and thus excluded from diagnostic or clinical consideration. These dynamics contribute to underdiagnosis and erasure of autistic expressions of joy.

Broader leisure research equates well-being with participation frequency, but this metric is misleading in autism research. Stacey et al. (2018) found that autistic adults may engage in fewer leisure activities but report equal or greater satisfaction, highlighting the need for measures focused on personal significance, not quantity or social norms. Many current tools fail to capture solitary, unconventional, or internally fulfilling activities, especially those masked or suppressed due to social expectations. Autistic people face numerous barriers to leisure access, including sensory sensitivities, executive dysfunction, social anxiety, and financial or environmental constraints (Boucher & McIntyre, 2022). Autistic women, in particular, may avoid communal or unfamiliar settings due to fear of judgment or the pressure to perform neurotypical femininity (Spain et al., 2020). These compounded barriers can limit participation in spaces that are critical to identity, self-expression, and recovery from burnout.

Recreational domains like gaming or coding—often male-dominated—pose additional challenges. Autistic women may face gatekeeping, skepticism, or heightened performance expectations (Chess & Shaw, 2015; Fox & Tang, 2017), discouraging full participation in interests that do not align with normative gender roles. As a result, special interests may be policed not only by clinical frameworks but also by cultural stigma. Distinctions between special interests and general hobbies remain unclear, especially for autistic women whose engagement may be shaped by masking or social conformity. Further research is needed to explore how autistic women differentiate and navigate identity-driven versus recreational activities.

Self-care practices—such as mindfulness, movement, and sensory-based relaxation—are underrepresented in research but may hold therapeutic value, particularly for autistic women who experience high rates of burnout and emotional exhaustion. Interoceptive challenges and executive functioning difficulties can make self-care difficult, underscoring the importance of exploring accessible, affirming practices (Williams & Gotham, 2021; Williams et al., 2023).

Critical gaps persist, as most research is based on male or mixed-gender samples, limiting insight into autistic women's leisure experiences. Intersectional factors such as race, class, and co-occurring conditions are rarely addressed. There is a need for participatory, gender-sensitive, and neurodivergent-affirming research that explores both barriers and enablers of authentic engagement. This includes developing inclusive definitions of special interests and leisure that reflect the depth, intensity, and identity-building potential of autistic recreation.

Domain 7: Existential, Religious, and Spiritual Life

Spirituality, religiosity, and existential meaning are essential yet underexplored components of autistic well-being. Across neurotypes, these domains offer identity, purpose, and resilience—not as peripheral to mental health, but central to how individuals navigate adversity and construct meaning. Bogdashina (2013) proposed a psychosocial and spiritual model in which autistic people may experience distinct forms of spirituality, shaped by unique cognitive, sensory, and relational processing. These may include heightened sensory awareness, nonverbal connection, or pattern-based transcendence, which often diverge from conventional religious expressions but serve meaningful existential functions.

In Indigenous and non-Western frameworks, spirituality is inseparable from broader health and identity. For example, Te Whare Tapa Whā (Durie, 1985) situates wairua (spiritual well-being) as foundational to overall health. Such holistic models challenge the narrow biomedical focus of most autism research and offer culturally resonant paradigms, particularly for autistic Māori women—though empirical research in this area is minimal.

Most existing studies center on caregivers' spiritual experiences, framing religiosity as a coping resource in response to autism. Al-Oran et al., (2022) and Ekas et al. (2009) found that spiritual practices improved caregiver resilience, but this reinforces a deficit lens where autism is positioned as a source of burden. Autistic individuals' own spiritual lives are largely absent in this literature. When autistic spirituality is acknowledged, it is often pathologized or dismissed as atypical behavior. Yet, first-person accounts and emerging scholarship suggest that autistic people may experience profound existential insight, awe, and connection (Bogdashina, 2013). These perspectives remain critically underrepresented.

Autistic women, in particular, have rarely been given space to articulate spiritual identity or meaning-making. Future research should employ qualitative, participatory methods to explore neurodivergent and non-traditional expressions of spirituality—such as sensory-based rituals, nature connection, or philosophical reflection. It should also engage with cultural diversity, including Māori and other Indigenous frameworks, to build more inclusive, intersectional, and neurodivergent-affirming models of well-being.

Domain 8: Sense of Identity

Identity development is a lifelong, complex process, particularly for autistic women and gender-diverse individuals, shaped by internal reflection and external influences like diagnostic timing, masking, and cultural narratives (Hull et al., 2017; Tsermentseli, 2022). Late diagnosis can bring relief and self-understanding (Lewis, 2016) but may also trigger grief or identity confusion (Leedham et al., 2020), especially for those who have camouflaged traits to fit neurotypical norms—often at the cost of authenticity and mental health (Hull et al., 2017).

Many autistic individuals reconstruct identity through self-reflection, community connection, and engagement with affirming, neurodivergent-led spaces (Kapp, 2020; Parsloe, 2015). These spaces help shift identity from a deficit model to one of strength, encompassing diverse roles (e.g., artist, advocate, student) and rooted in values and special interests. Neurodivergent identity reframes differences as natural human variation (Singer, 1999) and is associated with improved mental health and belonging when positively embraced (Cage et al., 2018a, 2018b; Cooper et al., 2017). However, stigma and exclusion often hinder this development.

Autistic people frequently navigate multiple, intersecting identities—such as LGBTQ+, cultural, or socioeconomic—that shape self-understanding and belonging. Research consistently finds higher rates of diverse sexual and gender identities among autistic individuals (Cooper et al., 2022; George & Stokes, 2018; Pecora et al., 2020 ; Strang et al., 2018). Up to 70% of autistic adolescents report some degree of gender diversity (Strang et al., 2014), and many identify as queer, asexual, or nonbinary (Bejerot et al., 2014; George et al., 2018).

These intersecting identities can deepen barriers. Adams et al. (2025) found that autistic transgender and nonbinary individuals in Canada reported poorer health and high unmet care needs, often concealing their autism during gender-affirming care due to stigma. These findings underscore the urgent need for intersectional, culturally safe, and affirming healthcare and research frameworks (Botha & Frost, 2020).

Autistic identity exploration is often nonlinear. Traits like moral independence, detail focus, and reduced conformity (Bargiela et al., 2016; Strang et al., 2018) may support authentic self-definition, while communication challenges and alexithymia (Hull et al., 2020a, 2020b) may delay recognition or expression of gender or sexual identity. Coming out can be empowering but is often “double-layered” (Davidson & Henderson, 2010)—involving both neurodivergent and LGBTQ+ disclosure, with limited support in most environments. Affirming both identities can greatly improve well-being, particularly through inclusive communities that foster self-expression, resilience, and advocacy (Botha & Frost, 2020; Cooper et al., 2022; Parsloe, 2015). However, research still lacks clarity on how autistic individuals, especially women, develop sexual and gender identity over time.

Beyond neurodivergent and LGBTQ+ identity, autistic people also engage with other identity domains—cultural, religious, occupational, recreational, and socioeconomic. Cultural identity, especially for Indigenous or migrant communities, intersects with ableism and bicultural navigation (Botha & Frost, 2020). Māori models of identity, such as whakapapa and whānau, offer holistic alternatives to Western diagnostic framings.

Religious and moral identity may also offer structure and purpose, especially for those with strong justice orientation (Davidson & Henderson, 2010; Milton, 2014). Occupational roles—student, artist, advocate—are meaningful but often constrained by systemic barriers (Pryke-Hobbes et al., 2023). Special interests are central to autistic self-concept and well-being, often serving as deep sources of identity and joy (Grove et al., 2018; Nowell et al., 2021). However, they are still pathologized as "restricted interests" in clinical discourse, undermining their personal and social value.

Socioeconomic identity and class consciousness also shape self-perception. In neoliberal societies, economic marginalisation can erode agency, particularly when autistic individuals are framed as dependent or unproductive (Elliott & Lemert, 2006; Davies et al., 2024). Understanding these dynamics is vital for inclusive models of flourishing.

Despite the importance of identity, autism research remains dominated by deficit-based views. There is a need for participatory, intersectional studies that explore how autistic individuals—especially women—construct meaningful, affirming identities over time. Identity should be seen not as static or diagnostic, but as dynamic, multifaceted, and culturally embedded. Future research should adopt queer, intersectional frameworks and centre autistic women's voices. It must also account for the full range of identity domains—including cultural, occupational, spiritual, and class-based—recognizing these as integral to life satisfaction and flourishing. Moving beyond deficit-based models toward strength-based narratives will support richer understandings of autistic selfhood and better inform supports that foster authenticity, belonging, and empowerment.

Domain 9: Mental Health

Autism is not a mental illness, but autistic individuals—particularly women and young adults—face elevated risks of co-occurring mental health conditions, especially anxiety, depression, and mood disorders (Lai et al., 2019; Lundström et al., 2015). These challenges are shaped by factors such as gender norms, life transitions, and delays in diagnosis. Autistic women are more likely to engage in masking or camouflaging behaviours to conform to neurotypical expectations, which is linked to poorer mental health outcomes, including depression and suicidality (Hull et al., 2020a, 2020b; McCrossin, 2022). Further, Kentrou et al. (2019) found that girls typically receive an autism diagnosis significantly later than boys, especially when ADHD or other diagnoses precede it.

Gender significantly moderates mental health in autism. Autistic women experience higher rates of internalising symptoms, including social anxiety and depression (Kreiser & White, 2014). In a study of 1,500 autistic adults, Tsakanikos et al. (2011) found women were more likely to be diagnosed with mood disorders and received different clinical care than men, highlighting the need for gender-sensitive tools and supports. Anxiety and depression are the most common co-occurring mental health conditions in autistic populations, often exacerbated by chronic stress, sensory sensitivities, and social exclusion (Lai et al., 2019). Poor sleep is another overlooked contributor; Gisbert-Gustemps et al. (2021) found it significantly worsens anxiety and depressive symptoms, diminishing overall quality of life.

In addition to anxiety and depression, Lundström et al. (2015) found that autistic individuals in a population-based twin sample exhibited significantly higher rates of co-occurring psychiatric conditions, including ADHD and Oppositional Defiant Disorder (ODD). Further, suicidality in autistic adults—reported by two-thirds of participants in Arwert & Sizoo's (2020) study—was significantly associated with low self-esteem and rumination, suggesting that interventions addressing internalised distress and identity-related narratives may be critical in supporting wellbeing across gender. However, as autistic individuals are disproportionately affected by anxiety, depression, and suicidality, some of these conditions are often misunderstood as intrinsic features of autism, rather than separate and treatable mental health issues — a dynamic known as diagnostic overshadowing (Hollocks et al., 2019). This misattribution contributes to inadequate mental health care and heightened psychological distress. These findings highlight the importance of recognising overlapping symptoms and shared genetic vulnerabilities, and underscore the need for nuanced, integrated clinical assessment to avoid diagnostic overshadowing.

Further, mental health cannot be separated from context. Mason et al. (2018) argue that social integration, employment, and support networks are key determinants of life satisfaction. Employment in particular improves mental health by offering structure, identity, and financial stability (Hedley et al., 2019), but many autistic women face barriers like discrimination, burnout, and insufficient accommodations—perpetuating cycles of exclusion and distress. Discrimination and marginalisation negatively affect life satisfaction, with self-esteem and social connection acting as buffers (Choi et al., 2023).

Recent work in positive psychology is shifting focus from deficits to strengths, autonomy, and flourishing. For example, Keates (2025) reported that autistic adults who participated in a four-week online improvisational comedy course experienced improved mental health, greater sense of belonging, enhanced communication skills, and increased cognitive flexibility. Further, White et al., (2023) found that mental health providers can enhance quality of life for young autistic adults by fostering self-determination, identity integration, and strength-based goal setting, even without autism-specific training—aligning with neurodiversity-affirming principles. These findings stress the need to move beyond symptom reduction and toward environments that promote self-acceptance, agency, and inclusion—especially for autistic women navigating overlapping pressures and systemic barriers.

Domain 10: Physical Health

Autistic individuals experience elevated rates of physical health issues, including chronic conditions, sensory sensitivities, and systemic barriers to healthcare access. Despite this, research on physical health in autism—especially for autistic women—remains limited and male-dominated (Kassee et al., 2020). Autism-related healthcare costs are substantial, encompassing medical treatments, therapies, and long-term support (Buescher et al., 2014; Lavelle et al., 2014; Rogge & Janssen, 2019). These studies often frame autism as an economic burden, overlooking the individual experiences of navigating under-resourced and exclusionary healthcare systems.

Autistic individuals are more likely to experience gastrointestinal issues, sleep problems, autoimmune disorders, obesity, and other non-communicable diseases, with women disproportionately affected (Kassee et al., 2020; Kuschner & Malow, 2021; Leader et al., 2022; Maritska et al., 2022; Weir et al., 2020). Later in life, autistic adults face higher risks of epilepsy, Parkinson's disease, and gastrointestinal problems (Hand et al., 2019). Yet most research is based on male samples, limiting its applicability to women.

Autistic females experience unique health challenges such as menstrual irregularities, sensory-related pain, and interoceptive difficulties (Williams & Gotham, 2021; Williams et al., 2023). Co-occurring physical conditions such as epilepsy, fibromyalgia, and Ehlers–Danlos syndrome are common among autistic individuals - however, these are often misattributed to autism through diagnostic overshadowing, leading to delayed diagnosis, ineffective treatment, and increased health risks (Casanova et al., 2020; Cashin et al., 2018; Cederlöf et al., 2016; Giliberti et al., 2025; Shetreat-Klein et al., 2014; Valdovinos et al., 2016).

Barriers to healthcare include poor communication, lack of provider knowledge, sensory-unfriendly environments, and executive functioning demands (Kassee et al., 2020; Nicolaidis et al., 2015). These challenges are compounded for women, who are often dismissed when presenting non-stereotypical symptoms. The result is delayed diagnoses, lack of preventative care, and poorer long-term health outcomes. Broader gaps in autism research about physical health and well-being persist. Deficit-based and male-centric models dominate, marginalizing strengths, agency, and resilience (Hull et al., 2020a, 2020b; Kreiser & White, 2014). Intersectional factors like race, culture, and class are rarely integrated, and quality of life is often defined by neurotypical standards (e.g., independence, productivity) rather than autistic-centred values like sensory well-being, authenticity, and special interests.

Researchers recommend inclusive reforms: practitioner training in neurodiversity-affirming care, sensory accommodations, gender-sensitive screening, and the co-design of services with autistic individuals (Raymaker et al., 2017). Without these changes, many autistic people—especially women—remain alienated from health systems. Moreover, research remains siloed—addressing domains like health, identity, or employment in isolation. Few studies provide holistic, culturally grounded models of well-being, particularly in Aotearoa New Zealand, where frameworks like Te Whare Tapa Whā are underutilized.

Summary

This literature review traced the evolution of autism research from deficit-based, male-centric models toward more inclusive, neurodiversity-affirming, and intersectional approaches. It emphasised the need for research that reflects the diverse realities of autistic individuals—particularly women and gender-diverse people—who remain underrepresented in both empirical studies and theoretical frameworks.

Key themes included the impact of late diagnosis, masking, emotional labour, and structural invisibility, explored through Critical Disability Theory, the Social Model of Disability, feminist thought, and queer/neuroqueer frameworks. These perspectives challenge dominant paradigms and advocate for understanding autism as a difference rather than a deficit. The selected life domains—social, familial, intimate, vocational, financial, recreational, existential, and identity-related—are grounded in both general and autism-specific well-being literature. Their inclusion reflects the multidimensional and interrelated nature of flourishing, challenging traditional quality of life models based on individualism and normative functioning. In the bicultural and multicultural context of Aotearoa New Zealand, integrating Indigenous models such as Te Whare Tapa Whā is essential. These frameworks, which emphasise the interconnectedness of spiritual, physical, mental, and relational well-being, remain largely absent from mainstream autism research.

By centring autistic women's voices and experiences across key life domains, the thesis aims to build a culturally grounded, neurodiversity-affirming model of flourishing that challenges deficit narratives and informs inclusive, equitable policy and practice. For a summary of gaps in the literature that this project seeks to address, see Table 8. This study addresses these gaps by developing a neurodiversity-affirming, integrative framework of well-being for autistic young women in Aotearoa. Drawing on both autism-specific and broader life satisfaction literature, it offers a more inclusive understanding of flourishing to inform policy, practice, and future research.

Table 8

Gaps in Autism Research and the Rationale for the Present Study

Identified Gap in the Literature	Description	How This Study Responds
Overreliance on deficit-based models	Autism research has traditionally focused on pathology, dysfunction, and burden.	Shifts the focus to strengths-based and neurodiversity-affirming perspectives, exploring what flourishing means to autistic women.
Gender bias in autism research	Most research is based on male samples; autistic women are underdiagnosed and underrepresented.	Focuses specifically on autistic young women (18–24) to highlight their distinct experiences, challenges, and strengths.
Lack of intersectional analysis	Limited attention to how race, class, gender, disability, and culture intersect in autistic lives.	Uses an intersectional framework that incorporates gender, ethnicity (including Māori perspectives), class, and queerness.
Neurotypical and neoliberal well-being frameworks	Traditional life satisfaction models emphasize independence, employment, and productivity.	Expands the concept of well-being to include additional aspects such as special interests, sensory health, identity, spirituality, and social authenticity.

Identified Gap in the Literature	**Description**	**How This Study Responds**
Fragmentation across life domains	Social, emotional, vocational, and existential factors are often studied in isolation.	Develops a holistic, integrated model across eight life domains, recognising their reciprocal relationships.
Lack of culturally responsive research in Aotearoa New Zealand	Māori and Pacific worldviews are often excluded from autism research.	Incorporates Te Whare Tapa Whā and other culturally informed models to ensure bicultural and multicultural relevance.
Absence of autistic voices and participatory research	Autistic individuals are often studied *about* rather than *with*, leading to misrepresentative findings.	Centers autistic women’s own voices through qualitative and mixed-method research design.

Chapter Three -Methods

Epistemological and Ontological Positioning: Critical Realism

This study is grounded in Critical Realism, which acknowledges that while an objective reality exists, our understanding of it is shaped by social and cultural perspectives (Braun & Clarke, 2013; Braun & Clarke, 2021). Critical realism rejects the extremes of positivism (which assumes a single, objective truth) and interpretivism (which assumes all knowledge is socially constructed), instead arguing that while reality is real, our knowledge of it is imperfect and mediated by social structures (Braun & Clarke, 2013; Braun & Clarke, 2021; Brunson et al., 2025; Lawani, 2021). It sits between social constructionism and realism, acknowledging that while many realities can be experienced and are valid, there is to some degree a 'real' truth that exists objectively—even if we cannot ever know its full extent (Brunson et al., 2025; Park & Peter, 2022). This perspective aligns well with the ethos of the project, as it recognizes the importance of both subjective lived experiences and the broader social mechanisms influencing these experiences. Ontologically, Critical Realism asserts that a real world exists independently of human perception (Braun & Clarke, 2013; Braun & Clarke, 2021; Brunson et al., 2025).

In the context of autism research, this means acknowledging that autistic individuals and their experiences are real, even though our understanding of autism—such as the criteria defining Autism Spectrum Disorder (ASD)—is a socially constructed framework. While autism is real, the diagnostic criteria for ASD are shaped by historical, cultural, and linguistic contexts and are vulnerable to human biases, evolving social norms, and structural inequalities (Brunson et al., 2025). As Braun and Clarke (2013; 2021) note, Critical Realism combines ontological realism with epistemological relativism, meaning that while reality exists independently of human perception, we can never fully access that reality without the influence of language, culture, and personal perspectives. Lawani (2021) further outlines its core tenets, emphasizing a stratified ontology that divides reality into the real (deep structures and causal mechanisms), the actual (events regardless of observation), and the empirical (experiences and observations). This approach acknowledges that although autism objectively exists, our conceptualizations—such as the DSM-5 criteria—are human-made and subject to change over time.

Application of Critical Realism to This Study

Critical realism values methodological pluralism by recognizing that the complexity of reality cannot be fully understood through a single approach (Brunson et al., 2025). In alignment with this perspective, the study adopts a design that utilizes both surveys and semi-structured interviews to capture quantitative and qualitative data (Lawani, 2021). By integrating these methods, the study is able to provide a multi-layered and contextually rich understanding of autistic joy and flourishing (Brunson et al., 2025). The study was guided by the following research questions:

- How do autistic females aged 18–24 in Aotearoa New Zealand define and experience joy, life satisfaction, contentment, and flourishing?
- What factors contribute to or hinder their sense of joy, life satisfaction, contentment, and flourishing?
- How do their lived experiences shape their perspectives on well-being?

The two-stage design ensured that the initial survey responses provided broad thematic insights which were subsequently explored in greater depth through semi-structured interviews. This design enabled the identification of overarching patterns as well as the opportunity for participants to expand upon or challenge these initial themes, thereby capturing both breadth and nuance in addressing the research questions.

For this study, life satisfaction and joy are understood as deeply personal, multifaceted experiences that cannot be captured solely by quantitative measures. By integrating qualitative and quantitative methods, the research embraces complexity, acknowledging both the reality of autistic joy and the influence of cultural and social constructs on its interpretation. In sum, the study's epistemological and ontological positioning embraces complexity while recognizing an external reality that influences—but does not completely determine—individual experiences. It emphasizes methodological pluralism, explores underlying social mechanisms, and considers broader sociocultural contexts to create meaningful, real-world change (Brunson et al., 2025; Lawani, 2021). This perspective aligns with the overarching aim of understanding autistic women's lived experiences in Aotearoa New Zealand in a manner that is faithful to their realities while situating these experiences within broader societal structures (Braun & Clarke, 2013, 2021).

Theoretical Frameworks and Practical Applications

This thesis was designed with a clear set of guiding values and an intentional research ethos that aligns with Critical Realism's focus on theory (Archer, 1995; Brunson et al., 2025; Lawani, 2021). Archer (1995) posits that theoretical underpinnings are foundational to any critical realist project, playing complementary roles such as increasing ontological depth, providing epistemological orientation, and aiding iterative analysis. In line with this framework, the research employs Critical Disability Studies and the Social Model of Disability alongside the neurodiversity paradigm. Critical Disability Studies challenge traditional deficit-based or solely medical views of disability by emphasizing that social and environmental failures disable individuals rather than their impairments alone. Reaume (2014) explains that Critical Disability Studies view disability as a lived experience, challenging traditional “charity” or “medical” models by emphasizing social, cultural, and political barriers. These studies also highlight multiple analytical models—the social, rights, and cultural models—that reconceptualize disability as a matter of societal exclusion rather than an inherent deficit. While this research primarily aligns with the Social Model of Disability, it also acknowledges the value of the Medical Model in providing access to resources and support. Furthermore, researchers argue that disabled people must be recognized as experts of their own experiences and advocates for universal accessibility, exploring intersections with race, gender, class, and sexuality to support empowerment and social justice (Reaume, 2014).

Similarly, the neurodiversity paradigm reframes conditions such as autism not as pathologies to be cured but as natural variations in human cognition. This paradigm emphasizes strengths and differences, advocating for acceptance and accommodation rather than normalization (Armstrong, 2010; Chapman, 2023; Kapp et al., 2013; Singer, 1999; Walker, 2021). Critical Realism supports this approach by acknowledging that while biological differences exist, the social construction of how these differences are understood and accommodated is key. A critical realist stance permits recognition of the medical model’s benefits—such as access to healthcare and diagnostic clarity—while critiquing its tendency to pathologize identities. For example, Taylor (2005) questions whether the social model alone can explain all disability experiences, noting that some aspects of lived experience may be illuminated or complicated by the medical model’s focus on individual pathology. By integrating Critical Realism with Critical Disability

Studies, this project appreciates the contributions of both the social/neurodiversity paradigms and the medical model, advocating for a holistic and inclusive understanding of disability.

Practical applications of these frameworks are evident in the framing of the research, which uses the understanding of disability as a social construct to analyse autistic women's experiences (Pfeiffer, 2002). The study is positioned within Critical Disability Studies to question deficit models and highlight narratives of life satisfaction, flourishing, joy, and contentment (Martis et al., 2024; Meekosha, 2011). Through thematic analysis, participants' voices emerge as experts of their own experiences, with coding strategies identifying both challenges and enabling factors such as social supports and cultural narratives (Kiger & Varpio, 2020). The research reflects on how societal barriers and power relations shape disability experiences, incorporating discussions of intersecting identities like gender and neurodiversity (Le, 2024), while also justifying a qualitative approach that privileges subjective experience over quantitative metrics (Chapman, 2023). The study is further informed by the Neurodiversity Paradigm, which views neurological differences—such as autism—as natural variations that should be valued and accommodated rather than pathologized (Armstrong, 2010; Baillargeon et al., 2024; Chapman, 2023; Kapp et al., 2013; Singer, 1999; Walker, 2021). Watharow and Wayland (2022) provide methodological insights that stress inclusivity and advocate for research designs that are reflexive, participatory, and sensitive to the voices of disabled individuals (Oetzel et al., 2018). In alignment with these values, both the survey and interview stages were developed with accessibility, participant feedback, and meaningful engagement in mind.

Ethical Considerations

Ethical considerations played a central role in the study design. A key focus was ensuring that participants provided informed consent in a fully accessible, clear, and meaningful manner. Recognizing that some autistic individuals may struggle with complex or ambiguous information, the consent process was carefully designed to be transparent and accommodating. This included refining the Information Sheet, Consent Forms, Safety Plan, and Cultural Considerations Sheet to ensure clarity and participant comprehension. Consultation with autistic individuals and an autistic researcher further strengthened this process.

Ethical considerations were not limited to the consent stage but were embedded throughout all phases of the research. Issues of autonomy, safety, and inclusion were revisited at each stage — from recruitment and data collection to analysis and dissemination. Each of the following sections will discuss specific ethical practices relevant to that phase, including strategies used to minimize harm, enhance accessibility, and ensure respectful engagement with participants.

Reflexivity and Reflective Practices in Research

This project on joy, life satisfaction, and flourishing among autistic New Zealand females aged 18–24 is deeply informed by a continuous, critical reflexive process. Reflexivity here means not only consciously examining my own biases, positionality and influence on the research process, but also engaging in deliberate, methodologically grounded practices to ensure ethical, culturally sensitive, and community-informed research (Barrett et al., 2020; Brown, 2023; Finlay, 2002; Holmes, 2020). As a neurodivergent female (with diagnosed ADHD and multiple chronic illnesses) in my early twenties living in Aotearoa New Zealand, I navigate a unique blend of insider and outsider perspectives. My lived experience as a young, neurodivergent woman provides valuable insights into how gender, age, and neurodiversity shape interactions with services and opportunities; however, lacking an Autism Spectrum Disorder diagnosis necessitated ongoing consultation and collaboration with autistic women to ensure that the research remains authentic, inclusive, and sensitive to their nuances.

To address the limits of my personal experience, I engaged extensively with the autistic community through consultation and co-creation. I collaborated with young autistic females (with an ASD diagnosis) during the pilot version of the survey, had my ethics application and early project stages reviewed by an autistic female academic, and engaged in discussions with autistic friends, family members, and colleagues. I also undertook extensive reading to adopt neuro-affirming practices and disability-friendly language, and upskilled through training on neuro-affirming practices. In addition, I developed a “Safety Plan” tailored to the needs of autistic women and a “Cultural Considerations Plan” to ensure cultural safety for Māori participants; both plans were rigorously reviewed by academic researchers with lived experience and expertise in autism and Māori cultural issues, in line with Te Tiriti o Waitangi. These measures were vital for mitigating power imbalances and fostering an environment of trust and openness.

Reflexivity was integrated throughout the research process as an ongoing methodological commitment. Before data collection, I engaged in a positionality statement by critically reflecting on my identity and biases, immersed myself in the autistic community to better understand participant experiences, engaged with experts on critical realist epistemology/ontology, and initiated a reflective journal to document initial thoughts and potential biases. During data collection, I maintained ongoing journaling after each interview, held regular review sessions with my supervisor to refine research questions and methods, and actively sought insights through conversations with peers, mentors, and community members—listening to voices on platforms such as YouTube, TikTok, and Instagram to further challenge and expand my perspectives. As Barrett et al. (2020) note, such consistent reflexive practices support the trustworthiness and coherence of qualitative work by making the researcher's influence visible and accountable.

After data collection and during analysis, my reflective journal continued to guide mindful coding and thematic exploration; I held collaborative sessions with my supervisor to challenge emerging interpretations and ensured participant validation by offering individuals the opportunity to review and edit their interview transcripts. These steps align with Berger's (2015) argument that reflexivity is vital for navigating shifting positionalities and ensuring interpretations are ethically and contextually grounded. Finlay (2002) further emphasizes that reflexivity, far from compromising objectivity, enhances qualitative rigor by embedding transparency and self-awareness throughout the process. Integrating these reflexive practices ensured that the research remained academically rigorous, ethically sound, and truly representative of the voices of autistic females in Aotearoa New Zealand, ultimately aiming to drive positive change without reinforcing negative stereotypes or biases. See Table 9 for summary of methods for academic rigour and reflexivity.

Table 9

Summary of methods for academic rigour / reflexivity

Method for rigour / reflexivity	How this was achieved
Methodological Rigor through Reflexive Practice	Academic rigor in this study was achieved by combining context-sensitive qualitative procedures with a Critical Realist epistemological stance. This framework acknowledged both the real, material experiences of autistic women and the socially constructed nature of how those experiences are interpreted and communicated.
Transparent and Contextual Research Design	Informed by Levitt et al. (2017), all methodological decisions—from conceptual framing to analytic procedures—were explicitly documented and reflexively justified. Rather than applying rigid standards, the study adopted flexible criteria appropriate to qualitative inquiry and the sociocultural context of Aotearoa New Zealand. This included a focus on methodological fit, theoretical congruence, and contextual relevance (Smith & McGannon, 2018; Varpio et al., 2017).
Ongoing Reflexivity and Positional Awareness	Potential biases were systematically addressed through continuous reflexive practices. Reflective journaling, memo writing, and supervisory dialogue created space for critically examining how researcher positionality may shape interpretation. This aligns with Connelly and Peltzer (2016), who emphasize reflexivity as central to qualitative rigor.
Iterative, Transparent Analysis	Thematic analysis followed Braun and Clarke's six-phase framework (2021), emphasizing an iterative, reflexive process of theme development. Codes were generated inductively, and emerging themes were continuously refined to remain grounded in participant data. Reflexive practices informed analytic decisions throughout, enhancing coherence and trustworthiness.
Values-Based Reporting	Qualitative reporting was structured using Braun and Clarke's (2024) Big Q Qualitative Reporting Guidelines (BQQRG), which prioritize reflexive openness and methodological integrity over positivist notions of objectivity. This values-based framework helped situate findings within the sociocultural realities of autistic women while maintaining academic transparency and credibility.
Information Power in Sampling	Sampling was guided by the principle of information power (Malterud et al., 2016), recognizing that the richness and specificity of the data—rather than sample size—determine the adequacy of qualitative insights. Each participant contributed deep, contextually rich narratives, affirming the robustness of the findings.

Data Collection: Two-Stage Research Design

The research was structured in two distinct phases to allow for a layered and comprehensive exploration of autistic women's experiences of joy, life satisfaction, contentment, and flourishing. In Stage 1, a survey combining quantitative (Likert-scales) and qualitative (multi-choice and open-text) questions was administered and analysed using content analysis and descriptive statistics. The survey provided initial insights into broad patterns in participants' experiences. In Stage 2, a subset of survey participants took part in semi-structured interviews, which allowed for an in-depth exploration of the emerging themes. These interviews were analysed using Braun and Clarke's thematic analysis approach, ensuring that final interpretations remained grounded in participants' lived experiences while acknowledging broader sociocultural influences. This two-stage design enabled the identification of overarching patterns as well as the opportunity for participants to expand upon or challenge these initial themes, thereby providing a comprehensive response to the research questions.

Inclusive Design and Accessibility

To ensure that the study was accessible and inclusive of the communication preferences and cognitive styles of autistic women, the design of both the survey and interview instruments was grounded in community collaboration. These tools were developed in consultation with autistic women and reviewed by an autistic academic, ensuring cultural and experiential relevance.

Accessible Communication Strategies - Accessible language was prioritised throughout all participant-facing materials. Key terms were clearly defined, and tone indicators were used where appropriate to mitigate ambiguity. This approach aimed to reduce cognitive load and accommodate participants with diverse interpretive and processing styles. These adaptations supported the collection of high-quality data while fostering participant comfort and understanding.

Collaborative Development - The co-creation of instruments ensured that survey and interview questions resonated with lived realities rather than imposing neurotypical assumptions. Participant feedback during pilot testing was integrated iteratively into design revisions, reinforcing the ethical commitment to an inclusive, participant-centred research process.

Ethical and Participatory Design - This inclusive approach functioned not only as an accessibility strategy but also as an ethical imperative. By engaging the autistic community in the development of research tools, the study honoured principles of autonomy, transparency, and respect—essential components of disability-inclusive research.

Stage One: Surveys

Survey Design

The study's first phase involved a survey designed to be as accessible, inclusive, and participatory as possible. A key goal was ensuring that autistic participants could engage comfortably and effectively, influencing every aspect of its development. The survey structure and content were as follows: an estimated completion time of 15 to 30 minutes; inclusion of Likert scales, multi-choice, and open-text questions; and a focus on thematic "life domains" such as family life, social life, intimate life, work and education, finances, recreation, identity, existential/spiritual life, and mental and physical health.

The rationale for selecting these domains is discussed in detail in the literature review section titled Justification for Methodological Choices – Ten Life Domains. There, I outline how the domains were informed by frameworks such as the WHOQOL (World Health Organization, 1998), the ICF (World Health Organization, 2019), Te Whare Tapa Whā (Durie, 1985), and neurodivergent-affirming research (Grove et al., 2018; Hull et al., 2020a, 2020b). This earlier section provides a comprehensive rationale for balancing cultural relevance, participatory values, and empirical robustness in domain selection.

To ensure the study remained grounded in lived experience rather than imposing predefined assumptions, Stage 1 of the research adopted an exploratory, community-informed approach. Although the ten life domains were drawn from existing literature—spanning general well-being research and autism-specific scholarship—they were not presented as fixed or prescriptive. Instead, they served as a flexible heuristic to guide inquiry and prompt reflection, allowing participants to comment on what aspects of life felt most relevant to their own sense of flourishing. The use of these domains was intended to support exploration, not to assert that these specific areas are universally important for all autistic women.

To refine the survey, a pilot study was conducted with a small group of autistic women from the local community. Multiple iterations of feedback were gathered to improve clarity, tone, and relevance. Table 10 summarises the questions and scales used for each domain. All domains had open ended text boxes. Key accessibility features included:

- Clear, literal language and defined key terms;
- Use of smiley emojis and tone indicators for comfort and relatability;

- Flexible response types (Likert scales, multi-choice, open-text optional comment boxes for further participant clarification about answers provided);
- Accessible font, layout, and colour schemes;
- Option for respondents who wished to complete the survey with assistance to have a support person.

Table 10

Overview of questions and scales included in survey

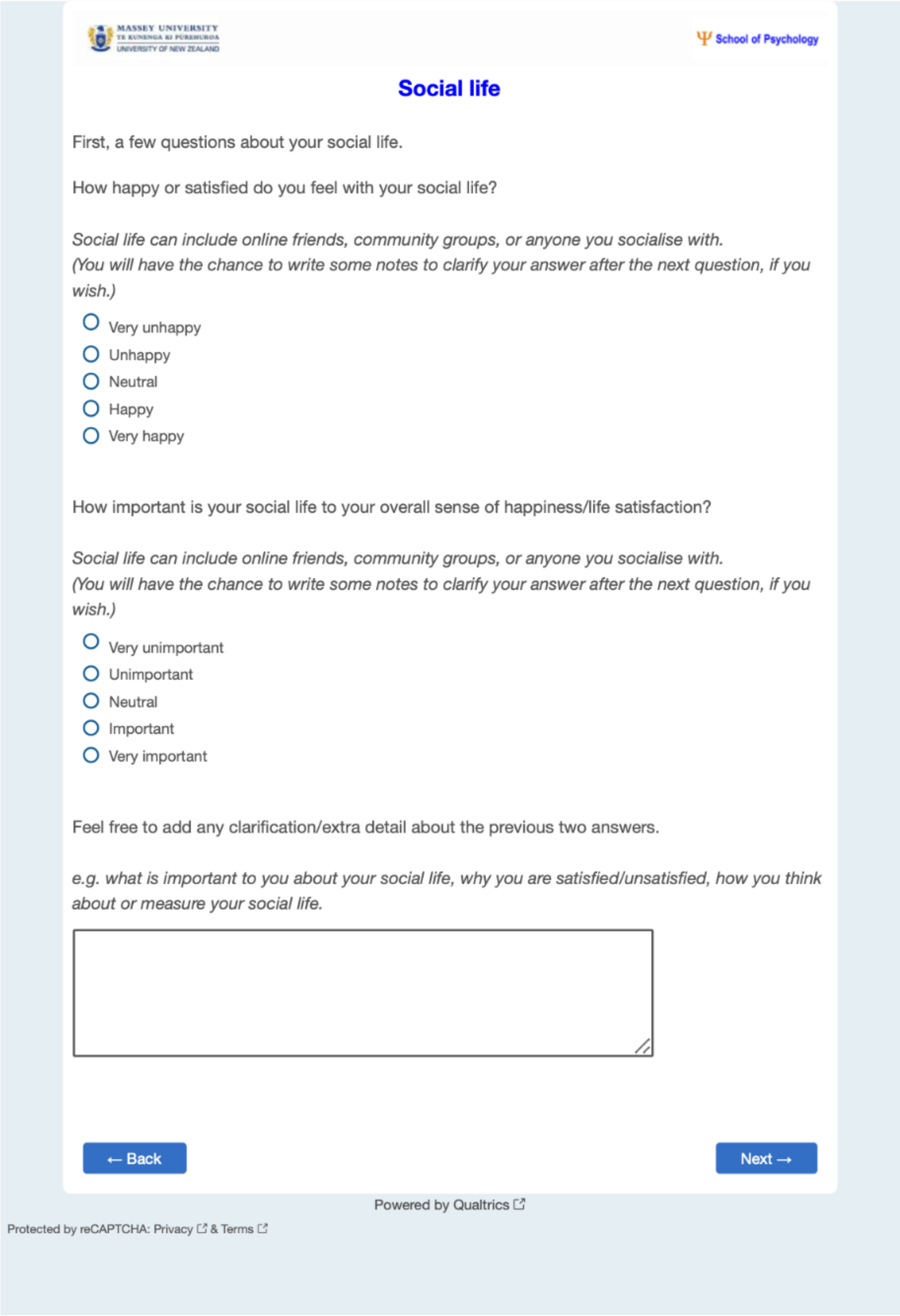
Domain	Number of questions	Scale(s) used
Social life	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance: **1 - always lowest score, 3 always neutral**
Family life	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance
Intimate Life	Three • Intimate relationship status (multi- choice) • Satisfaction (1-5) • Importance (1-5)	• Multichoice - relationship status (Four options) • Likert (5 point scales) - Satisfaction & Importance
Work and/or educational life	Six • Employment status (multi-choice) • Satisfaction (1-5) • Importance (1-5) • Highest educational attainment (multi-choice) • Satisfaction (1-5) • Importance (1-5)	• Multichoice - employment status (Seven options) • Multichoice - highest education (Nine options) • Likert (5 point scales) - Satisfaction & Importance
Financial security	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance

Domain	Number of questions	Scale(s) used
Existential, religious and/or spiritual life	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance
Identity	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance
Recreational life	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance
Mental health	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance
Physical health	Two • Satisfaction (1-5) • Importance (1-5)	• Likert (5 point scales) - Satisfaction & Importance

Consistent with the project’s neurodiversity-affirming ethos, the survey used accessible, everyday language such as “joy,” “life satisfaction,” and “contentment,” instead of clinical terminology. This inclusive phrasing encouraged engagement on participants’ own terms and supported a strengths-based exploration of flourishing. Every question had a descriptor beneath the question as in piloting the respondents felt they needed more specific details of what is/could be included in each domain. For an example of the question and descriptor format, see Figure 1. Further, see Table 11 for the descriptors for each domain.

Figure 1

Social Life Domain Survey Instrument Page



Social life

First, a few questions about your social life.

How happy or satisfied do you feel with your social life?

Social life can include online friends, community groups, or anyone you socialise with.
(You will have the chance to write some notes to clarify your answer after the next question, if you wish.)

○ Very unhappy
○ Unhappy
○ Neutral
○ Happy
○ Very happy

How important is your social life to your overall sense of happiness/life satisfaction?

Social life can include online friends, community groups, or anyone you socialise with.
(You will have the chance to write some notes to clarify your answer after the next question, if you wish.)

○ Very unimportant
○ Unimportant
○ Neutral
○ Important
○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your social life, why you are satisfied/unsatisfied, how you think about or measure your social life.

Table 11

Overview of descriptors included in survey

Domain	Descriptor
Social life	Social life can include online friends, community groups, or anyone you socialise with.
Family life	Family life can include your current family, origin family, and/or chosen family.
Intimate relationships	Intimate relationships refer to close interpersonal relationship(s) that may involve emotional closeness, physical closeness, dating, sexual intimacy, feelings of romance or love, and/or partnership. e.g. significant other, husband, wife, spouse, partner, boyfriend, girlfriend, sexual partner(s).
Work and/or educational life	Work life can include full-time or part-time employment, self-employment, volunteer work, internships, unpaid work, or any other form of work/occupation. Educational life can include study at a university, polytechnic, trade academy, or any other form of education.
Financial situation/security	Your financial situation can include aspects such as income, bills, debt, assets owned, savings, spending, etc.
Existential, religious and/or spiritual life	This can be any religious, spiritual or existential beliefs/practices that are relevant to your life.
Sense of identity	This can be any form of identity – cultural, social, gender, sexuality, religious, spiritual, interest-based, neurodivergence, etc. You could consider factors such as how well you understand your identity, how comfortable you feel sharing/expressing your identity, and internal and external stigma.
Recreational life	This can include any form of recreation - hobbies, engaging with special interests, relaxation, exercise, rest etc. Anything you do purely for leisure or enjoyment.
Mental health	This can include psychological and emotional well-being, presence or absence of mental illness, engagement in therapy or other treatment, use of medication, etc.

Domain	Descriptor
Physical health	This can include level of physical wellness and health, fitness, functioning of the body, immunity, presence or absence of disease or disability, ability to maintain desired quality of life and self-care, etc.

I also consulted with an autistic academic whose feedback contributed to the cultural sensitivity and ethical soundness of the instrument. This iterative, co-designed process ensured that the final survey was not only methodologically rigorous, but also accessible, inclusive, and aligned with lived experience. A full copy of the final survey instrument is included in Appendix A and is also available online at https://massey.au1.qualtrics.com/jfe/form/SV_0N9AjQXC7blYzFs.

Recruitment

Participants were recruited using a community-based approach that prioritised inclusivity, accessibility, and cultural responsiveness. Recruitment was facilitated through social media posts, advertisements distributed via Autism New Zealand, Altogether Autism, local neurodivergent and disability networks, and university-based organisations such as DiverseMinds@Massey and Disability@Massey. Flyers and digital advertisements (see Appendix B) were shared within these spaces and with relevant online support communities.

Initial contact was not made directly by the researcher but instead facilitated by group organisers and administrators who disseminated the study information through their platforms. Interested individuals were invited to self-identify and contact the researcher to receive the participant information sheet and survey link. Participation in Phase One (the online survey) was followed by an invitation to take part in Phase Two (a semi-structured interview). Consent for further contact was obtained within the survey, and only those who opted in were approached.

Recruitment materials were deliberately designed using accessible, plain English, a dyslexia-friendly font, and autism-friendly formatting. These materials clearly outlined the research aims, inclusion criteria, and voluntary nature of participation. Participants received a $20 e-voucher for completing the survey, and an additional $40 e-voucher for participating in an interview, with the option to donate this koha to a charity if preferred.

Participant summary

A total of 18 participants completed the Phase One survey. All participants met the following inclusion criteria:

- Aged between 18–24 years old;
- Identify as a woman;
- Hold a formal diagnosis of Autism Spectrum Disorder (ASD);
- Reside in Aotearoa New Zealand.

A subset of six participants who consented to participate were invited to take part in semi-structured interviews for Phase Two.

Ethics for Recruitment and Participation

Ethical considerations were central to the design and implementation of this study. The project was approved by the Massey University Human Ethics Committee (OM2 24/19), and all procedures complied with the guidelines outlined in Te Ara Tika: Māori Research Ethics (Health Research Council, 2010) and the Guidelines for Researchers on Health Research Involving Māori (HRC, 2010).

Participants were provided with an Information Sheet (see Appendix C) that clearly explained the study purpose, procedures, risks, benefits, and their rights. Informed consent was obtained prior to participation, with documents designed for clarity and accessibility (see Appendix D for consent form). Participants were informed of their right to withdraw from the study at any stage prior to the final approval of their transcript, decline any question, or request additional support or clarification at any time.

Cultural safety for Māori participants was actively embedded through consultation with Māori academics and alignment with Te Whare Tapa Whā (see Appendix E for cultural considerations sheet which was provided to Māori academics for consultation). The study followed the principles of Partnership, Participation, and Protection as laid out in Te Tiriti o Waitangi, with specific steps taken to ensure participant autonomy, collaborative knowledge generation, and safeguarding of cultural values.

All data were de-identified, stored securely, and accessible only to the researcher and supervisor. Survey responses were anonymous, and interview transcripts were pseudonymised. Participants were offered the opportunity to review and edit their transcripts prior to signing a transcript release form.

Data Analysis: Survey

Both qualitative content analysis and quantitative descriptive statistics were utilized to explore the survey data and present insights. Systematic coding of responses was employed to identify patterns and codes, with findings from the survey shaping the subsequent interview questions to ensure that the interviews addressed participants' concerns and priorities. The qualitative data from survey responses were analysed using a structured reflective content analysis approach (Bengtsson, 2016; Krippendorff, 2019; Nicmanis, 2024; Vears & Gillam, 2022). This involved decontextualisation—familiarising with the data and conducting initial coding by reading responses to break them down into smaller meaning units and assigning codes (Krippendorff, 2019; Vears & Gillam, 2022)—followed by compiling all survey responses into a spreadsheet for iterative review (Nicmanis, 2024; Vears & Gillam, 2022). Responses were then examined and coded within their respective life domains (e.g., social, family, intimate, work/education, financial/security, existential/religious/spiritual, identity, recreation/hobbies/special interests, mental health, physical health).

Codes emerged inductively from the data, with specific attention given to statements reflecting happiness, importance, and contextual details (e.g., relational status, financial stability). Recontextualisation ensured that all relevant content was captured, and categorisation involved grouping similar codes into broader themes, including analysis of overlapping codes across life domains. Finally, the categories were refined through merging redundant codes and verifying consistency via peer review and discussions with colleagues. Strategies to enhance trustworthiness—including reflexivity and use of multiple coders—were employed to ensure the validity and reliability of findings (Bengtsson, 2016; Nicmanis, 2024; Vears & Gillam, 2022). A key feature of this approach is its emphasis on reflexivity, using it as an analytic resource to continuously question and clarify methodological decisions, thereby keeping analysis closely tied to the manifest meanings in the data (Nicmanis, 2024). Finalized categories were interpreted in relation to existing literature on autistic well-being, with exemplar quotes selected to illustrate key findings and provide depth to the quantitative data.

To quantify participants' responses to Likert-scale questions on happiness and importance within each life domain, descriptive and frequency statistical analyses were conducted using Microsoft Excel. Likert responses (1–5) for each question were organized into columns, and additional demographic responses (e.g., relationship status, employment) were included for cross-analysis. Frequencies for each Likert category (ranging from Very Unhappy to Very Happy, and Very Unimportant to Very Important) were calculated, with percentages illustrating the proportion of responses in each category. Measures of central tendency (mean, median, mode) were computed to summarise overall distributions, and standard deviations assessed variability. Data visualisation tools—including bar charts, frequency distribution tables, heatmaps, and bubble charts—were employed to represent trends and highlight patterns, particularly to identify life domains rated as highly important or associated with extremes of happiness. Further, responses were filtered based on contextual variables to compare segments (e.g., comparing happiness ratings by relationship status, employment status, or highest educational attainment). The findings from both content and statistical analyses were then synthesised to provide a holistic understanding of the experiences and perspectives of autistic females in Aotearoa New Zealand.

Stage Two: Interviews

Recruitment

Phase Two of the research involved inviting a subset of survey participants to participate in one-on-one, semi-structured interviews. At the end of the survey, participants were asked if they were open to being contacted for a follow-up interview. Those who consented provided contact information and were approached by the researcher via email or text to arrange a suitable time and modality (Zoom, phone call, or in-person).The invitation process emphasised voluntariness, confidentiality, and participant control. Individuals who declined or did not respond were not contacted again. All participants received a $40 e-gift card as koha for their time and contribution, or had the option to donate it to a nominated charity.

Participants

A total of six young autistic women, aged 18–24 and residing in Aotearoa New Zealand, participated in interviews. All met the inclusion criteria:

- Formal diagnosis of Autism Spectrum Disorder (ASD);
- Identify as women;
- Aged 18–24 years;
- Resident of Aotearoa New Zealand.

How survey findings informed the interview stage

The survey findings played a crucial role in shaping the design and focus of the interview phase. By providing an initial, broad understanding of participants' experiences across key life domains, the survey helped identify which areas warranted deeper exploration. This ensured that the interview questions were not only relevant, but also resonant with participants' expressed values and concerns. Themes that consistently emerged from the survey data—such as the value of small, meaningful (and often non-traditional) social connections, challenges within education and employment, and the interplay between mental and physical health—were carried forward and explored in greater depth during the interviews.

Specific findings from the survey directly informed the development of semi-structured interview questions (see Appendix F for interview questions). For example, the prevalence of loneliness and difficulties in forming friendships prompted interview questions that explored how participants perceive and navigate social relationships, and what forms of social interaction they find most fulfilling. Reports of burnout and mental health challenges led to follow-up questions around strategies for coping with stress, accessibility of mental health and academic/employment supports, and participants' experiences with systemic barriers. In the areas of education and work, recurring survey responses about poor fit and inadequate accommodations helped shape interview discussions around what changes could make learning and professional environments more inclusive and supportive. Additionally, participants' strong preference for autonomy and self-acceptance inspired questions about how they define "flourishing," and whether societal norms align with their own understandings of happiness and success. The impact of family life on emotional well-being, frequently referenced in the survey, also guided interview questions about the role of familial relationships in either supporting or complicating mental health and personal stability.

This iterative process of data collection and refinement was embedded within a broader community co-creation framework. The research prioritised lived experience knowledge and intentionally avoided imposing external or clinical assumptions. This approach acknowledged the researcher's own positionality and encouraged open dialogue and reflection from participants throughout the interview stage. For instance, one topic that had been expected to emerge more prominently in the survey—special interests—was found to be less visible in participant responses. Rather than interpreting this as an oversight, the interview phase offered an opportunity to explore this directly with participants, who were asked for their thoughts on why special interests may have been under-reported. Such moments reflect the project's commitment to participant-led inquiry, treating participants not only as sources of data but as co-analysts of their own experiences.

Ultimately, the interview stage built meaningfully upon the foundations laid by the survey. The themes identified in the quantitative and open-text survey responses were expanded upon in conversation, allowing for more nuanced and emotionally contextualised understandings. This multi-stage, mixed-methods design supported a holistic view of the lived experiences of autistic women and gender-diverse individuals in Aotearoa New Zealand. It enabled the research to move beyond surface-level patterns into a richer exploration of participants' perspectives, challenges, and definitions of well-being. For a summary of how survey findings informed the interviews, see Table 12.

Table 12

Summary of How Key Survey Findings Informed the Interview Stage

Survey Findings	How It Informed Interview Questions	Purpose of Further Exploration
Loneliness and difficulty forming friendships	Explored participants' perceptions of social connection, what types of relationships work best for them, and how they navigate social life.	To understand the nuances of social preferences and the impact of unmet social needs.
Burnout and mental health challenges	Asked about coping strategies, access to support services, and perceptions of systemic barriers (e.g., in academia or employment).	To uncover how chronic stress and lack of support affect well-being and functioning.
Challenges in education and employment	Discussed workplace accommodations, inclusive education, and what an ideal work/study environment would look like.	To identify environmental and systemic changes needed for inclusion and success.
Autonomy and self-acceptance	Asked how participants define flourishing, and whether their definitions align or conflict with societal expectations.	To explore self-concept, authenticity, and personal measures of well-being.
Family life and stability	Discussed the role of family as a source of support or stress, and how these dynamics affect emotional health.	To understand how family environments influence resilience or vulnerability.
Lower-than-expected mention of special interests	Asked participants to reflect on why special interests were under-represented in survey responses.	To check assumptions and co-reflect with participants on gaps in data collection.

Interview process including questions

Interviews were conducted using a semi-structured approach, allowing for consistency across core questions while offering flexibility to follow the unique narratives and priorities of each participant. The interview schedule was developed based on insights from the survey responses, the ten life domains, and prior consultation with autistic women and neurodivergent researchers. Core topics included:

- Personal definitions of joy, flourishing, and life satisfaction;
- Experiences across selected life domains (e.g., social life, identity, special interests, mental health);
- Barriers and enablers of flourishing;
- Perspectives on neurodiversity, self-advocacy, and societal inclusion;
- Meaning-making, values, and aspirations.

Questions were phrased in clear, concrete language, with optional prompts and alternatives. Participants were encouraged to skip any question they were uncomfortable answering and to shape the conversation according to what felt most relevant or meaningful to them.

Interviews ranged from 45 to 90 minutes, depending on participant preference and energy levels. Most were conducted via Zoom, with options for breaks, turning off video, or rescheduling as needed. Participants had the option to bring a support person to the interview. All interviews were audio recorded (with consent) and transcribed verbatim. Each participant was given the opportunity to review, edit, and approve their transcript prior to inclusion in the dataset.

In Phase Two, interviews were conducted with robust safety and cultural protocols in place, as outlined in the Safety Plan (see Appendix G) and Cultural Considerations (same as from survey) documents. Key strategies included:

- Offering participants the option to bring a support person;
- Use of accessible language, culturally safe practices (e.g., offering karakia, engaging in whakawhanaungatanga), and co-constructed safety plans;
- Regular wellbeing check-ins before, during, and after the interview;
- Provision of mental health support resources (e.g., 1737, Lifeline, The Lowdown);
- Follow-up contact if participants experienced distress during the interview.

By implementing these ethical safeguards, the study upheld the principles of autonomy, dignity, cultural safety, and participant well-being. The Information Sheet ensured transparency and informed consent; the Safety Plan provided protections against distress; and the Cultural Considerations Sheet ensured that Māori participants were respected and included in a way that acknowledged their unique sociocultural perspectives. Together, these ethical measures ensured that the research process was participant-centred, accessible, and grounded in principles of respect and care.

Ethics for Interviews

Participant Rights and the Information Sheet

Ensuring the rights, autonomy, and well-being of participants was a fundamental ethical priority. All participants received a detailed Information Sheet that clearly communicated the study's purpose, procedures, and their rights. Participants were provided with all necessary information to make an informed decision about their involvement and were encouraged to discuss participation with trusted individuals—such as friends, whānau (family), or support persons—before providing consent. The Information Sheet outlined key details including the research focus on autistic women's experiences of joy, life satisfaction, and flourishing in Aotearoa New Zealand; the study's structure, involving participation in an online survey (20–30 minutes) and an optional follow-up interview (approximately one hour); clear explanations of confidentiality and data management procedures; the right to withdraw at any time before final transcript approval; the ability to decline answering any question or stop the interview at any point; the option to request the interview recorder be turned off; and the opportunity to review and edit interview transcripts prior to final inclusion. Additionally, participants received a $20 voucher for survey participation and a $40 voucher for interview participation as recognition of their time. The consent process emphasized accessibility and clarity through straightforward, neurodivergent-friendly language (the Information Sheet is attached in Appendix B).

Safety Plan for Interviews

Given the sensitive nature of the research topics and the potential for distress, a comprehensive safety plan was developed to safeguard both participants and the researcher. Prior to each interview, participants were invited to have a support person if desired and were provided with interview questions in advance to allow for preparation and discussion with a support person. The researcher informed the academic supervisor (Dr. Kathryn McGuigan) of the interview schedule and provided updates at the commencement and conclusion of each interview. A debrief session with the supervisor was scheduled following interviews to ensure ongoing researcher well-being and professional oversight. During interviews, a mobile phone (kept on silent) was available in case emergency contact was required, and periodic well-being check-ins were conducted to assess participants' comfort levels. If participants exhibited signs of distress, the interview was paused with a reminder that they could skip questions or stop the interview entirely, ensuring that their comfort always took priority. All interviews were conducted via video conferencing software (Google Meet) to mitigate physical safety concerns. Following each interview, the researcher conducted a check-in conversation with the participant to assess their emotional state, referred them to mental health support resources (including crisis helplines, university disability services, and healthcare providers), and encouraged engagement in self-care activities. The supervisor was notified upon completion of each interview, and post-interview debriefing was conducted to address any distress experienced by the researcher. Participants were also offered access to transcripts for review to ensure their comfort with the recorded content. A full copy of the Safety Plan is attached in Appendix C.

Cultural Considerations Sheet

Recognizing the importance of cultural safety (Curtis et al., 2019) and inclusivity, this study incorporated Te Tiriti o Waitangi principles (Partnership, Participation, and Protection) to guide ethical engagement with Māori participants and uphold best practices for all. The research process was designed to be collaborative, transparent, and reciprocal. Relationship-building (whakawhanaungatanga) was prioritized at the start of interviews to establish mutual understanding and comfort, and participants were offered a karakia to create a culturally safe space. Key Māori models of well-being, such as Te Whare Tapa Whā, Te Wheke, and Te Pae Mahutonga, were considered in discussions of life satisfaction and flourishing. The researcher engaged in ongoing cultural supervision and learning, seeking guidance when necessary to ensure practices remained respectful and aligned with Māori perspectives. Participants were consulted on how they wished their cultural identity to be represented, with language and interpretations verified to prevent misrepresentation. Practical cultural safety measures included drawing on conversations with Māori researchers and neurodivergent individuals to inform a culturally responsive framework, ensuring participant agency, returning findings to participants for review, and seeking guidance from cultural advisors in case of uncertainty regarding culturally sensitive matters. A full copy of the Cultural Considerations Sheet is attached in Appendix D.

Data Analysis: Interviews - Thematic Analysis

This study employed Braun and Clarke's (2006) six-phase framework for thematic analysis, a widely used method for identifying, analysing, and reporting patterns (themes) within qualitative data. The process was inductive, data-driven, and reflexive in nature, aiming to foreground participants' lived experiences while acknowledging the active role of the researcher in theme development (Braun & Clarke, 2006; 2019).

Familiarisation with the Data

Familiarisation involved immersive, repeated reading of interview transcripts. After transcription, each interview was read through at least twice to absorb the content holistically. During this stage, initial ideas, potential patterns, and striking participant quotes were noted in the margins. Audio recordings were occasionally revisited to ensure accuracy and emotional nuance were captured in the transcripts.

Generating Initial Codes

Using manual processes, a systematic coding process was undertaken. Segments of text that appeared meaningful or potentially relevant to the research questions were tagged with initial codes. These codes were kept close to the data at this stage, often using participants' own language to preserve voice and context. Both semantic (explicit) and latent (underlying) meanings were considered during this phase (Braun & Clarke, 2006).

Searching for Themes

Codes were then grouped into broader candidate themes based on shared meaning and conceptual similarity. Visual mapping techniques (e.g., mind maps and code tables) were used to explore relationships between codes and cluster them into preliminary thematic categories. At this point, themes remained flexible and open to revision.

Reviewing Themes

Each theme was critically reviewed in relation to the coded extracts and the entire data set to ensure internal consistency and external distinctiveness. Some themes were merged, refined, or discarded based on coherence and representativeness. The process involved returning to the data multiple times to verify that themes accurately captured participants' experiences.

Defining and Naming Themes

Once the final thematic structure was established, each theme was clearly defined in terms of its scope, focus, and contribution to the overall narrative. Descriptive names were given to reflect the essence of each theme, and sub-themes were identified where appropriate to capture nuanced aspects of participants' accounts.

Producing the Report

In the final phase, themes were woven into a coherent analytic narrative supported by vivid, illustrative quotes. The write-up emphasised the complexity and richness of participants' experiences, while aligning with the study's research aims. The analysis maintained a balance between description and interpretation, highlighting both commonalities and unique perspectives across interviews.

This reflexive approach to thematic analysis aligns with recent recommendations by Braun and Clarke (2019), who emphasise the researcher’s active role in knowledge production and the importance of transparency in analytic decision-making. Coding was both inductive (emerging from participants’ words) and theoretically informed by the study’s neurodiversity-affirming framework, centring lived experience and rejecting deficit-based assumptions.

Chapter Four - Findings

This chapter presents the findings of the study in two distinct but complementary stages: a survey-based analysis followed by in-depth qualitative interviews. Together, these stages form a mixed-methods approach aimed at capturing both the breadth and depth of participant experiences across eleven core life domains.

Stage One: Survey Findings

The first stage draws on data collected through a comprehensive survey instrument, incorporating both quantitative and qualitative elements. Participants were asked to rate their experiences and values across key areas of life using structured Likert-type scales, enabling a multi-level quantitative analysis. In addition to closed-ended questions, the survey also included open-ended prompts that allowed participants to elaborate on their ratings, offering initial qualitative insight into their choices and perceptions, for which content analysis has been conducted. This section presents the findings from a multi-level analysis of self-rated happiness, perceived importance, and contextual influences across eleven core life domains. These domains—educational life, work life, family life, financial security, personal identity, intimate life, mental health, physical health, social life, recreational life, and existential/religious/spiritual life—were rated by participants using structured Likert-type scales. Analytical methods included frequency distributions, composite scoring, heatmap visualisations, and a detailed gap analysis comparing importance versus happiness. These findings offer a holistic understanding of the areas in which participants feel satisfied, those in which they feel their values are unmet, and how various life contexts shape these experiences.

Happiness Across Life Domains

Participants were first asked to rate their happiness within each of the eleven life domains on a five-point scale ranging from “Very Unhappy” to “Very Happy.” The responses were tallied and analysed using frequency tables and descriptive statistics of central tendency of happiness across the sample. These values were then visualised using heatmaps and bar charts for cross-domain comparison. Table 13 shows the mean, median and mode scores for each of the domains.

Table 13

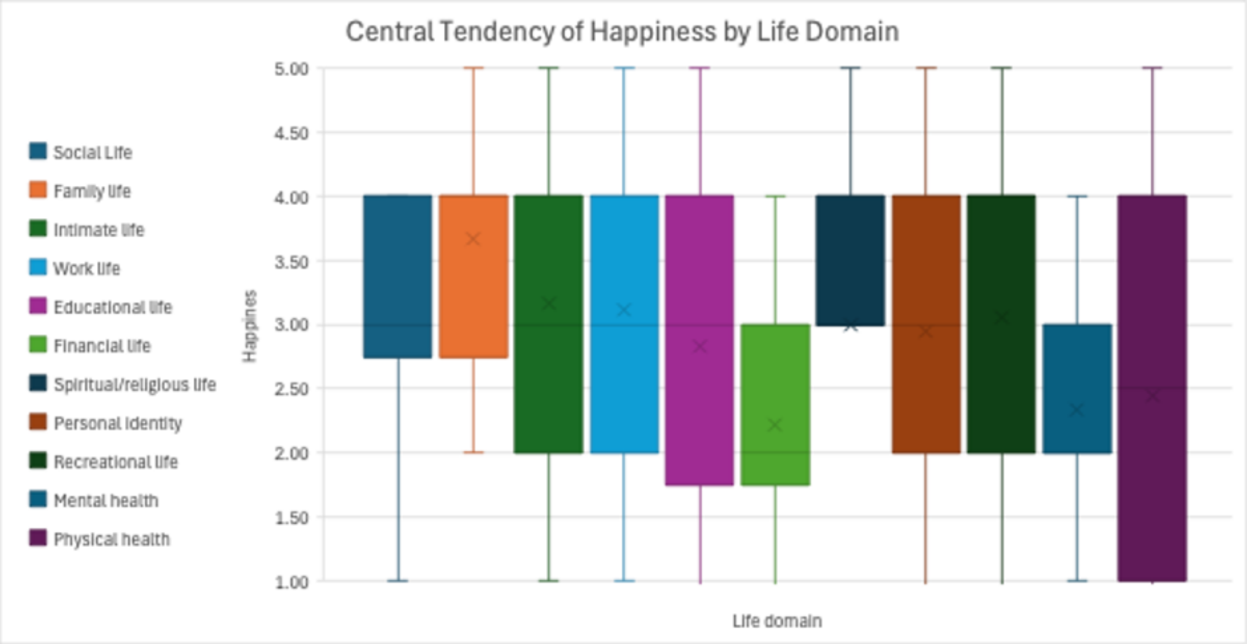
Central Tendency of Happiness Distribution Across Life Domains

	Social life	**Family life**	**Intimate life**	**Work life**	**Educational life**	**Financial life**	**Spiritual/religious life**	**Personal identity**	**Recreational life**	**Mental health**	**Physical health**
Mean	3.06	3.67	3.17	3.11	3.00	2.35	3.38	3.31	3.44	2.63	2.75
Median	3.00	4.00	3.00	3.00	3.00	2.00	3.00	3.00	4.00	2.00	2.50
Mode	4.00	4.00	3.00	3.00	4.00	2.00	3.00	4.00	4.00	2.00	2.00
SD	1.11	1.03	1.15	1.23	1.38	1.11	1.24	1.51	1.55	1.19	1.46

The central tendency graph (see Figure 2) highlights high consistency in family life happiness, with a high median and narrow spread. In contrast, financial life, mental health, and physical health show lower medians and greater variability, pointing to widespread dissatisfaction in these domains. Physical health and educational life display polarised responses, suggesting mixed personal relevance. Personal identity and recreational life trend relatively positively.

Figure 2

Central Tendency of Happiness by Life Domains

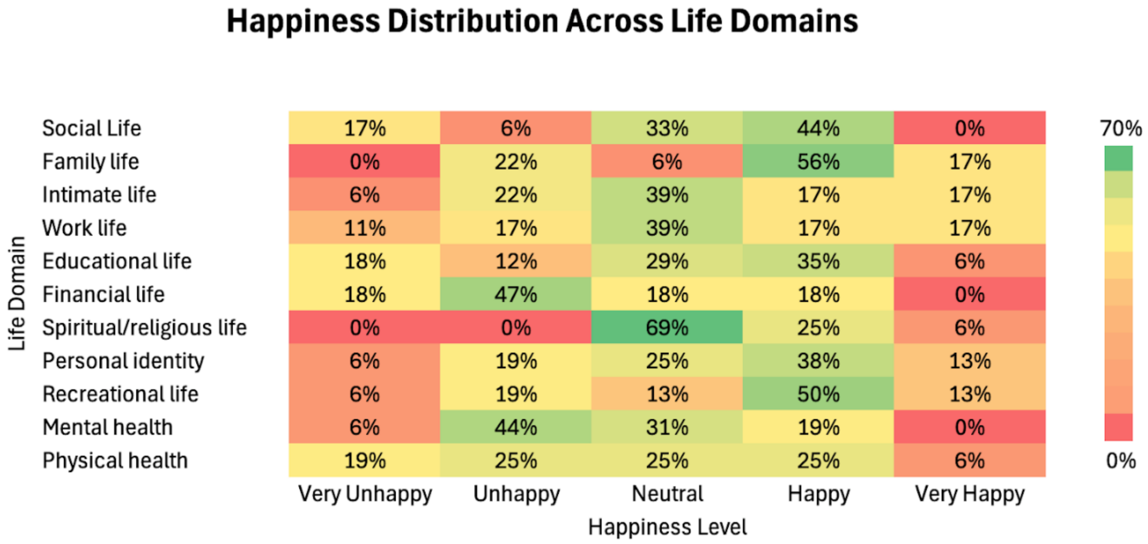


The central tendencies point to moderate happiness across most life domains, the variation around these centres reveals where interventions could be most needed—particularly in financial stability, mental health support, and physical wellness.

The analysis of happiness distribution across various life domains reveals nuanced patterns (see Figure 3). Family life stands out as the most positively rated domain, with 56% of respondents feeling happy and 17% feeling very happy, and a high mean score of 3.67. In contrast, financial life and mental health exhibit the greatest dissatisfaction, reflected in lower mean scores (2.35 and 2.63, respectively) and higher proportions of unhappiness (47% and 44%). Interestingly, spiritual/religious life shows the highest neutrality (69%), indicating it may not be a strong emotional driver for most. Recreational life, personal identity, and social life also show higher levels of happiness, with relatively high means and mode values of 4, suggesting these areas contribute meaningfully to overall well-being. Meanwhile, physical health, despite being vital, sees a balanced spread across all happiness levels. Overall, the standard deviations across domains suggest considerable variability in individual experiences, especially in areas like recreational life and personal identity.

Figure 3

Heat Map Happiness Distribution Across Life Domains



Life Domain	Very Unhappy	Unhappy	Neutral	Happy	Very Happy
Social Life	17%	6%	33%	44%	0%
Family life	0%	22%	6%	56%	17%
Intimate life	6%	22%	39%	17%	17%
Work life	11%	17%	39%	17%	17%
Educational life	18%	12%	29%	35%	6%
Financial life	18%	47%	18%	18%	0%
Spiritual/religious life	0%	0%	69%	25%	6%
Personal identity	6%	19%	25%	38%	13%
Recreational life	6%	19%	13%	50%	13%
Mental health	6%	44%	31%	19%	0%
Physical health	19%	25%	25%	25%	6%

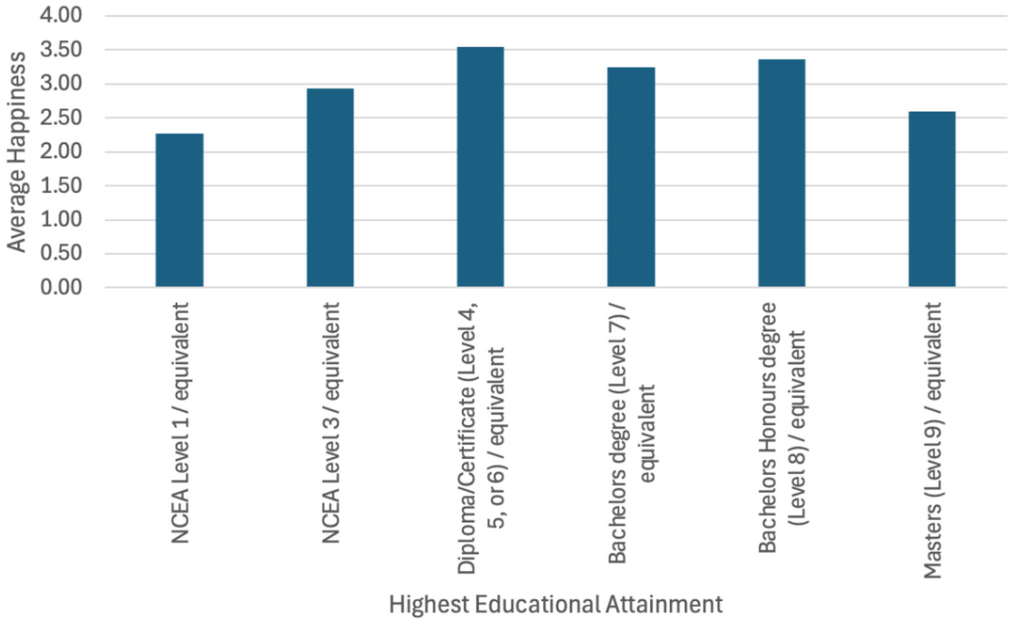
Contextual Variability: Education, Employment, and Relationship Status

Beyond absolute happiness ratings, this study examined how life context—including participants' education level, employment status, and relationship status—shaped their happiness across life domains. Participants were grouped into contextual categories (e.g., Diploma holders, Freelancers, Committed relationships), and average happiness scores were calculated for each contextual factor across all life domains.

The "Average Happiness by Educational Level" graph (see Figure 4) is derived from the averages of the individual domain-specific happiness scores. The values plotted in the graph represent the mean of these personal average happiness scores within each educational category. As such, the graph reflects a general trend across domains rather than being driven by a single aspect of life satisfaction.

Figure 4

Average Happiness Level Across Domains by Highest Educational Attainment



The data reveals a nonlinear relationship between educational attainment and average happiness. Individuals with a Diploma or Certificate (Levels 4–6) report the highest average happiness (3.55), outperforming even those with Bachelors Honours (3.36) or Masters degrees (2.59).

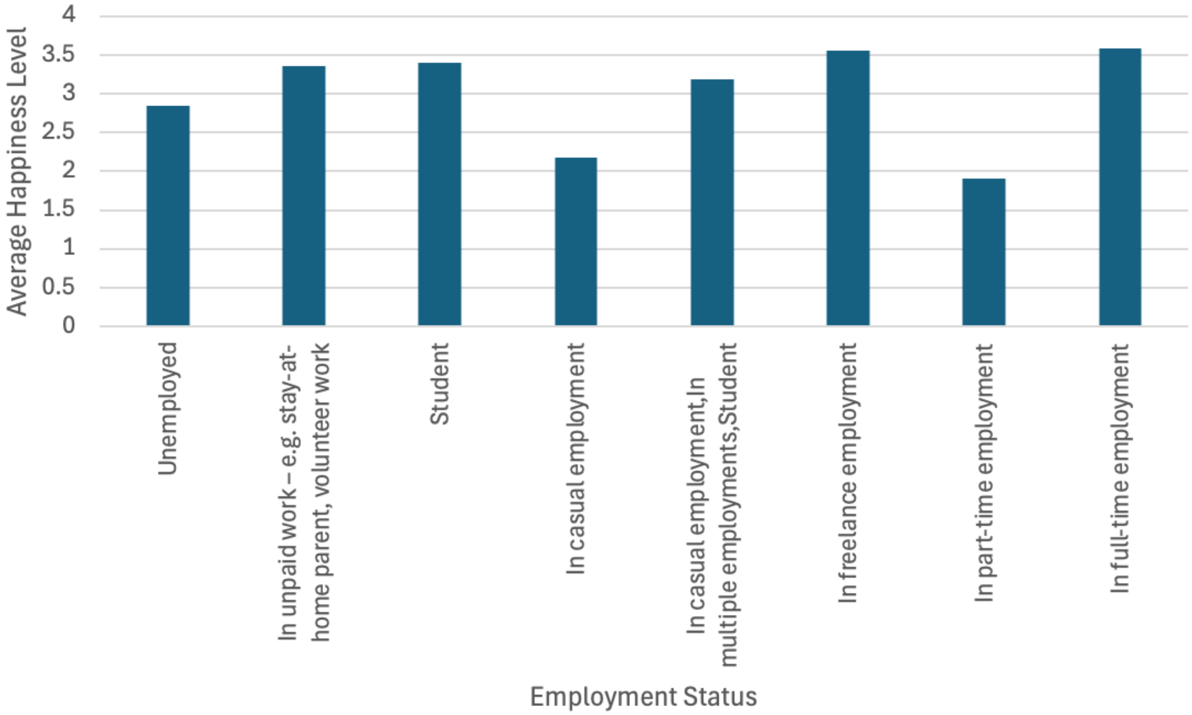
Interestingly, happiness peaks at mid-level qualifications and then slightly declines at postgraduate levels. Those with only NCEA Level 1 report the lowest happiness (2.27).

A deeper dive into domain-specific data (see Appendix H) suggests that those with higher education levels often report stronger satisfaction in cognitive or identity-driven domains (e.g., education, personal identity), but may experience lower satisfaction in social or physical domains, which could explain the moderate decline in overall happiness at the Master's level. This implies that while education enhances certain life dimensions, it may simultaneously introduce stressors or expectations that dampen overall wellbeing at advanced levels.

Next, the "Average Happiness Across Domains by Employment Status" graph (see Figure 5) is based on the averages of individual participants' average happiness scores. Then, for each employment category, the mean of these personal averages was calculated and plotted on the graph. This approach provides a holistic view of how overall happiness levels vary by employment status, reflecting combined well-being across multiple facets of life.

Figure 5

Average Happiness Level Across Domains by Employment Status

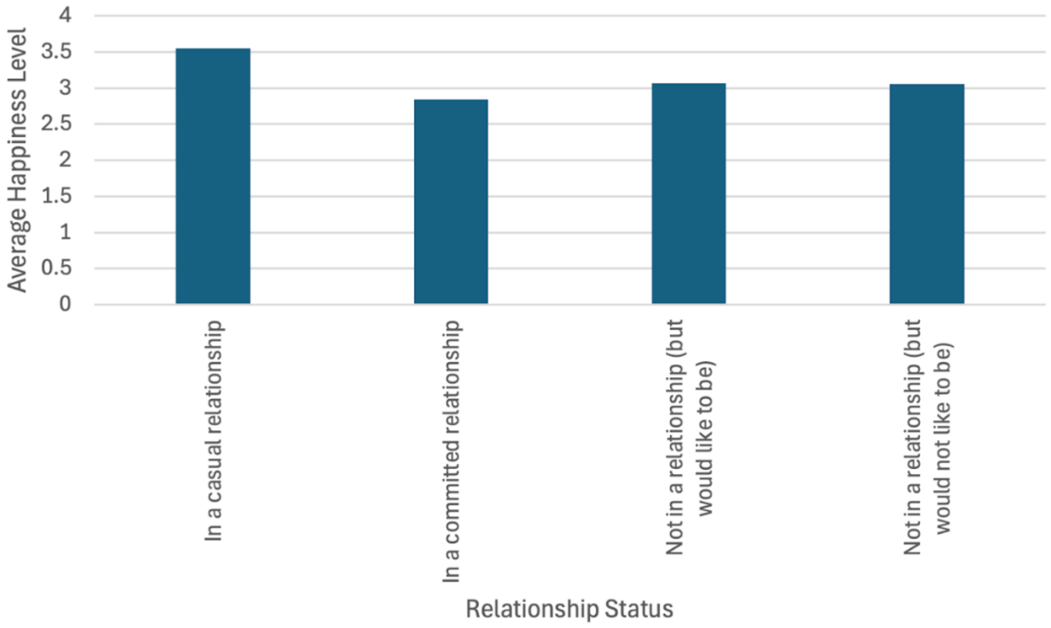


The data shows that employment status significantly influences average happiness, with the highest levels reported by those in full-time (3.59) and freelance employment (3.56). These groups also report strong satisfaction in domains like work, identity, and social life (See Appendix I). Students also fare well (3.39), particularly in educational and social domains. Conversely, those in part-time (1.91) and casual employment (2.18) report the lowest average happiness, likely due to instability and lower ratings in mental and physical health. Interestingly, individuals engaged in unpaid work (e.g., stay-at-home parents, volunteers) report relatively high happiness (3.36), especially in family life and identity. This suggests that employment quality and alignment with personal values, rather than just employment per se, are key drivers of wellbeing.

Next, the "Average Happiness Across Domains by Relationship Status" graph (see Figure 6) is created using the averages of individual average happiness scores categorised by relationship status. The final graph displays the mean of these overall scores within each relationship status group. This method offers a holistic view of how different relationship statuses relate to general life satisfaction across diverse aspects of well-being.

Figure 6

Average Happiness Level Across Domains by Relationship Status



Relationship status appears to influence overall happiness, but not always in the expected direction. Individuals in casual relationships report the highest average happiness (3.55), with strong scores across social, intimate, and identity-related domains. Surprisingly, those in committed relationships show the lowest average happiness (2.84), despite high ratings in family and intimate life, possibly due to lower satisfaction in areas like work, physical health, and identity (see Appendix J). Those not in a relationship but wanting one (3.06) and those not in a relationship and content with it (3.06) report similar overall happiness levels, indicating that desire to be in a relationship may not matter as much as possibly expected.

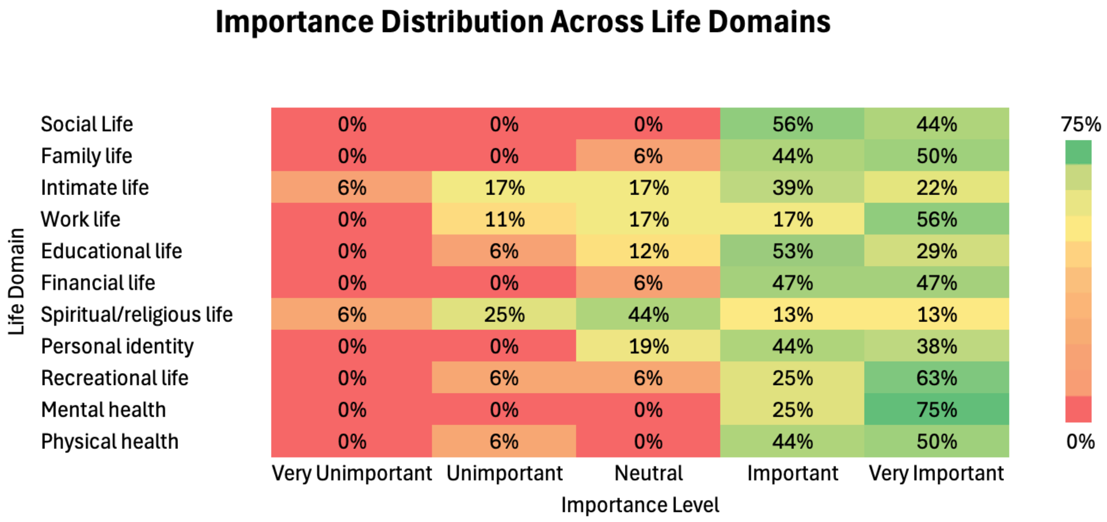
Perceived Importance of Life Domains

In parallel with happiness ratings, participants were also asked to rate the importance of each life domain in contributing to their overall happiness. This used a five-point Likert scale from “Very Unimportant to “Very Important.” These responses were analysed both through frequency distributions and descriptive statistics, such as mean, median, and interquartile ranges. Further, frequency data were compiled and used to generate weighted importance scores for each domain. These scores were visualized using heatmaps and bar charts to identify which domains were most valued by participants.

The resulting data reveal that mental health, recreational life, and physical health were most frequently rated as Very Important, with mental health topping the list at 75% (Figure 7) Domains like spiritual/religious life and intimate life had greater variation in perceived importance, reflecting more individualised valuation. Boxplots and heatmaps visualised these trends, showing that while many domains had high central tendency values, some exhibited wider spreads—indicating diverse perspectives among participants. These insights were derived by aggregating importance ratings per domain and then computing summary statistics across the full sample to reveal patterns in how life areas are prioritised.

Figure 7

Heat Map of Absolute Importance Distribution Across Life Domains



Importance Distribution Across Life Domains

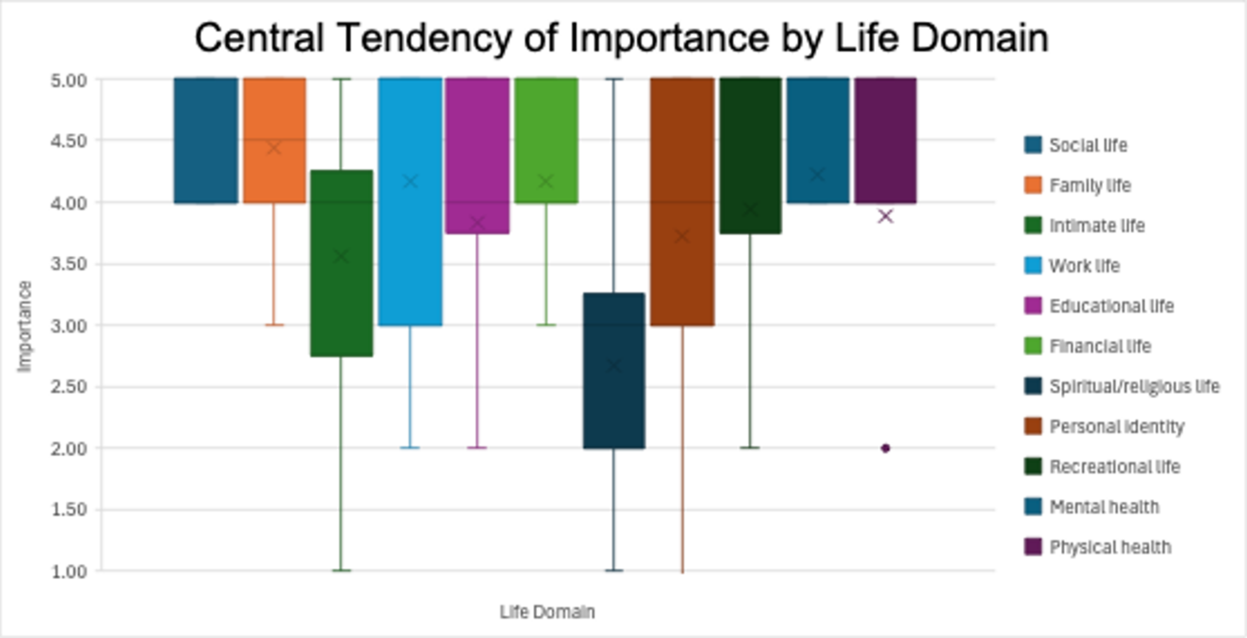
Life Domain	Very Unimportant	Unimportant	Neutral	Important	Very Important
Social Life	0%	0%	0%	56%	44%
Family life	0%	0%	6%	44%	50%
Intimate life	6%	17%	17%	39%	22%
Work life	0%	11%	17%	17%	56%
Educational life	0%	6%	12%	53%	29%
Financial life	0%	0%	6%	47%	47%
Spiritual/religious life	6%	25%	44%	13%	13%
Personal identity	0%	0%	19%	44%	38%
Recreational life	0%	6%	6%	25%	63%
Mental health	0%	0%	0%	25%	75%
Physical health	0%	6%	0%	44%	50%

The heatmap titled "Importance Distribution Across Life Domains" adds depth by visualizing the frequency of each importance level. It reinforces the high value placed on mental health (75% 'Very Important') and recreational life (63%), which aligns with current societal shifts emphasising well-being and work-life balance. Notably, spiritual/religious life has the highest proportion of 'Neutral' (44%) and 'Unimportant' (25%) responses, underscoring its declining perceived relevance for many participants. Work life and intimate life have strong importance ratings overall but are slightly more mixed, with a small portion of responses in the 'Unimportant' range.

The boxplot titled "Central Tendency of Importance by Life Domain" provides a statistical overview of how participants prioritise different areas of life (see Figure 8). Domains such as social life, family life, work life, financial life, and physical health have high medians (mostly 4–5) and tight interquartile ranges, indicating strong consensus that these domains are important or very important. In contrast, spiritual/religious life and personal identity show lower medians and broader spreads, with minimum values reaching as low as 1, revealing polarised views—some participants deem these crucial, while others find them unimportant.

Figure 8

Central Tendency of Importance by Life Domains



Together, these graphs suggest that while core life needs (health, finances, relationships) are broadly agreed upon as important, more abstract or value-based domains (identity, spirituality) are evaluated more variably, likely influenced by personal beliefs, life stage, or cultural context.

Despite their lower importance ratings, some of these lower-priority domains—such as recreation and social life—would later emerge as domains in which participants actually experienced more happiness than expected (see next section: Gap Analysis), highlighting the complex interplay between perceived value and emotional return.

Gap Analysis: Misalignment Between Values and Satisfaction

The final layer of analysis compared happiness and importance scores directly to assess the degree of alignment or mismatch between what participants value and how satisfied they feel in those areas. For each domain, a gap score was computed by subtracting the weighted happiness score from the weighted importance score. Negative gap values indicate that participants are less happy than they would like to be in a given area, while positive values suggest areas of surplus satisfaction or undervalued joy (see Figure 9).

$$\text{Mean Gap} = \text{Mean Importance} - \text{Mean Happiness}$$

This formula tells us how much more important a life domain is perceived to be compared to how happy someone feels in that area, highlighting unmet needs. If the result is:

- Positive → the domain is more important than satisfying → a potential area for improvement.
- Zero → importance and happiness are aligned → balanced.
- Negative → happiness exceeds importance → unexpected, but possibly over-resourced or less valued.

Figure 9

Gap Analysis: Life Domains Needing Most Support[1]

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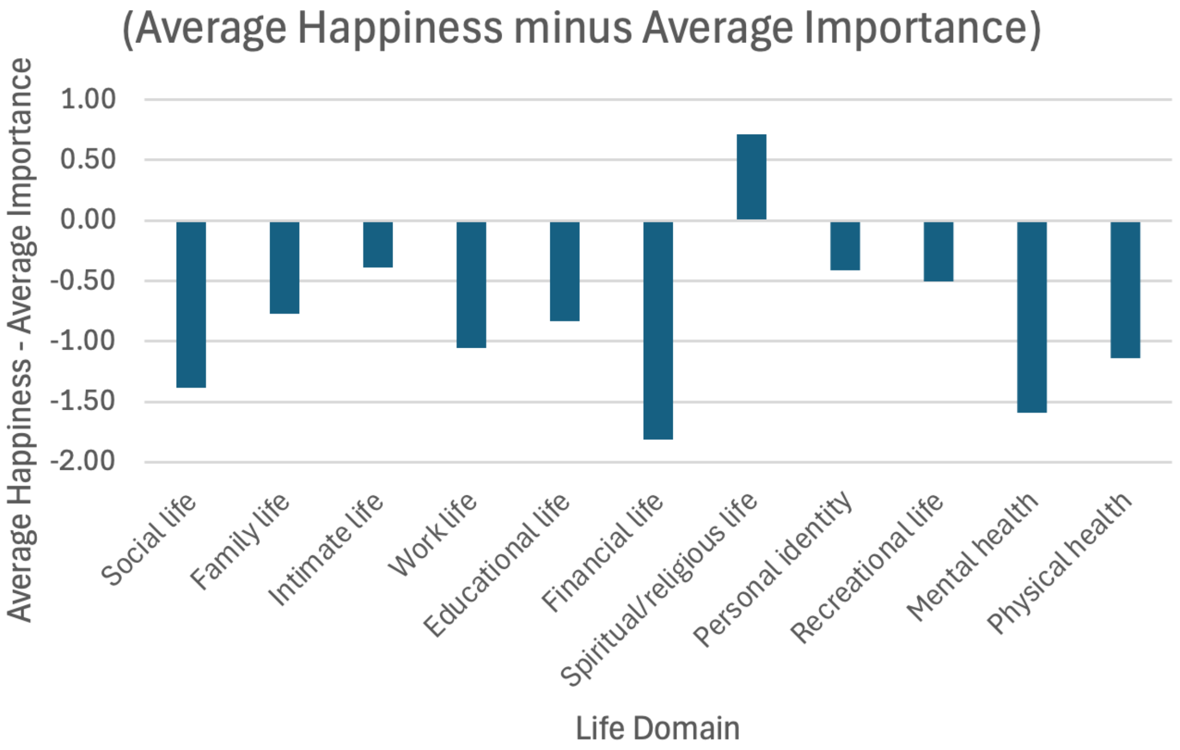
[1] (Mean Gap = Mean Importance - Mean Happiness)



The gap analysis reveals a noticeable misalignment between what participants value and how satisfied they feel in many life domains. The largest negative gaps occur in financial life (-1.82), mental health (-1.59), and social life (-1.38), highlighting these as key areas where people feel significantly less happy than they believe they should be—prime targets for intervention or support. Other domains with moderate gaps include physical health (-1.14), work life (-1.06), and educational life (-0.83), suggesting persistent but slightly less severe shortfalls. Interestingly, spiritual/religious life shows a positive gap (+0.71), meaning participants report higher satisfaction than importance—potentially an area of unexpected or undervalued joy. Overall, these results point to a broad trend of under-satisfaction in high-priority areas, underlining the need for strategic attention to mental wellness, financial security, and social connectedness.

The gap analysis graph highlights a pervasive disconnect between what people value and how satisfied they feel, with nearly every life domain exhibiting a negative gap. This indicates that participants are consistently falling short of their desired well-being in key areas. The most pronounced gaps—in financial life, mental health, and social life—suggest systemic stressors or resource limitations that are failing to support individuals in the areas they value most. These deficits carry significant implications: chronic dissatisfaction in such fundamental areas may lead to reduced overall well-being, burnout, and disengagement. Importantly, the positive gap in spiritual/religious life implies potential for low-effort, high-return satisfaction—areas where joy exceeds expectation may serve as emotional buffers or hidden strengths.

From a policy, organisational, or mental health intervention standpoint, this analysis underscores the need to realign support systems and investments with people's values—especially by improving access to mental health resources, financial literacy/support, and opportunities for meaningful social connection. In essence, the data provides a roadmap for targeted well-being improvements, prioritising domains where the gaps between value and experience are most acute.

Survey Findings: Qualitative Content Analysis by Life Domain

It should be noted that although some of the absolute number of responses appears relatively low, it represents a proportionally high level of engagement among those who chose to respond, as many participants did not complete some or all of the open-ended qualitative textboxes.

Social Life

Participants frequently expressed a preference for **quality over quantity** in their social lives. Rather than seeking expansive social circles, many individuals highlighted the importance of cultivating a few close, meaningful relationships (n=8/9). This sentiment was frequently tied to the emotional depth and comfort found in one-on-one connections or small groups. One participant described their social network as

> "*made up of many separate one-on-one friends or small groups – quality over quantity*!"

They went on to explain that they measure the quality of their social life through meaningful time spent together and physical proximity, which they regarded as deeply valuable. This inclination towards **intimacy over sociability** reflected a conscious effort to structure relationships in a way that prioritised emotional safety and resonance.

Balancing social engagement with solitude was also a central concern (n=5/9). Many participants reported needing substantial downtime to regulate their energy and prevent overstimulation. For some, being physically around others without pressure to interact was considered a comforting form of social connection. One individual noted,

> "*Just being around people while having my own down time is very important to me, also to show others I care about them.*"

Another participant explained their preference for social compartmentalisation, avoiding large, interconnected groups in favour of maintaining manageable and emotionally safe dynamics:

> *"I find larger or overly-connected friend groups to be quite stressful... so my current arrangement of friend compartmentalisation works pretty well."*

Despite these carefully structured social preferences, many participants also reported significant **challenges in forming and maintaining friendships** (n=5/9). Feelings of loneliness and social exclusion were prominent, especially for those who struggled with traditional or neurotypical modes of social interaction. While some expressed contentment in solitude, others spoke of a painful longing for connection. As one participant shared,

> *"I don't have friends and I don't really know how to make them... I often become very distressed and upset despite liking being alone, I still really want a friend."*

Others echoed the desire for even just one or two reliable friendships, rather than large social groups. The emotional impact of this unmet need was often described as intense and overwhelming. For many, the presence of low-maintenance friendships—where long absences between contact did not threaten the relationship—was especially valued. As one individual explained,

> *"I really appreciate that the friends I do have are typically low-maintenance... when we meet again, it's like no time has passed."*

Importantly, several participants described a **growing acceptance** of their unique social needs and patterns, often following a diagnosis of neurodivergence (n=6/9). There was a noted shift from internalised expectations towards a more self-compassionate understanding of their social behaviours. One participant stated,

> *"Since being diagnosed, I've realised why I am the way I am, and have learnt to accept that."*

Family Life

Family life was described as simultaneously a **source of strength and a space of complexity** (n=5/8). For many, family offered vital emotional support, stability, and a sense of safety (n=7/8). Participants frequently referenced their home environments as spaces of comfort and understanding. Two participants expressed:

> *"Overall I'm very happy as my family life is quite stable and loving."*

> *"I'm still living at home and I enjoy it – it's where I feel safe."*

These accounts reflected the central role that certain family relationships played in the participants' emotional well-being. However, family life was not universally positive. Several participants discussed **tensions and challenges** within their families, particularly in contexts lacking understanding of their neurodivergence (n=7/8). Some described **fragmented family dynamics**, with both supportive and unsupportive relationships coexisting. One participant explained,

> *"A lot of my family isn't supportive and have issues that I don't want to be involved in but my parents and nana are incredibly supportive of me in every area and they have put lots of effort into understanding my diagnoses and that's the most important part for me"*.

Others pointed to the **unique stress of neurodivergent households**, where overlapping needs and communication differences could lead to frequent conflict. As one noted,

> *"Four neurodivergent people forced into sharing space doesn't always work well."*

Intimate Life

Experiences of intimate relationships among participants revealed a complex and highly individualised domain, marked by both **desire** (n=7/10) and **ambivalence** (n=5/10). For many,

emotional closeness and mutual support were central to how they conceptualised intimacy. One participant shared,

> *"For me, emotional and physical closeness are the most important! While I feel more neutral about sexual intimacy, I love feeling connected and close to my partner."*

Another echoed this emphasis on connection, stating,

> *"We both have each other which is nice... we can mutually support each other."*

Intimacy was not always synonymous with romantic or sexual relationships. Some participants expressed contentment outside of partnerships and framed **intimate life as broader than romance**, often valuing family or friendships more, or viewing intimate life as simply not a priority (n=4/10). One participant explained,

> *"Dating is not the most important interpersonal connection to me... I tend to prioritise family first, and I consider my partner to be of the same priority level."*

In contrast, others articulated **longing for connection** but also shared the **barriers** they faced—especially **sensory sensitivities, fears of rejection,** or **past negative experiences** (n=5/10). One participant reflected,

> *"I don't like being touched which is a big barrier for me,"*

while another noted,

> *"It is hard being gay and weird in New Zealand. But at the end of the day, I am happy with my little life I live."*

Some participants described **struggles** within current relationships, particularly around communication and reassurance (n=3/10). One shared,

> *"I struggle with physical contact and intimacy which causes problems. I also struggle with relationship anxiety and worry they don't love me or will leave me."*

while others highlighted the need for directness and finding communication difficult:

> *"I find it hard to pick up on things... direct things like physical affection or saying 'I love you' are important."*

> *"The only struggle I have is communication – I am occasionally unsatisfied in the communication of arguments or disagreements, though I believe that to be a problem that stems more from my own communication struggles than from my partner."*

Notably, some participants felt little or no desire for romantic or sexual relationships at all, expressing **asexual, aromantic, or solo-centric orientations** (n=3/10). One participant shared,

> *"I'm asexual and aromantic. I also dislike sharing my body or space with anyone. Relationships to me sound awful and I have no interest."*

These findings highlight the importance of reframing intimacy beyond normative models, recognising that flourishing in this domain for young autistic women may be achieved through emotional safety, chosen connections, and self-knowledge, whether inside or outside of conventional relationships.

Work and Educational Life

Academic achievement emerged as a strong source of **motivation and self-worth (n=6/11).** Participants often framed their educational success as a cornerstone of their identity and a domain in which they felt competent and driven. One participant shared,

> *"I've always been good at school, so good grades do contribute to my sense of self-worth,"*

while another reflected,

> *"I like achieving something and have a drive to be better."*

These insights highlight how education provided both structure and affirmation in participants' lives. In contrast, experiences with work and employment were often described as **fraught and emotionally taxing** (n=6/11)**.** Many participants struggled to find workplaces that could accommodate their mental health needs or neurodivergent traits. Employment was frequently experienced as overwhelming, with some describing repeated failed attempts to sustain jobs, while others expressed frustration at the lack of fitting opportunities (n=4/11):

> *"I wish I could find something that fits me as an autistic person in my field."*

These findings point to a potential mismatch between some traditional work environments and the needs of some neurodivergent individuals.

Financial Life and Security

Financial life was described by participants as a significant influence on mental wellbeing, autonomy, and quality of life, with many articulating stress, limitations, and precarity in their current financial situations (n = 7/8). For several, financial insecurity was a source of anxiety and mental strain, especially in light of limited work hours or reliance on student support (n=4/8). One participant explained,

> *"Because I work very few hours, my financial situation can be really stressful… I don't currently make enough to have any significant savings, which causes me a lot of anxiety and strained mental health."*

Others described a deep desire for financial independence and stability, often framed as a pathway to security and flourishing (n= 3/8):

> *"I'd like to be far more financially independent than I am currently, and I'd love to have more ability to save and feel secure."*

Some participants reported living pay check to pay check or barely covering essentials, leading to **emotional distress** and a sense of exclusion (n= 3/8). One noted,

> *"I am rather poor, live pay check to pay check and it makes me unhappy that all my money is spent on essentials and nothing enjoyable,"*

while another shared,

> *"I barely have enough money for the things I need and it stresses me a lot... There's a possibility I need a treatment that costs $600–800... so it puts me in a situation of not being able to get things I want... but also the things I need."*

A minority of participants (n =2/8) expressed **a degree of acceptance or gratitude** despite limited means - still signifying value placed on autonomy, financial security and making ends meet, despite limitations. These participants reflected,

> *"Bills to pay! But it is what it is... I'm happy I have the money at all... I thought I would never have my own space. I am thankful for that at least."*

> *"What is important to me about financial situation is the fact that we are able to afford the little we can and I'm contented."*

These findings suggest that financial security is a critical—yet often unmet—component of flourishing for young autistic women. The tension between financial precarity and aspirations for independence highlights the need for more inclusive, accessible economic support systems that account for neurodivergent needs and barriers.

Mental and Physical Health

Mental health was described as a **critical and foundational domain** for participants, deeply tied to functioning, identity, and overall life satisfaction (n = 6/7). Several participants articulated **significant struggles with instability, burnout, or crisis cycles (n=6/7)**. One participant shared,

> *"My mental health is pretty unstable… I find myself in crisis mode way too often… It's not a sustainable cycle at all, but I haven't learned how to manage it yet."*

Others expressed **frustration with mental health services**, particularly when long-term engagement led to dismissal or neglect (n=2/7). These participants explained,

> *"They just ignore and dismiss me because I've been in the system for so long..."*

> *"I feel I have poor mental health. I take medications and see a psychologist but it doesn't help a lot."*

Themes of **emotional exhaustion and chronic burnout** were also common, especially among those trying to meet everyday demands (n=3/7). One wrote,

> *"I am beginning to suspect I will be in a perpetual state of burnout until I retire… It feels a bit bleak to type this, but it really is the truth of it."*

Burnout—across educational, occupational, and social domains—emerged as a prominent concern, further compounding both mental and physical health challenges.

A minority reported **positive or manageable mental health (n=1/7)**, with one participant stating,

> *"My mental health is important to me because it feels like the foundation of who I really am… And I'm satisfied with my mental health."*

These reflections suggest that for autistic young women, flourishing in the mental health domain is often compromised by systemic burnout, invalidation, and limited long-term support.

Participants' experiences of physical health varied widely, though many responses reflected **chronic health issues, pain, and limitations on daily life** (n = 4/7). Physical health was frequently described as **interconnected with mental health, identity, and the ability to engage in everyday activities**. Some participants explained the positive interconnection, including the mental significance and appreciation of their physical wellness and abilities (n=2/7):

> *"I think if I lost my ability to walk I would suffer a lot- I mean most people would, but, it would probably mess me up pretty badly."*

> *"I just feel it's important to be fit to enjoy the lifestyle I enjoy."*

These participants described **positive or meaningful relationship with their physical health** (n = 2/7). This included valuing mobility for sensory regulation and mental health benefits, or simply appreciating the ability to maintain daily functioning:

> *“I love getting out on a nature walk… balancing and practicing footwork tricks satisfies a tricky part of my sensory needs.”*
>
> *“My physical health is good and I have the ability to maintain my desired quality of life and self care.”*

However, more participants spoke in terms of physical and mental health being **negatively interconnected** (n=4/7). Chronic health issues were described as having a direct impact on emotional well-being, and vice versa. One participant explained:

> *“My physical health has a really big impact on my mental health… this has a domino effect, and impacts pretty much every aspect of my life – education, work, social, home…”*
>
> *"Being able to function normally can be difficult with all the challenges I've faced with my chronic illnesses, and my effort to sustain a normal functional daily life dwindles when I get sick - in turn causing my mental health to spiral, which often also makes the illness worse."*

Another highlighted the **chronic nature of their conditions**, describing how it limited participation and emotional wellbeing:

> *“I have several debilitating health conditions that are very life limiting, which is very upsetting and causes me to be unhappy.”*

One participant explained that specific women’s health issues play a role in this:

> *“Women’s health issues/other gastrointestinal issues means I’m often exhausted/in pain and therefore can’t be as active as I’d like to be.”*

Several participants voiced **frustration with the healthcare system**, noting difficulties in accessing diagnosis or support (n=2/7). One participant stated:

> *“My physical health has improved a lot but trying to get answers is difficult and expensive. I have a lot of physical health issues that aren’t dealt with because I find doctors hard to deal with.”*

Overall, the responses reveal that **physical health is a vital foundation for well-being and autonomy**, yet is often compromised by chronic conditions and healthcare inaccessibility. Positive views were present but less common, often linked to movement, independence, or sensory coping.

Identity

Many participants shared struggles with identity, often linked to masking and the pressure to conform to societal expectations (n=6/7). The effort to present as neurotypical was described as emotionally exhausting and identity-eroding (n=3/7). As one participant put it,

> *"I feel I have no sense of identity, I have no idea who I am or what I like."*

For others, identity was fluid and in flux (n=2/7), particularly in the context of youth and neurodivergence:

> *"My perception of my identity does fluctuate often... but also with my neurodivergent traits."*

Despite these difficulties, some participants expressed pride and comfort in embracing a neurodivergent identity (n=2/7). Receiving a diagnosis or adopting a neurodivergent label was experienced by some as affirming and empowering. One participant shared,

> *"Having... a label of neurodivergence has given me a sense of identity and comfort."*

These experiences suggest that for some, the process of identity formation is intertwined with self-acceptance and understanding of difference.

Spirituality, Religion & Existential Life

Participants described flourishing in terms of **emotional authenticity** and **existential contentment**, whether through scientific worldviews or religious values and community (n=5/6). For instance, some participants expressed their satisfaction with science-based worldviews and/or a lack of religion (n=4/6):

> *"I am not at all religious and have a very strong belief in science which I am very comfortable with."*
>
> *"I'm not religious or spiritual at all and I don't really have any interest in it"*.

Whereas others expressed the value they find in religion and spirituality (n=2/6):

> *“My religious and spiritual beliefs keeps me going and it's very important in my day to day life.”*

One participant spoke about the joys and strengths that church bring, and the tensions they have reconciling and comprehending some aspects of religion with their brain:

> *“Church and church-adjacent communities have always been important to me and have provided support for me, even if some spiritual aspects are hard to come to terms with in how my brain works.”*

Flourishing

Flourishing was described as a **deeply individualised** and **self-defined concept**, often diverging from traditional or societal expectations of success (n=8/8). Participants frequently found **meaning in small, everyday joys**—such as sensory experiences, creative hobbies, or special interests (n=5/8):

> *“I enjoy having leisure times when I could take time to reflect on myself.”*

> *“I like to write. I like to read. I like to draw... I do not speak well, so I have found other ways to get my ideas communicated…”*

> *“Making homemade arts and crafts.”*

> *“I like watching Friends! And reading and doing tapestry and horse riding.”*

Participants did not necessarily equate flourishing with outward achievement (n=5/8). One participant captured this sentiment by stating,

> *"I find joy and comfort in being in my own space, but for others, this can be seen as avoidant or isolationist behaviour."*

Participants frequently **rejected conventional measures of success**, such as career status, relationship milestones, or productivity, in favour of personally meaningful goals. These might include moments of **sensory joy, quiet reflection, or creative expression**.

> *"Stimming… just existing in a way that is satisfying to me. Sitting the way I want, wearing the things I want."*

> *"Taking joy in the small things – meeting a dog on a walk, seeing lambs in the fields, a nice sunny spot to relax in the sun."*

There was a strong sense that **external expectations often misread neurodivergent flourishing**, framing behaviours as avoidance or laziness when they were, in fact, self-preservation or joy-seeking. One participant shared,

> *"If I say I'm happy, then I'm happy. It is as simple as that."*

Many participants redefined flourishing not as "thriving in society's terms," but as surviving well in a world not built for them—emphasising sustainability over performance, and stability over ambition. The following key themes emerged: **Autonomy, authenticity, connection, well-being and security**.

Summary

Overall, these findings point to a deeply interconnected model of well-being in which domains such as identity, health, relationships, and autonomy are not experienced in isolation but instead dynamically shape each other. As the following Discussion chapter will explore, this multidimensional portrait challenges deficit-based models and calls for more holistic, flexible, and person-centred approaches to support, intervention, and policy.

Stage Two: Interview Findings – Thematic Analysis

Five overarching themes were developed from the interview data. See Table 14 for overview of themes and sub-themes.

Table 14

Overview of Themes and Sub-themes from Interviews

Themes	**Sub-themes**
Theme 1: Seeking Connection While Guarding the Self - The Push-Pull of Social Belonging	• Barriers to Connection: Miscommunication, Masking, and Misreading • Authenticity and the Safety of Neurodivergent Friendships • Digital Sanctuary — The Safety and Significance of Online Friendships • Solitude as Sanctuary, Not Deficit: Belonging on Different Terms
Theme 2: Intimacy as a Spectrum - Reimagining Norms, Negotiating Needs	• Challenges in Romantic Relationships: rejection, insecurity and stigma • Positives of Romantic Relationships: joy, safety and support • Mutual Support and Emotional Co-Regulation
Theme 3: Family as Framework and Fracture	• Negotiating Care, Control, and Autonomy • Emotional Support and Stability • Familial Tensions and Misunderstandings
Theme 4: The Hidden Cost of Coping - Chronic Burnout and Emotional Exhaustion	• Burnout as Systemic Injury, Not Personal Weakness - Landscape of Distress and Burnout’s Embodied Toll • Misattuned Mental Health Support; A Health System that Fails to See • Special Interests as Coping and Harm
Theme 5: Redefining a Life Worth Living - Authenticity, Solitude, and Small Joys (Flourishing on One’s Own Terms)	• Diagnosis as a Turning Point: Reclaiming the Self • Small Joys, Deep Meaning: Flourishing in Everyday Rituals • Solitude, Stillness, and Sensory Restoration; The Sacredness of Special Interests

Theme 1: Seeking Connection While Guarding the Self: The Push-Pull of Social Belonging

Social connection emerged as both **longed-for** and **fraught**—a domain of deep personal meaning complicated by **systemic exclusion** and **interpersonal misunderstandings**. Participants described an enduring desire for closeness, yet often encountered unseen walls in neurotypical social spaces. Their accounts reflected a continuous negotiation between the need for connection, the costs of misattunement, and the protective strategies they developed to navigate these tensions. Rather than merely lacking social skills or opportunities, participants described a complex negotiation between longing for connection and protecting oneself from social harm. This was shaped by past exclusion, rejection sensitivity, and the emotional labour of masking. Authentic relationships—especially with other neurodivergent individuals—offered rare moments of safety and resonance. This theme reframes connection-seeking not just as a social barrier issue, but as a balancing act between vulnerability and survival. Many participants walked a tightrope between craving connection and managing sensory overload, rejection trauma, and identity erosion. The need to guard the self shaped how, when, and with whom participants connected.

Barriers to Connection: Miscommunication, Masking, and Misreading.

Many participants described profound difficulties with forming and sustaining friendships across their lifespan. Social norms grounded in neurotypical expectations—such as small talk, emotional ambiguity, or spontaneous interaction—left them feeling rejected, misperceived, or chronically misaligned.

> *“Throughout my whole schooling life, I didn’t have any friends at all. I did want friends, but I just didn’t know how to make friends in the neurotypical kind of way.”* (Participant 6)

Some participants articulated the **invisible work of social masking**—constantly calibrating their tone, humour, or emotional expression to avoid being misunderstood:

> *“I cope with humour quite a lot, quite often self-deprecating humour… but I don’t let myself be very vulnerable.”* (Participant 5)

Even where friendships did exist, **uncertainty** loomed. Participants frequently expressed doubt about their social standing, unsure whether others saw them as close friends, acquaintances, or something in between.

> *“Sometimes a bit hard to gauge when someone's just being friendly or when someone's being a friend.”* (Participant 4)

These relational ambiguities were not neutral—they were emotionally taxing, reinforcing internalised fears of being “too much,” “not enough,” or simply unknowable.

Several participants described hyper-empathy—a tendency to emotionally absorb others’ distress to a debilitating degree. Rather than facilitating closeness, this emotional openness often led to overwhelm:

> *“I started to take on my friends' emotions, like, way, way too strongly… like I couldn't turn off empathy.”* (Participant 1)

This insight complicates prevailing narratives of autistic social detachment by revealing a rich emotional inner world that struggles to find safe outlets for expression.

Authenticity and the Safety of Neurodivergent Friendships.

Despite these barriers, participants emphasised the power of neurodivergent-to-neurodivergent connections. These relationships were described as emotionally affirming and communicatively aligned—often defined by directness, low-pressure interaction, and shared interests:

> *"Neurodivergent friends are always quite reassuring… they'll say 'I really want to hang out with you', and that means so much more."* (Participant 5)

Reflecting on the value of **low-pressure but genuine companionship**, one participant shared:

> *"If [my friends] are like, 'Let's go lay on the grass and eat lunch,' I'm like, 'Cool!'"* (Participant 3)

Simple, sensory-friendly interactions were not only accessible, but emotionally grounding—highlighting how autistic people may redefine social fulfilment through shared presence rather than intensity.

Further, participants preferred **structured, purposeful social contexts**—baking, crafting, or watching movies together—where expectations were clear and sensory input was manageable. These activities served as both connection and co-regulation.

> *"We'll bake cookies or brownies together... When it's a special time of year, like Valentine's or Halloween, we do feature film nights."* (Participant 6)

Within participants' reflections on friendship and social belonging, a recurring thread was the profound emotional weight carried by small, everyday gestures. For some, these micro-moments of connection served as the clearest indicators of **love, care, and mutual appreciation**—often more resonant than formal declarations or grand expressions.

> *"For me, love and friendship is stored in the small things. Like, you know, if you see a mug that has a funny slogan, that someone you know would laugh at, you send that to them… It's the small things when someone else is grateful or someone else is appreciative of you."* (Participant 4)

This framing positions relational care as an act of noticing and responding to another's sensibilities. The meaningfulness lies not in material exchange, but in recognising what might spark joy for someone else. Here, appreciation is relational rather than transactional—felt most deeply when spontaneously expressed in small acknowledgements.

Together, these quotes illustrate how autistic participants located connection and emotional safety in subtle, quiet moments. Rather than seeking constant social engagement, many found profound meaning in micro-acts of care, humour, and everyday togetherness.

Digital Sanctuary — The Safety and Significance of Online Friendships.

For some participants, online friendships provided a critical form of connection that was both emotionally meaningful and sensory-accessible. Unlike in-person interactions, which often required significant energy and could be unpredictable or overwhelming, online spaces allowed participants to socialise on their own terms—with time to regulate, compose responses, and engage in interest-based communities. These connections were not shallow substitutes for "real" relationships, but deep sources of validation, shared humour, and belonging.

> *"My online friends, I'm also kind of the social butterfly of that group, because I'm always the person who messages first."* (Participant 4)

Participants described the internet as a space where they could be proactive in communication without the pressure of immediate responses. The asynchronous nature of online communication seemed to **support neurodivergent social rhythms**, reducing anxiety around real-time interactions and allowing for mutual understanding around delayed replies.

> *"One of my [online] friends messaged me, like, six hours after I sent something, like 'Oh, I saw this and I forgot to reply. I'm so sorry. I feel really bad because you're the only person who ever messages me first.'"* (Participant 4)

Online connections **often emerged from shared passions**, such as pop music, and were later deepened through shared histories, emotional support, and even in-person meetings—bridging digital and offline life. These friendships, often initiated and sustained through messaging, provided a manageable and affirming form of social belonging.

> *"I just like messaging people. I get a little tired out by social interaction. But often I just need, like, a few hours or to recharge, or I need someone to try again tomorrow to see me."* (Participant 4)

Rather than a retreat from "real life," **online friendships offered a parallel form of intimacy**—one where autistic communication preferences could thrive, and where the risk of rejection or overwhelm was lessened. They functioned as both a buffer and a bridge: protecting participants from overstimulation while still providing a sense of connection, care, and community.

Solitude as Sanctuary, Not Deficit: Belonging on Different Terms.

While many yearned for connection, participants also described the necessity and comfort of intentional solitude. Time alone was often framed not as isolation, but as restorative space—a way to decompress, regulate, and reconnect with self. Importantly, preferences for solitude or socialisation varied, with several participants emphasising the need for autonomy in how and when they relate to others:

> *"I love being in the office around other people, but I also just enjoy being at home away from people."* (Participant 2)
>
> *"I prioritize spending time with a person over spending time alone… and I would struggle if somebody needed time alone."* (Participant 1)

This complexity resists binary framings of autistic people as either asocial or overly dependent. Instead, it highlights a **deeply individualised** rhythm of relating, shaped by capacity, context, and comfort.

Ultimately, participants reimagined connection on their own terms. What mattered was not conventional sociability, but mutual understanding, emotional safety, and freedom to be oneself without judgement. Social connection, when achieved in this form, became a powerful source of joy and stability—often more meaningful than relationships grounded in external performance or surface-level interactions.

> *"I always feel like I have to justify how I am to other people, and there isn't a break that I get from my own brain."* (Participant 5)

This theme powerfully reframes autistic social life not as a lack, but as a different orientation to belonging—one that prioritises resonance over volume, clarity over ambiguity, and care over convention.

Theme 2: Intimacy as a spectrum: Reimagining Norms, Negotiating Needs

Romantic relationships were not described as simply uniformly desired or avoided; instead as **emotionally complex spaces shaped by vulnerability, ambivalence, and a need for redefined norms**. Participants variously embraced aromantic/asexual identities, struggled with touch aversion, or experienced deep unmet longing. Intimacy was often redefined outside of neurotypical expectations, with emotional safety prioritised over romantic convention. Romantic relationships emerged as a domain marked by both **emotional vulnerability** and **deep significance**. For many participants, romantic connection was complex—offering comfort and acceptance on one hand, while also triggering anxiety, self-doubt, and fear of rejection on the other. Rather than treating romantic life as a discrete domain, participants' narratives reflected broader processes of self-understanding, communication, and mutual adaptation. Their accounts revealed not only barriers, but also carefully constructed, emotionally intelligent relationships grounded in authenticity, sensory safety, and reciprocal support. This theme explores how autistic women negotiate cultural scripts of intimacy that do not fit. For some, intimacy was reimagined through sensory safety, emotional attunement, or queerness; for others, it was avoided entirely—not out of lack, but conscious self-preservation or divergent identity.

Challenges in Romantic Relationships: rejection, insecurity and stigma*.*

A central sub-theme was the pervasive fear of rejection, which shaped how participants approached (or avoided) romantic contexts. Rejection sensitivity, often rooted in past negative experiences, created heightened emotional risk.

> *"I typically don't try to put myself out there because I am scared that I will get rejected… There was one experience in intermediate… a guy asked me out, and I don't know if it was a joke or not, but it seemed to me like a joke. And so it freaked me out."* (Participant 5)

These fears led to avoidance behaviours, such as masking romantic interest, or withholding vulnerability. Several participants reported a sense of being "on the outside" of normative romantic expectations, struggling to find partners who understood their communication styles or emotional needs.

> "*It's not necessarily that I'm sexless, I just have a lot of baggage… not suggesting that all autistic people are, like, asexual… when you're like me, and you know you're very 'on the outside,' it becomes hard to find people…*" (Participant 4)

> *"Yeah, I don't have a partner. Yeah, romance and stuff is a very difficult thing for me personally. So I kind of just, not necessarily intentionally avoid it, but I think subconsciously avoid it… I just try and avoid perceptions that I would like to date someone, because I'm worried about how that influences other people's perceptions of me, and I'm worried about rejection."* (Participant 5)

Insecurity and internalised stigma also emerged, particularly around self-worth and neurodivergent traits. This ambivalence was further shaped by internalised stigma, leading some to feel undeserving or “too much” for a relationship—particularly when their needs didn’t align with neurotypical expectations. Some participants described compensatory behaviours—such as using humour, sexual availability, or caretaking—as ways to feel accepted or adequate in relationships.

> *“I get quite self-conscious of my personality... I would try to overcome that by offering sex, which is terrible… It's more like insecurity that he'll get sick of me and leave.”* (Participant 1)

> *“Part of it is I need reassurance quite a lot. And verbal conversations around that... I don’t think is common for neurotypical people.”* (Participant 5)

A few participants expressed mistrust or disinterest in conventional romantic relationships, questioning societal assumptions and articulating alternative relationship ideals—such as parenting without partnership.

> *“I want kids, yeah, and I want to have a wedding, but like… I also don’t want to be in a relationship.”* (Participant 4)

Some participants actively redefined intimacy on their own terms. Aromantic, asexual, and solo-centric orientations were described not as limitations, but as **conscious affirmations of self-understanding**. Others questioned societal scripts that equated love with romantic partnership, envisioning futures rooted in autonomy, chosen family, or non-traditional bonds.

Positives of Romantic Relationships: joy, safety and support.

Despite these difficulties, romantic relationships were also described as a source of stability, joy, and emotional safety, particularly when partners were supportive and accepting of neurodivergent needs.

> *"He's very accepting of my 'Happy Hands,' he loves it, he thinks it's hilarious."* (Participant 6)

> *"It just brings a sense of content. Like there is somebody who wants to see me every day."* (Participant 1)

Participants consistently emphasised the importance of clear communication in making relationships work. In fact, several noted that their own communication styles improved the quality of romantic interactions. Far from the stereotype of autistic people lacking social skills, participants emphasised how their communication styles—often direct, literal, and emotionally transparent—enhanced relationship quality.

> *"The fact that I am so direct and so literal… has been a huge benefit."* (Participant 6)

> "*I'd very much rely on very direct, clear communication. I always preferred that… like, let's just talk about it*." (Participant 3)

These preferences for clarity and mutual checking-in allowed relationships to thrive, especially when partners met them with openness rather than frustration.

Mutual Support and Emotional Co-Regulation.

Where romantic relationships worked well, they were characterised by **reciprocal support, emotional co-regulation, and shared understanding**. Rather than focusing on independence or emotional minimalism, participants described intimacy as a collaborative space where needs were expressed and respected. In supportive relationships, both partners adapted to each other's needs, whether that meant building in more planning or compromising around social situations.

> "*Even though he doesn't like planning, he'll make sure there's enough of a plan so I'm comfortable*." (Participant 6)

> "*I would say he's more extroverted than I am. So sometimes we have an issue where I'm like, 'we need to go right now, my social battery is so low'... we'd just be, 'okay, well, let's go'. But also I very much care about him, so I would just stay there and just sleep in the next day and have time for myself the next day.*" (Participant 3)

These examples reflect **an ethic of care**—where partners supported one another not out of obligation, but with compassion and shared intention. Some spoke to the neurodivergent joy of parallel play, inside jokes, and shared routines that anchored the relationship.

> *"Everyone else hates it when I'm talking through a movie, but he also does that, so we really like to watch movies and talk through."* (Participant 6)

Some participants described neurodivergent-neurotypical dynamics, while others were in relationships where both partners were neurodivergent (e.g., autistic and ADHD). Mutual accommodation in these contexts often involved sensory negotiation, social pacing, or simply being understood without needing to mask. One participant described the supportive nature of their relationship across neurotypes - with her being autistic, and her partner having ADHD.

> *"He's very accepting of me, and I love how he goes on absolute tangents in our conversations. We've had like, most interesting conversations, because his brain is just, like, everywhere, and it's hilarious."* (Participant 6)

These accommodations were not just tolerated but valued—seen as part of a collaborative, respectful relationship dynamic. **Acts of care**—reminders to eat, shared routines, space to decompress—were seen as emotional scaffolding that allowed each partner to flourish.

> *"If my partner texts during the day 'have lunch,' then I have lunch."* (Participant 6)

Taken together, these accounts suggest that romantic relationships are not less meaningful or less desired among autistic individuals—but that neurotypical dating norms often fail to accommodate their needs. The participants' experiences speak to the emotional intensity, effort, and vulnerability involved in maintaining romantic connections, as well as the unique ways that love and intimacy are expressed and experienced in neurodivergent contexts.

Theme 3: Family as Framework and Fracture: Negotiating Care, Control, and Autonomy

Participants experienced family life as both grounding and destabilising. Some families offered crucial understanding and stability; others imposed gendered expectations, misunderstanding of autism, or unintentional harm. Familial acceptance—or the lack thereof—shaped participants' sense of worth, independence, and emotional regulation. Participants described family as a foundational life domain, offering both emotional security and, at times, considerable interpersonal stress. These dual experiences positioned family as a space of deep emotional importance but also one where neurodivergent needs were not always well understood or accommodated. This theme centres the dual nature of family: as a site of both belonging and erasure. Participants' wellbeing was deeply tied to how their families interpreted their autism—whether with care, control, or conditional love. Family life shaped self-acceptance, mental health, and access to autonomy.

Emotional Support and Stability.

For many participants, family life provided a consistent and reliable source of love, comfort, and belonging. Living at home, particularly in supportive environments, was described as emotionally grounding.

> *"The support and unconditional love I get from my family makes me feel fulfilled."* (Participant 4)
>
> *"having [my] interests has also brought me a lot closer with my dad than I might have been if I was like the same but neurotypical."* (Participant 4)
>
> *"My whanau kind of finds my autistic behaviors quite cute, so that actually positively impacts my relationship with them."* (Participant 4)
>
> *"I do have a really good family - immediate and extended family on both sides of my parents - and I do have access to things my family can support me financially if I need it."* (Participant 5)
>
> *"having Christmas with my family is always quite joyful."* (Participant 5)

> *"It's a lot easier to experience joy with, like, my mom, because she knows me quite a lot more and that relationship is a lot closer."* (Participant 5)

These accounts were echoed in the quantitative findings, where family life emerged as the highest-rated domain for happiness across participants. Interviewees frequently expressed gratitude for family members who accepted them without judgement and created emotionally safe spaces where they could express themselves freely.

Familial Tensions and Misunderstandings.

However, family life was not universally positive. Several participants described fragmented family dynamics, with certain family members offering strong support while others were dismissive or invalidating. Tensions often stemmed from a lack of understanding around autism or differences in communication and emotional regulation styles.

> "*Even like my mom, like, I was talking about getting some, like, disability support, and my mom was like, 'You're not disabled.' And I was like, 'disabled is not bad!' and so she apologized and stuff.*" (Participant 1)

> "*It was really difficult because of the backlash from my parents. My dad was very much like, 'This is going to ruin your life,' and then when I did do it and I got the diagnosis, he's like, 'Don't tell anyone.'*" (Participant 6)

In some households, multiple neurodivergent individuals living together led to increased stress due to competing needs and difficulty maintaining harmonious relationships.

> “*We spend a lot of time arguing, especially now that my dad is unwell. Four neurodivergent people forced into sharing space doesn't always work well*.” (Participant 5)

> "*When I think of my family, they're very much like, if it's bad, then it's all bad, and if it's good, it's all good. And like my sister, she has a developmental delay and autism and ADHD, and very, very severe. But when the whole when one thing was bad, the whole house paid for it, you know?*" (Participant 3)

These reflections highlight how family can simultaneously act as a protective and triggering environment, depending on the availability of empathy, understanding, and emotional space. For some, the family environment was also described as a site of identity negotiation, where masking or self-censorship became necessary to preserve peace or avoid conflict. Participants spoke of having to explain or justify their behaviours, often without feeling genuinely seen or understood. This internal conflict intensified during the transition to adulthood, as participants sought greater independence while still relying on their families for housing, financial security, or emotional support. The push-pull of dependence versus autonomy shaped how they navigated their role within the family system.

Theme 4: The Hidden Cost of Coping: Chronic Burnout and Emotional Exhaustion

Across interviews, participants described living in a constant state of emotional and physical depletion—what some referred to as being "forever tired." Burnout was not episodic or occasional, but a chronic condition shaped by a lifetime of masking, unmet support needs, internalised pressure, and the strain of navigating systems that were not designed with autistic people in mind. This theme explores how mental health challenges, burnout, and emotional exhaustion were experienced as both deeply embodied and structurally reinforced.

Burnout as Systemic Injury, Not Personal Weakness: landscape of distress and Burnout's Embodied Toll.

Burnout was rarely described as simple tiredness or stress. Instead, it was experienced as a profound collapse in functioning—affecting cognition, emotion, motivation, and self-care. Participants spoke of this not as a failure to cope, but as the inevitable result of being required to constantly "perform" neurotypicality.

> "*I fear that unless I drop my hours, I will just be a bit mentally unwell forever.*" (Participant 5)

> "*I've tried a few times to work but never coped more than a few shifts, and it took such a toll on me I've become very avoidant of working*." (Participant 6)

This kind of burnout aligns with emerging literature on autistic burnout—characterised by exhaustion, loss of previously manageable skills, and heightened sensory sensitivity (Raymaker et al., 2020). Yet participants noted that their exhaustion was often invisible to others or misinterpreted by clinicians due to high-functioning labels or masking behaviours.

> "*I get burnt out, and probably just have to go home or be sick or something, because it is like physical sickness if I was quite burnt out*." (Participant 1)

Participants shared complex mental health histories, including long-standing experiences of anxiety, depression, OCD, eating disorders, and mood instability. These often began in childhood and adolescence and were closely tied to experiences of bullying, exclusion, and feeling fundamentally "different."

> "*I think my anxiety and depression stemmed from a lot of bullying in primary and intermediate*." (Participant 5)

> "*It started as depression and social anxiety, and it escalated into an eating disorder*." (Participant 2)

High internal standards, perfectionism, and rejection sensitivity intensified emotional exhaustion. Many described self-imposed expectations as a form of survival—trying to prove their worth or avoid failure in systems that already felt unforgiving.

> *"I've always held myself to this incredibly high standard, like here's the standard [holds hand up] and here's where I need to be [holds other hand higher]."* (Participant 3)

> *"I think it's more internalised… I just hold myself to those high standards."* (Participant 4)

This emotional labour was rarely visible to others, compounding feelings of isolation and shame. As one participant summarised:

> "*There isn't a break that I get from my own brain*." (Participant 5)

Burnout extended beyond mental exhaustion—it was lived through the body. Participants described forgetfulness, executive dysfunction, pain, and gastrointestinal symptoms. Even basic acts of self-care like eating, showering, or shopping could become overwhelming.

> "*Sometimes I'll be just staring at the wall for like, an hour, before I can move*." (Participant 6)

> "*I hate having a shower, I just hate it so much. So I use wet wipes to clean myself."* (Participant 6)

> *"I'm very sensory-sensitive. So I get really overwhelmed really quickly by all of the stuff in the supermarket*." (Participant 6)

These moments reflect more than tiredness—they illustrate how burnout fractures the ability to engage with daily life. The burden of managing sensory input, food, routines, and tasks while emotionally depleted was deeply isolating and frequently unnoticed by others.

For several participants, emotional distress was processed and recognised primarily through the body. Alexithymia—the difficulty in identifying and describing emotional states—was commonly referenced, with physical symptoms often acting as the first (or only) sign that something was wrong.

> "*Sometimes it takes a physical symptom before you actually notice… The only way I would know I'm upset is if I have, like, a physical symptom of anxiety, like red cheeks. So yeah, usually I wouldn't know how I'm feeling*." (Participant 1)

This reliance on somatic cues to interpret emotional states highlights a critical, often overlooked dimension of autistic mental health: the central role of the body in affect regulation and self-awareness. Participants described how emotional overload and unrecognised stress manifested through conditions such as Irritable Bowel Syndrome (IBS), fatigue, nausea, and faintness.

> "*I definitely noticed that [IBS] is heightened in high stress*." (Participant 2)

> "*Whilst I don't necessarily feel hunger, it still affects my body. Like, I do start to faint and stuff, and it is a worry about that as well.*" (Participant 6)

Rather than discrete issues, physical health and emotional health were experienced as deeply interwoven. Chronic stress worsened physical symptoms, and physical depletion often triggered spirals of emotional withdrawal. This embodied distress was often invisible to others and difficult to explain in clinical settings—especially when participants lacked the emotional vocabulary to clearly articulate what was happening internally.

> "*My physical health has a really big impact on my mental health*." (Participant 3)

These accounts affirm the need for integrated, neurodivergent-affirming models of care that do not separate mind and body. In the absence of appropriate recognition, embodied burnout risks being dismissed as psychosomatic, malingering, or noncompliance—when it is in fact a core manifestation of autistic distress.

Misattuned Mental Health Support.

Many participants described being misunderstood or dismissed by healthcare professionals. Some spent years in therapy before receiving an accurate autism diagnosis. Others noted that conventional therapeutic approaches failed to resonate, particularly when they were not adapted to autistic communication and processing styles.

> *"I've been diagnosed with generalised anxiety disorder, and a lot of therapy didn't really do anything or make sense to me because it wasn't in a highly practical way."* (Participant 3)

> *"Even if we're doing CBT… I actually need to, like, play out how that would work. I can't just talk about it."* (Participant 3)

Delays in diagnosis, misdiagnosis, and lack of neuro-affirming care left many participants without meaningful support—leading some to self-manage distressing symptoms or disengage entirely from mental health services.

> *"I started seeing a psychologist when I was 14. And it took eight years to be officially diagnosed."* (Participant 2)

> *"I ended up in the public mental health system… then they finally said, like, nothing's changing, I have to look for something else."* (Participant 1)

A Health System that Fails to See.

Finally, participants highlighted a systemic failure to provide effective, accessible, and affirming care. Services often misunderstood or pathologised autistic experiences, contributing to feelings of erasure and abandonment.

> *"Doctors and healthcare providers are hard to deal with, contributing to unresolved health issues."* (Participant 4)

This theme reveals that autistic burnout is not only psychological—it is social, physical, and political. It emerges from chronic invalidation, inaccessibility, and the unrelenting demand to conform. Recovery, for many, was not about learning to cope better—but about being better understood, accommodated, and supported in the first place.

Special Interests as Coping and Harm.

For a few participants, distress manifested in intense, fixated behaviours — particularly around self-harm or disordered eating — that mirrored the structure of special interests. Reframing these behaviours as autistic coping strategies rather than moral failings was described as a turning point in recovery.

> *"When it was pointed out to me that self-harm was potentially a special interest, I was able to… eventually stop."* (Participant 1)
>
> *"Looking back now, [the eating disorder] was definitely like a special interest, hyper-focus kind of thing."* (Participant 2)

These accounts complicate normative understandings of self-injury or compulsions, revealing how autistic cognition and affect regulation can shape expressions of distress in unique ways.

Theme 5: Redefining a Life Worth Living: Authenticity, Solitude, and Small Joys (Flourishing on One's Own Terms)

Across participant narratives, flourishing was not framed by dominant cultural ideals of success—such as productivity, extroversion, or social milestones—but by a quiet, often solitary, sense of peace and self-acceptance. For these autistic women, flourishing meant living according to one's own values, pacing, and preferences—often in deliberate contrast to externally imposed norms.

Diagnosis as a Turning Point: Reclaiming the Self.

Diagnosis emerged as a key turning point for many, enabling a reorientation away from masking and towards greater self-understanding, self-compassion, and existential coherence.

> *"I think it's a joy thing, just purely because I was able to understand why I'm like I am, and why I always felt so different from such a young age."* (Participant 2)

> *"It gave me a lot more flexibility, and kind of allowed me to give myself some grace with things."* (Participant 1)

Participants described how diagnosis catalysed a reorientation from masking and shame toward authenticity and grace. It marks the narrative moment where flourishing becomes thinkable.

Small Joys, Deep Meaning: Flourishing in Everyday Rituals.

The concept of flourishing took diverse and deeply personal forms. For some, it was found in daily rituals - tea in the morning, time alone, or looking out a window in stillness. For others, it was the freedom to collect tiny toys, immerse in music, or ride horses across open hills. These acts were not trivial, but acts of existential grounding and sensory restoration. Far from childish or niche, they formed the scaffolding of a life that felt bearable, meaningful—even joyful.

> *"I collect Sylvanian Families, specifically the baby ones. They're cute and tiny, and it just makes me happy."* (Participant 1)

These small, simple moments of joy were often described in terms of the resulting pleasant physical feelings.

> *"Contentment... It's like, when I feel a heavier feeling in my chest, but it's like a good heavy… and I just feel like 'Mmmhmm', and like still, but not heavy. Slow still, good still, and safe."* (Participant 6)

This sub-theme captures the centrality of daily sensory rituals, small acts of care, and non-performative joy. It reframes solitude and repetitive routines as grounding, not pathological.

Solitude, Stillness, and Sensory Restoration.

Rather than striving for perpetual happiness, participants emphasised contentment, existential balance, and resilience. Flourishing, here, meant knowing one's limits, recovering from burnout, and cultivating routines that allowed emotional regulation without performance. There was also a profound attunement to nature and solitude—where being alone was not isolation, but restoration.

> *"I love being outdoors… just being on my own in remote New Zealand with no other people around… I feel really safe outside on my own."* (Participant 2)
>
> *"I spend more time with myself… I'm just sitting and looking outside, drinking my tea, and just spending time with myself, and that's really important for me."* (Participant 6)

This sub-theme connects solitude, slowness, and nature to emotional regulation and safety. Being alone is not always loneliness, but can instead be refuge.

The Sacredness of Special Interests.

Crucially, special interests were a powerful source of identity, stability, and emotional nourishment. These were more than hobbies—they were lifelines. Whether collecting Sylvanian

Families, cataloguing historical religions, or learning every Christchurch bus route, these passions were described as deeply regulating and validating.

> *"My brain is so happy when I'm doing that. I love researching horses and getting all of the information and organizing it. I color-coded it and made an index and, oh, it makes my brain so happy."* (Participant 6)

> *"Psychology is a special interest. I already knew most of the stuff in my lectures because I've already done it all myself."* (Participant 1)

Still, participants often navigated social stigma or internalised shame around these joys. Gendered and infantilising stereotypes about autistic special interests led some to self-censor or avoid disclosure. Even joy, it seems, had to be protected.

> *"I don't like talking about it sometimes, because it's not socially acceptable."* (Participant 4)

> *"I feel self-conscious that I spend my money on things like tiny toys, but they make me feel secure."* (Participant 1)

For many, receiving an autism diagnosis helped reframe these previously misunderstood parts of themselves. It allowed participants to reinterpret past distress not as personal failure, but as a mismatch between internal needs and external pressures. This reframing offered both practical and existential relief.

> *"It really helped me a lot to change my perspective from 'I'm depressed, and I don't know why' to 'actually, this is like a long-term effect of being burnt out.'"* (Participant 1)

> *"Since my diagnosis, I've been more in tune with myself… I feel like more connected to myself."* (Participant 6)

Finally, flourishing was conceptualised as a deeply relational act—not necessarily through traditional markers like dating or career success, but through small, meaningful acts of care, altruism, and mutuality. Some participants spoke about wanting to build intentional communities or finding meaning in educating others about neurodiversity. Flourishing, in this sense, became a quiet resistance to individualism and a reclamation of joy on one's own terms.

> *"I like feeling like I made someone's day a bit better."* (Participant 4)

> *"I feel like it has given me some more purpose in my life in terms of educating others."* (Participant 1)

Taken together, these narratives challenge dominant definitions of flourishing and assert alternative, neurodivergent-authored ways of being well. Rather than striving for conventional success or constant happiness, participants cultivated lives grounded in authenticity, small rituals, and existential clarity. Flourishing was experienced not in the absence of difficulty, but in the presence of meaning, self-knowledge, and sensory alignment. By reclaiming joy on their own terms—through connection to nature, creative passions, moments of stillness, or special interests—participants crafted lives that honoured their rhythms and needs. In doing so, they not only redefined what a life worth living looks like, but who gets to define it in the first place.

Concluding Reflection on Interview Findings

Together, these five themes paint a multidimensional portrait of autistic women and gender-diverse participants navigating life in Aotearoa New Zealand. Their narratives reveal not only the barriers they face—such as burnout, social exclusion, and systemic inaccessibility—but also the strategies, preferences, and values that support their well-being. Importantly, this thematic analysis challenges deficit-based narratives by foregrounding the participants' own definitions of success, health, and connection. These themes illuminate a deeper truth: flourishing is not a universal formula, but a contextual, relational, and self-defined process.

What supports one's well-being cannot be separated from systems of care, power, and recognition—or from the right to live in alignment with one's own rhythm. Across every domain, participants resisted pathologising frames and asserted a vision of well-being grounded in authenticity, safety, and interdependence. Their stories make visible the cost of being unseen—but also the strength of reclaiming one's narrative. These findings demand a shift toward more flexible, strength-based, and structurally aware approaches to supporting autistic people—not only as individuals navigating difficulty, but as agents of meaning, creativity, and joy on their own terms.

The following discussion chapter will synthesise these insights with the survey findings, theoretical frameworks, and existing literature, to explore their implications for practice, policy, and future research.

Chapter Five - Discussion

This chapter critically synthesizes the findings of this mixed-methods research, drawing together survey and interview data to examine how autistic women and gender-diverse individuals aged 18–24 in Aotearoa New Zealand define and experience flourishing. The aim of this discussion is to interpret the research findings in light of the original research questions, connect them to existing theoretical frameworks and literature, and consider their broader implications for psychological theory, social policy, inclusive practice, and future research directions.

The study was guided by the following overarching research questions:

1. How do autistic women and gender-diverse individuals aged 18–24 in Aotearoa New Zealand conceptualise and experience flourishing?
2. What life domains contribute most significantly to their flourishing, and what barriers or facilitators influence these experiences?
3. How do autistic individuals define flourishing in their own terms, and how does this relate to dominant cultural or clinical models of flourishing?

These questions reflect a shift from deficit-focused narratives common in autism research, towards a more person-centred, strengths-based, and contextually grounded understanding of autistic flourishing.

Overview of Major Themes

The findings are organised into five interconnected themes, each reflecting a key aspect of autistic well-being as described by participants (See Table 14 for subthemes).

- Theme 1: Seeking Connection While Guarding the Self - The Push-Pull of Social Belonging
- Theme 2: Intimacy as a Spectrum - Reimagining Norms, Negotiating Needs
- Theme 3: Family as Framework and Fracture
- Theme 4: The Hidden Cost of Coping - Chronic Burnout and Emotional Exhaustion
- Theme 5: Redefining a Life Worth Living - Authenticity, Solitude, and Small Joys (Flourishing on One's Own Terms)

These themes illustrate not only the challenges faced but also the diverse and deeply personal ways in which joy, contentment, and flourishing are experienced. Importantly, participants' insights challenge linear or compartmentalised models of well-being—such as Maslow's hierarchy—highlighting instead a more dynamic and relational understanding of what it means to thrive. These themes are not isolated but deeply interconnected. For instance, achieving authenticity often required safe relationships and environments; stability was necessary for managing mental and physical health; and definitions of flourishing were shaped by identity, autonomy, and social inclusion.

The remainder of this chapter is structured to explore these five thematic areas in greater detail. Each theme is examined in an integrated format, drawing on data from both the survey and interviews, and interpreted through relevant theoretical frameworks, including:

- **The Neurodiversity Paradigm** (Walker, 2021)
- **Critical Disability Theory** (Shakespeare, 2013; Goodley, 2016)
- **Self-Determination Theory** (Deci & Ryan, 2000)
- **Positive Psychology and Flourishing Models** (Seligman, 2011; Waterman, 2007)

Following the thematic discussion, the chapter moves into a broader theoretical interpretation of the findings, considering how they challenge or extend dominant models of flourishing. This is followed by a discussion of implications for research, clinical practice, and public policy, with particular emphasis on participatory and strengths-based approaches. Finally, the chapter concludes with an acknowledgment of the study's limitations and suggestions for future research. In doing so, it aims to contribute to the growing body of neurodiversity-affirming research that foregrounds the voices of autistic individuals and redefines what it means to live well.

Theme 1: Seeking Connection While Guarding the Self – The Push-Pull of Social Belonging

This theme explored the complex social worlds of autistic young women and gender-diverse individuals, capturing a tension between the longing for connection and the protective need for solitude or self-boundaries. Survey data revealed that while social life was frequently rated as important to overall well-being, it was also one of the domains with high dissatisfaction and a large gap between importance and happiness. Interview participants elaborated on this ambivalence, describing a lifetime of miscommunication, rejection sensitivity, and masking. However, they also shared how affirming friendships—particularly with other neurodivergent people, and sometimes formed online—offered rare spaces of safety, authenticity, and joy.

These findings align with Milton's (2012) Double Empathy Problem, which reframes communication breakdowns not as autistic deficits, but as mutual misunderstandings between autistic and non-autistic people. From a Critical Disability Studies perspective, many social difficulties were not intrinsic impairments but reflections of inaccessible social norms and expectations that marginalised neurodivergent relational styles.

Participants often described social spaces as emotionally risky and energetically costly. Miscommunications—such as struggling to read social cues or being misunderstood for directness or intensity—led many to feel chronically out of sync with neurotypical peers. This was compounded by the labour of masking: suppressing stims, scripting interactions, or mirroring others to avoid rejection. These social efforts, while protective, frequently led to self-doubt and exhaustion. Several participants described never quite knowing "where they stood" in friendships or feeling unsure whether others perceived them as close or peripheral. This aligns with research by Cage et al. (2018a, 2018b), which found that social anxiety and low social self-concept were strongly associated with camouflaging and relational ambiguity among autistic women.

Despite these barriers, many participants found significant comfort in friendships with other neurodivergent people. These connections were often marked by direct communication, emotional reciprocity, shared routines, and low-pressure companionship. These relationships did not require masking, which made them emotionally sustainable and deeply affirming. This aligns with research by Crompton et al. (2020), which showed that autistic-to-autistic social interactions often have greater mutual understanding, lower anxiety, and increased emotional clarity. Our participants echoed this, describing their closest friendships as “safe spaces” where they could show up fully as themselves without fear of judgment.

For many, digital platforms enabled connection on their own terms—allowing more time to respond, fewer sensory inputs, and the ability to connect over shared interests. Participants reported that online friendships often offered more emotional safety than in-person socialising, and several shared that these connections became long-term and meaningful. This resonates with broader findings in neurodivergent well-being research, where online spaces can function as social bridges rather than barriers (Ringland, 2019). Rather than being seen as social avoidance, these spaces should be validated as legitimate sites of connection and community that support well-being. Ringland (2019) explores how autistic youth use online platforms such as Minecraft as safe, flexible spaces to interact socially. They highlight how these environments provide reduced sensory demand, control over interaction pace, and access to meaningful connections based on shared interests.

Importantly, solitude was not framed as social failure. Several participants described intentional solitude as restful, grounding, and emotionally protective—especially after navigating overwhelming social contexts. For these individuals, belonging did not necessarily require constant social engagement; instead, it was about relational autonomy and emotional clarity. From a neurodiversity-affirming perspective, these accounts challenge dominant notions that equate flourishing with extroversion or constant sociability (den Houting, 2019). Instead, they highlight that well-being for autistic people often depends on being able to choose when, how, and with whom to connect.

Theoretical Integration and Implications

The findings in this theme support the Double Empathy Problem (Milton, 2012) and point to the need for relational environments that do not demand conformity to neurotypical norms. Critical Disability Studies (Goodley, 2016; Shakespeare, 2013) reframes the social “deficits” commonly ascribed to autism as context-dependent barriers. Our participants flourished not in the absence of social engagement, but in the presence of authenticity, consent, and mutuality.Relevant recommendations include:

- Designing social programs that prioritise low-pressure, interest-based, and autistic-led spaces.
- Rethinking clinical social skills interventions that may promote masking over authentic connection.
- Promoting access to digital and hybrid connection platforms that honour neurodivergent communication preferences.

Implications for Understanding and Experiencing Flourishing:

This theme reveals that flourishing, for many autistic participants, was not defined by the presence of frequent or broad social interaction, but by the **quality, safety, and autonomy** of their relationships. Rather than conforming to neurotypical ideals of sociability—such as large friend groups or constant availability—participants described flourishing as the ability to **connect on their own terms**, with people who truly "got" them.

For some, this meant a few close friendships marked by emotional authenticity and low-pressure interaction. For others, it meant the freedom to spend time alone without stigma or misinterpretation. Importantly, many found profound emotional nourishment in online friendships, interest-based communities, or shared rituals with neurodivergent peers—forms of connection often undervalued in traditional well-being frameworks.

The push-pull dynamic described by participants—between the desire for closeness and the need for boundaries—highlights that **flourishing includes the right to protect one's energy, emotional safety, and sensory needs**. Autistic flourishing, in this context, was often about **relational agency**: the ability to choose who to spend time with, how much, and in what manner.

In sum, this theme expands dominant definitions of flourishing by:

- Validating solitude as sanctuary, not social failure
- Recognising micro-connections, online intimacy, and neurodivergent friendship dynamics as legitimate and meaningful
- Emphasising that connection must be safe, attuned, and consent-based to support autistic well-being

Flourishing, then, is not about overcoming autistic social traits—it's about creating environments and relationships where those traits are seen, respected, and supported.

Theme 2: Intimacy as a Spectrum – Reimagining Norms, Negotiating Needs

For many participants, intimacy—particularly in romantic and sexual contexts—was a domain of both deep significance and profound complexity. While some described supportive relationships that fostered growth and safety, others expressed ambivalence, anxiety, or outright disinterest in conventional romantic life. Experiences of rejection, sensory aversion, or internalised stigma often shaped how intimacy was approached or avoided. Importantly, several participants redefined intimacy altogether—finding connection through mutual care, shared rituals, or parallel play.

These diverse experiences challenge neurotypical assumptions that equate well-being with romantic or sexual achievement. They also speak to the need for inclusive models of intimacy that validate autistic expressions of connection. Drawing on Self-Determination Theory (Deci & Ryan, 2000), participants' reflections reveal that the ability to negotiate intimacy on one's own terms—without pressure or performance—was a key marker of well-being. From a Critical Disability Studies and Neurodiversity Paradigm perspective (Walker, 2021; Goodley, 2016), intimacy is reimagined not as a normative milestone, but as a dynamic and self-authored process.

Several participants described a pervasive fear of rejection and insecurity around their desirability or "lovability." This was often rooted in past experiences of bullying, miscommunication, or exclusion. For some, past attempts at dating were fraught with sensory overwhelm or traumatic misunderstandings, leading to avoidance and self-protection. Others described a sense of being "on the outside" of cultural scripts about dating and attraction—especially those who identified as asexual, aromantic, or queer. These narratives highlight how dominant frameworks of intimacy may alienate autistic individuals whose needs and rhythms do not align with conventional expectations. This reflects findings by Botha and Frost (2018) on minority stress, wherein autistic people—particularly women and LGBTQ+ individuals—experience compounded stigma in relational contexts. It also aligns with broader work on rejection sensitivity and trauma among autistic youth (Cage et al., 2018a, 2018b).

Despite these challenges, many participants shared stories of fulfilling romantic relationships—often characterised by emotional safety, clear communication, and mutual accommodation. Several highlighted the value of directness, routines, and shared rituals as anchors for connection. In contrast to stereotypes that cast autistic people as uninterested in intimacy, these accounts revealed rich and emotionally attuned partnerships.

In supportive relationships, participants were often able to unmask, express needs openly, and co-regulate through shared activities or quiet companionship. The benefits of literal, emotionally transparent communication were frequently emphasised: "It helps that I say what I mean, and he appreciates that," one participant explained. These narratives underscore the strengths autistic individuals may bring to relationships—particularly in terms of loyalty, care, and emotional presence. When met with understanding rather than pathologisation, intimacy became a powerful site of connection and flourishing.

A prominent theme across interviews was the idea of intimacy as mutual scaffolding. Several participants described relationships where emotional regulation was a shared task: texting reminders to eat, leaving social events together, or planning around sensory needs. These acts were framed not as burdens, but as expressions of care and interdependence. This resonates with relational models of well-being that move beyond individualism toward co-regulation and shared meaning (Waterman, 2007). In neurodivergent relationships especially, this interdependence was not seen as a deficit but as a strength—creating a framework for reciprocal support rooted in respect for difference.

Notably, participants described intimacy not only in romantic partnerships, but in friendships, chosen family, and everyday moments of closeness. For some, joy was found in watching a TV show while stimming together, exchanging inside jokes, or simply existing in comfortable proximity. These examples resist the narrow framing of intimacy as inherently romantic or sexual.

Theoretical Framing and Implications

The diversity of intimate experiences shared by participants aligns with the Neurodiversity Paradigm's assertion that there is no single "right" way to relate, love, or connect (Walker, 2021). For many, flourishing in the domain of intimacy required redefining what intimacy could look like—based on autonomy, consent, and mutual understanding rather than cultural scripts.

These findings also challenge the implicit ableism in many well-being models that treat romantic partnership as a universal developmental goal. As one participant put it: "I want closeness, not necessarily romance." Theoretical models like Self-Determination Theory (Deci & Ryan, 2000) help explain why freedom from normative pressure—alongside emotional safety—was key to participants' sense of flourishing.

Relevant recommendations include:

- The need for sex and relationships education that includes autistic experiences, diverse orientations, sensory considerations, and affirming communication strategies.

- A broader societal shift toward recognising non-normative forms of intimacy, including platonic partnerships, queer-platonic dynamics, and neurodivergent co-regulation.
- Clinical and peer supports that validate identity exploration, emotional needs, and relational diversity—without assuming romantic aspiration.

Implications for Understanding and Experiencing Flourishing:

Participants' experiences of intimacy challenge dominant models of flourishing that emphasise romantic milestones, sexual desirability, or normative partnership structures as universal indicators of well-being. For many, flourishing in the intimate domain was not about achieving culturally sanctioned relationship goals, but about:

- Feeling emotionally safe in connection
- Having agency to define intimacy on their own terms
- Being understood and accepted without masking
- Engaging in mutual support and sensory-aligned connection

Some participants found joy and fulfilment in committed romantic partnerships, while others flourished through platonic intimacy, chosen family, or complete autonomy from romantic expectations. Crucially, many expressed that freedom from pressure to conform—to neurotypical timelines, relationship styles, or sexual norms—was a prerequisite for well-being, not a deviation from it.

This theme expands the definition of flourishing to include:

- Queer, asexual, and aromantic experiences of connection
- Non-verbal and sensory forms of intimacy
- Reframing solitude and emotional co-regulation as valid relational outcomes

In doing so, participants redefined intimacy not as a linear path toward partnership, but as a contextual, reciprocal, and deeply personal expression of flourishing. Their accounts resist one-size-fits-all models and affirm the importance of self-directed, neurodivergent-authored visions of a life well lived.

Theme 3: Family as Framework and Fracture

Family emerged as a central—but often contradictory—domain in participants' lives. For many, family relationships were a vital source of emotional support, stability, and belonging. Others described deep tension, misattunement, or harm—particularly where neurodivergence was misunderstood or dismissed. Even within supportive families, dynamics were often complicated by co-occurring needs, generational gaps in understanding, or conflicting expectations around independence, identity, or care. Survey data reflected this complexity. While family life had one of the highest average happiness scores, qualitative responses highlighted the variability of experiences. Interview participants brought further depth to this, describing how family shaped their self-concept, autonomy, emotional regulation, and experience of identity development.

These narratives reinforce the central role of **relational context** in shaping autistic well-being. From a Critical Disability Studies perspective (Goodley, 2016; Shakespeare, 2013), these accounts illustrate that flourishing is not simply an individual pursuit—it is relational, contingent on **recognition, validation, and support** within systems of care. The Neurodiversity Paradigm

(Walker, 2021) further challenges the framing of autistic difference as deficit, instead highlighting how environments—including families—can either affirm or undermine one's identity and well-being.

Several participants described tension between receiving care and asserting autonomy. This was especially evident for those still living at home or financially dependent on parents. While some felt empowered by their family's support, others experienced this dependence as infantilising or limiting—particularly when parents made decisions without consulting them, dismissed neurodivergent needs, or expressed concern in controlling ways. This reflects broader systemic issues around the transition to adulthood for disabled and neurodivergent youth. As Cridland et al. (2014) note, families can play a crucial protective role, but may also struggle to navigate the balance between support and independence—particularly when mainstream adulthood milestones (e.g., moving out, full-time employment) are difficult to achieve. Participants emphasised that flourishing required not only emotional closeness, but **respect for autonomy**. Being treated as capable—even while needing support—was described as emotionally liberating and key to well-being.

For many, family life was described as a stabilising force. Participants credited parents, siblings, and grandparents with emotional grounding, co-regulation, and advocacy. These relationships often enabled recovery from burnout, buffered social stressors, or facilitated access to healthcare and diagnosis. Importantly, these positive dynamics often rested on a foundation of **mutual understanding** and willingness to learn. Family members who took time to understand autism and respect boundaries were consistently described as life-enhancing. These findings align with research showing that family acceptance—particularly around disability and identity—can significantly improve mental health and reduce distress in autistic youth (Cage et al., 2018a, 2018b). However, many participants also described conflict, emotional invalidation, or alienation within their family systems. This included outright dismissal of their neurodivergence, expectations to mask or perform neurotypical behaviours, and experiences of conditional love or chronic misattunement. Some families oscillated between support and strain, with certain members being accepting and others openly rejecting or undermining the participant's identity. Such experiences were especially pronounced in gender-diverse participants or those navigating multiple forms of marginalisation. Familial misunderstanding often intersected with trauma histories, unprocessed grief, or cultural taboos around mental health and disability—highlighting the emotional labour autistic individuals often shoulder to maintain or explain their existence within their families.

From a Critical Disability perspective, these tensions can be understood not as individual failings, but as reflections of a society where difference is pathologised, and where families receive little education or systemic support to understand neurodivergent ways of being. In such environments, autistic youth may find themselves unsupported not because of who they are, but because of how others interpret them through ableist or normative lenses.

Theoretical Framing and Implications

This theme underscores that **flourishing is relational and systemic**. Participants' well-being was often shaped not only by whether they had family support, but by the **kind of support** they received—was it collaborative or controlling, affirming or dismissive, empowering or stifling? The **Double Empathy Problem** (Milton, 2012) is highly relevant here: family tensions often stemmed not from a lack of empathy on the part of the autistic individual, but from **mutual misunderstandings and mismatched communication styles**. When families were able to engage in two-way empathy—listening, adjusting expectations, learning about neurodivergence—participants described increased peace, trust, and belonging. These findings also echo the **social model of disability**: families can be either enabling or disabling, depending on whether they accommodate autistic needs and identities.

Relevant recommendations include:

- Providing resources to families to promote **neurodiversity-affirming communication**, boundary-respecting care, and shared decision-making.
- Embedding **family education and relational support** in mental health and disability services, particularly during life transitions (e.g., leaving school, seeking independence).
- Recognising the **emotional labour** autistic youth often perform in maintaining relationships, and validating the need for space, boundaries, or even estrangement where safety is compromised.

Implications for Understanding and Experiencing Flourishing:

Family was not a neutral backdrop in participants' lives—it was a central site where flourishing could either be fostered or undermined. For many, **being understood and accepted by family members was foundational** to emotional safety, identity development, and autonomy. When families offered stable, affirming environments, participants described greater confidence, self-trust, and relational capacity.

Yet flourishing also required the **ability to set boundaries**—even with loved ones—and to define one's identity outside of family expectations. For some, this meant limiting contact, asserting independence, or creating chosen families that better aligned with their needs.

This theme therefore expands understandings of flourishing by:

- Emphasising emotional reciprocity and respect within care relationships
- Validating the right to autonomy and boundary-setting in family life
- Highlighting that supportive families actively contribute to identity coherence, while unsupportive dynamics create ongoing distress

Ultimately, participants' accounts show that flourishing is not about simply having a family, but about having family relationships that honour one's neurodivergent needs, values, and personhood.

Theme 4: The Hidden Cost of Coping – Chronic Burnout and Emotional Exhaustion

This theme centres the toll of long-term coping in a world that consistently misunderstands, pathologises, or overlooks autistic needs. Participants described chronic exhaustion, burnout, and emotional overwhelm not as personal weakness, but as the cumulative result of masking, environmental mismatch, sensory overload, and unmet support needs. These experiences of distress were deeply embodied and often misrecognised—by professionals, systems, and sometimes even themselves.

Survey findings revealed that **mental and physical health** were among the most important life domains, but also some of the least satisfying, with substantial gaps between their rated importance and associated happiness. Qualitative responses and interviews added emotional weight to these statistics: burnout was described as persistent, disabling, and frequently unacknowledged by clinicians and systems of care.

This theme affirms what autistic adults and scholars have long argued: distress and dysfunction in autistic lives often arise not from autism itself, but from the **relentless pressure to adapt** to environments that are not designed for neurodivergent ways of being (Raymaker et al., 2020). Critical Disability Theory and the Neurodiversity Paradigm reject the framing of this exhaustion as an individual failing, instead highlighting the systemic violence of pathologising difference and failing to provide affirming support.

Participants vividly described the toll of long-term masking, perfectionism, and constant social and sensory negotiation. Burnout was experienced as more than fatigue—it was described as emotional collapse, cognitive fog, and physical shutdown. Several participants used metaphors of "crashing" or "shutting down," highlighting the **interconnected physical and emotional nature** of their distress. This aligns closely with research on **autistic burnout** (Raymaker et al., 2020), which describes it as a state of pervasive, multidimensional exhaustion resulting from chronic life stress and a lack of person–environment fit. Participants in this study echoed these descriptions, often noting that burnout felt invisible to others because their distress was masked or minimised.

Participants also described **executive dysfunction**, alexithymia, and somatic symptoms (e.g., IBS, migraines, dizziness) as signs that they were approaching or already in a state of burnout. Emotional distress was often only recognised after manifesting physically, reinforcing the **need for integrated, embodied understandings of mental health** in autistic care. Many participants described **long histories of mental health service use** without ever feeling understood. For some, years of therapy focused on anxiety, depression, or disordered eating missed the core issue of neurodivergence. Others described experiences of invalidation, misdiagnosis, or rigid, non-adaptive interventions—especially when their masking obscured clinical presentation. This echoes findings by Kassee et al. (2020) and Nicolaidis et al. (2015), who note that autistic adults—especially women and gender-diverse people—face significant barriers in accessing appropriate care. Sensory-inaccessible clinics, communication misattunement, and clinician disbelief were all commonly reported in the current study. Several participants described being praised for their ability to "function" or "cope," even when they were at breaking point. This mismatch between external perception and internal experience created additional stress and compounded shame—again affirming that many support systems fail to see autistic distress unless it is externally disruptive or fits familiar psychiatric scripts.

A minority of participants described how **distress sometimes became fused with autistic cognitive patterns**—for example, hyperfixation on self-harm, disordered eating, or other repetitive behaviours that mirrored the structure of special interests. In these cases, recognising these behaviours as autistic coping mechanisms—rather than moral failings—was a turning point toward self-understanding and healing. These accounts complicate simplistic dichotomies between "healthy" and "unhealthy" interests or behaviours, and suggest that clinicians and researchers must consider **how neurodivergent forms of focus and regulation can be co-opted by distress**. Importantly, several participants described how special interests could also become protective or restorative—offering a stabilising sense of identity, control, and joy when distress was acknowledged and supported.

Theoretical Framing and Implications

This theme challenges psychological models that locate burnout and breakdown within the individual. From a Critical Disability Studies lens, participants' distress was produced not by their neurodivergence, but by the chronic effort required to navigate unsupportive, invalidating, or inaccessible environments (Goodley, 2016; Shakespeare, 2013).

The Neurodiversity Paradigm (Walker, 2021) reinforces that healing and flourishing are not about erasing autistic traits, but about creating contexts that support regulation, rest, and self-definition. Similarly, the application of Māori and holistic models of well-being—such as Te Whare Tapa Whā—underscores the importance of viewing health as interconnected: taha tinana (physical), taha hinengaro (mental), taha whānau (social), and taha wairua (spiritual) are often affected simultaneously.

Relevant recommendations include:

- Training health professionals to recognise and validate autistic burnout and sensory-emotional distress, especially in those who present as "high-functioning" or compliant.
- Designing therapies and interventions that prioritise co-regulation, sensory attunement, and identity affirmation, rather than symptom suppression.
- Embedding somatic and embodied approaches into mental health support for autistic people—including sensory-friendly practices, pacing, and understanding executive dysfunction.

Implications for Understanding and Experiencing Flourishing:

This theme reveals that flourishing is not possible when survival is uncertain. Participants' experiences show that flourishing involves more than managing distress—it requires freedom from relentless performance, **access to restorative spaces**, and **being seen as valid even when unwell**.

For many, **the absence of burnout**, or the ability to recover from it with care and dignity, was a core indicator of well-being. Flourishing was described not as the opposite of struggle, but as the presence of **sustainability, rhythm, and emotional coherence**—even amid challenge.

This theme expands conventional definitions of flourishing by:

- Validating the need for rest, slowness, and non-productivity as essential to well-being
- Emphasising that distress is often systemic, not internal
- Highlighting that recovery and regulation depend on being supported, believed, and accommodated

In this light, flourishing becomes a political act: a refusal to keep coping invisibly, and a call for systems that affirm neurodivergent limits, cycles, and needs.

Theme 5: Redefining a Life Worth Living – Authenticity, Solitude, and Small Joys (Flourishing on One's Own Terms)

This theme brings together many threads from the previous sections, revealing how participants reimagined flourishing outside of dominant cultural scripts that emphasise productivity, performance, or social milestones. Instead, participants described flourishing as a deeply personal, embodied, and often quiet experience: a sense of emotional alignment, self-acceptance, and sensory grounding. For many, flourishing was not about striving—but about *being*. It was often found in moments of stillness, special interests, nature, or simply being allowed to exist without judgement.

This redefinition of flourishing echoes eudaimonic models of well-being (Waterman, 2007), which prioritise meaning, purpose, and authenticity. However, participants' accounts extended these models by grounding flourishing in neurodivergent rhythms, sensory pleasure, and personal ritual—aspects often ignored or pathologised in traditional psychology. Their reflections resonate strongly with the Neurodiversity Paradigm (Walker, 2021), which centres lived experience and challenges ableist assumptions about what it means to live well.

For many participants, receiving an autism diagnosis was a pivotal moment—one that offered relief, validation, and an organising narrative through which to reinterpret past struggles. Diagnosis enabled a shift from internalised shame to compassionate understanding, allowing participants to reframe their behaviours not as flaws, but as adaptations to an ill-fitting world. This echoes Leedham et al.'s (2020) findings that diagnosis in adulthood or late adolescence often catalyses identity coherence and emotional clarity. Participants described beginning to "give themselves grace" after diagnosis, using this newfound understanding to set boundaries, abandon masking, and pursue more authentic ways of being.

Rather than defining flourishing in terms of ambition, participants often described it as grounded in **everyday sensory pleasure, creative expression, and slow moments of joy**. This included stimming, spending time with pets, crafting, organising collections, or enjoying quiet routines. These moments were not "cute quirks," but **vital sources of emotional nourishment, regulation, and identity**.

In the survey and interviews, special interests consistently emerged as central to participants' well-being. Engaging deeply with interests (e.g., mythology, horses, psychology, Sylvanian Families) was described as fulfilling, regulating, and joyful. Several participants framed these activities not as leisure, but as *essential for functioning*. These accounts challenge dominant understandings of hobbies as non-essential or "special interests" as obsessive. Instead, they suggest that neurodivergent flourishing is often scaffolded by deep engagement in meaningful, repetitive, and absorbing activities—what positive psychology would classify as "flow" (Seligman, 2011), but with sensory and emotional dimensions often overlooked in mainstream definitions.

Flourishing was frequently described in terms of slowness, predictability, and solitude—not isolation, but intentional withdrawal to restore one's sense of self. For participants, being alone was often a form of respite from sensory and social overwhelm—a necessary act of regulation, not a symptom of dysfunction. Participants described feeling most grounded when they could follow their own routines, engage in sensory rituals, and experience the world at their own pace. These practices were not compensation for a lack of social connection but a valid expression of autonomy and authenticity. This reframing aligns with Indigenous and holistic health models, such as *Te Whare Tapa Whā*, which include spiritual and relational dimensions of well-being that are not externally visible. In this sense, participants' flourishing was often invisible to others—but deeply felt and fiercely protected**.**

Theoretical Framing and Implications

This theme directly challenges positivist and normative models of well-being that treat happiness as measurable by external outputs (job, income, relationship status). Instead, participants defined flourishing as self-alignment—a concept more aligned with identity coherence (Waterman, 2007) and autonomy (Deci & Ryan, 2000).

The Neurodiversity Paradigm is critical here. Participants explicitly resisted narratives that cast their joys as childish, their solitude as pathological, or their sensory needs as irrational. Flourishing meant reclaiming these aspects as **sacred**, essential, and self-affirming. When these needs were dismissed, flourishing was not possible. When they were honoured, flourishing emerged—even in the absence of traditional success.

Relevant recommendations include:

- Recognising special interests and repetitive routines as central, not peripheral, to autistic well-being.
- Designing services, therapies, and environments that support sensory alignment, solitude, and autonomy.
- Expanding well-being frameworks in research, education, and healthcare to include non-normative markers of thriving—such as peace, stimming, predictability, and creative immersion.

Implications for Understanding and Experiencing Flourishing:

Perhaps the clearest finding across this study is that **flourishing is not universal—it is self-defined**. Participants articulated a model of well-being that was not about "doing more" or "fitting in," but about **living well within one's own rhythm**. Flourishing was not opposed to suffering, but intimately linked to sustainability, emotional coherence, and self-respect.

This theme expands dominant understandings of flourishing by:

- Rejecting ableist, capitalistic, and normative definitions of success
- Emphasising authenticity, stability, and joy in small, slow, or solitary moments
- Validating that autistic individuals are *experts* in what makes life meaningful—and must be empowered to define, pursue, and protect those conditions

Ultimately, participants teach us that flourishing is not about becoming someone else. It is about having the freedom, support, and self-understanding to **be exactly who you are—without apology, and without harm.**

Rethinking Flourishing: A Neurodivergent-Informed Model of Well-Being through Autistic Narratives

Across the five themes in this study, autistic women and gender-diverse individuals articulated nuanced, personal, and at times radically divergent definitions of what it means to flourish. Their accounts challenged dominant models of well-being that equate success with outward achievement, sociability, or linear progression. Instead, flourishing was framed as a state of security, authenticity, and alignment—a life that feels emotionally sustainable, sensory-safe, and free from chronic pressure to perform. Participants repeatedly emphasised the need to feel safe and secure—not just physically, but financially, emotionally, and relationally. Housing precarity, unstable income, unpredictable routines, and fear of rejection or abandonment all eroded participants' sense of safety, making flourishing feel fragile or conditional. Conversely, environments that supported predictability, autonomy, and acceptance were described as central to well-being. This emphasis on security as a psychological and existential foundation speaks to the layered and intersectional vulnerabilities faced by autistic young people, especially those navigating multiple forms of marginalisation.

Participants' redefinition of flourishing stands in contrast to traditional psychological frameworks such as PERMA (Seligman, 2011) and Maslow's hierarchy of needs. These models assume shared priorities and a universal progression toward happiness or self-actualisation—but this study shows such assumptions can obscure or distort autistic experiences. In PERMA: Positive Emotion, Engagement, Relationships, and Meaning all featured in participants' lives—often expressed through special interests, creative rituals, and neurodivergent friendships. But Achievement was frequently reinterpreted or rejected. Many participants described traditional success metrics (career, academic milestones) as sources of pressure, not pride. Achievement was often redefined as emotional regulation, stability, or the freedom to rest.

Maslow's hierarchy similarly struggled to reflect participants' lived realities:

- Participants often lacked stable access to foundational needs—such as housing, income, and health care—but still described flourishing through small joys, identity reclamation, or quiet contentment.
- The assumption of linear progression (physiological → safety → belonging → esteem → self-actualisation) did not align with participants' cyclical or layered experiences of burnout, recovery, and renewal.
- In contrast, participants often required sustained environmental security—not just once, but continuously—to re-enter spaces of growth and meaning.

This suggests that autistic flourishing may not follow a staircase model of needs, but a web of interdependent factors, where emotional, sensory, relational, and material safety must coexist and be revisited over time.

Toward a Neurodivergent-Informed Model of Flourishing

Findings from this study suggest that autistic flourishing is better understood through five interwoven dimensions, grounded in lived experience:

1. Security and Stability
    - Material: predictable housing, income, routines
    - Emotional: safe relationships, reliable support
    - Psychological: the absence of chronic threat or unpredictability

2. Authenticity and Self-Acceptance
    - Freedom from masking
    - Validation of neurodivergent identity
    - Reframing of difference as meaningful, not deficient

3. Sensory and Emotional Regulation
    - Access to soothing environments and rituals
    - Acceptance of shutdowns, solitude, and stimming
    - Autonomy over pace, intensity, and expression

4. Reciprocal Connection and Relational Safety

  - Chosen relationships marked by mutual respect and co-regulation
  - Permission to define intimacy, friendship, and family on one's own terms

5. Joy in the Everyday
    - Flourishing as found in small rituals, special interests, creative engagement
    - Pleasure in repetition, immersion, quietude, and autonomy

This model does not position autistic people as needing to achieve neurotypical outcomes in order to live well. Instead, it recognises that well-being emerges when autistic individuals are supported to live in alignment with their values, rhythms, and needs.

A Paradigm Shift: From Performance to Presence

This study contributes to a broader reimagining of psychological well-being—one that questions normative standards, reclaims autistic expertise, and centres presence over performance. Flourishing, for these participants, was not about doing more, being more, or becoming someone else. It was about feeling safe enough to be oneself—consistently, unapologetically, and without fear of harm.

As such, any model of flourishing that claims to be inclusive must account for:

- Security as a foundational condition, not a temporary stepping-stone
- Authenticity as a right, not a reward for coping well
- Joy and comfort as legitimate ends, not frivolous extras
- And non-linear, non-normative trajectories as valid expressions of a good life

In centring autistic lived experience, this study contributes to a growing call for inclusive, pluralistic, and justice-oriented models of well-being—ones that affirm that there are many valid ways to live a good, meaningful, and flourishing life.

Implications for Research, Policy, and Practice

The findings of this study suggest that conventional approaches to well-being measurement, intervention design, and policy development must shift toward neurodivergent-informed models.

This includes:

- Designing services and supports that honour autistic autonomy, pacing, and relational styles
- Expanding educational and clinical definitions of success to include regulation, creativity, and presence
- Recognising security—especially housing and income stability—as a psychological need, not merely a practical concern
- Including autistic voices in co-designing well-being measures, research instruments, and support systems

Limitations and Future Research

While this study offers valuable insights into how autistic women and gender-diverse individuals in Aotearoa New Zealand conceptualise and experience flourishing, it is important to acknowledge its limitations and identify avenues for future research.

One of the primary limitations of this study lies in its sample size and demographic scope. While the mixed-methods design allowed for a rich and nuanced exploration, the number of interview participants was relatively small and may not reflect the full range of experiences across different cultural, socioeconomic, or geographic backgrounds. Māori, Pacific, and other ethnic minority voices were underrepresented in both the survey and interview phases, limiting the cultural inclusivity of the findings. This is particularly significant in a bicultural national context where health and well-being are often framed through Te Tiriti o Waitangi obligations and mātauranga Māori frameworks (Durie, 1998).

Additionally, the study did not explore in depth how some additional intersecting identities (such as race, sexuality, or class) may compound or buffer experiences of flourishing. Intersectionality was recognised in the design and analysis, but the sample size limited more detailed subgroup comparisons. Future studies should employ intentional sampling strategies to capture more intersectional variation.

Self-selection bias is also a relevant concern. Participants were recruited primarily through neurodivergent community groups and online networks, which may have attracted individuals already engaged in conversations about identity, flourishing, and well-being. Those with more positive self-concepts or community support may have been more likely to participate, which could skew findings toward a more reflective and self-aware group. Conversely, those in more marginalised or crisis conditions may not have had the capacity to engage in a study framed around "flourishing."

Another limitation is the reliance on self-report data, both in the survey and interviews. While this aligns with the aim of centring lived experience, it introduces potential challenges around recall accuracy, social desirability bias, and differing interpretations of key terms such as "flourishing," "well-being," or "identity." Although every effort was made to co-construct meaning through follow-up questions and participant validation, future studies may benefit from integrating other methods such as diaries, arts-based reflections, or physiological measures of stress and regulation.

Finally, the cross-sectional nature of the study captures participant experiences at a single point in time. Flourishing is a dynamic, context-sensitive process, and longitudinal research is needed to examine how autistic individuals' experiences of well-being evolve over time, particularly during key life transitions such as leaving school, entering the workforce, or navigating health and relationship changes. Future research should strive to deepen and diversify the understanding of autistic flourishing by addressing these limitations.

Conclusion

This thesis set out to explore how autistic women and gender-diverse individuals aged 18–24 in Aotearoa New Zealand conceptualise and experience flourishing. Motivated by the absence of neurodivergent voices in dominant well-being research, the project sought to shift focus from deficit and dysfunction to the lived experiences, strengths, and self-defined priorities of autistic people themselves. Through a mixed-methods design grounded in critical realism and guided by participatory ethics, this research combined survey data with rich qualitative interviews to illuminate the complex, diverse, and deeply personal nature of autistic flourishing.

Five major themes emerged: the push-pull of seeking connection while guarding the self; intimacy and the negotiation of relational norms; the supportive and strained roles of family; the hidden cost of chronic coping and burnout; and the redefinition of flourishing and what makes life worth living. Across these themes, participants consistently rejected narrow, normative markers of success—such as productivity, sociability, or conventional milestones—and instead emphasised authenticity, stability, relational safety, sensory comfort, and joy in everyday rituals. Flourishing, in their words and worlds, was not about striving to be “less autistic,” but about creating conditions where autistic ways of being were respected, supported, and sustained.

In doing so, this study highlights the limitations of traditional psychological frameworks such as PERMA and Maslow’s hierarchy of needs, which often assume linearity, universality, and able-bodied benchmarks of well-being. Participants’ narratives challenge these assumptions, offering instead a model of flourishing that is cyclical, contextual, and shaped by security, relational reciprocity, autonomy, and meaning. Security—material, emotional, and psychological—emerged as an especially salient condition, not only for survival, but for the possibility of joy, identity coherence, and rest.

This research contributes to a growing field of autistic scholarship that centres lived experience and critiques dominant paradigms. It calls for the inclusion of autistic voices in defining well-being, designing supports, and reshaping the systems—educational, clinical, social—that often constrain more than they enable. Future research should continue to explore diverse autistic experiences of flourishing, particularly across cultural contexts, gender identities, and life stages, and should prioritise co-designed methodologies that honour neurodivergent knowledge.

In the end, this study affirms that there is no single path to a good life. For the participants in this research, flourishing was not loud, linear, or externally validated. It was slow, sensory, relational, and self-authored. It was found in quiet friendships, steady routines, reclaimed identities, and moments of unmasked joy. It was, above all, theirs to define.

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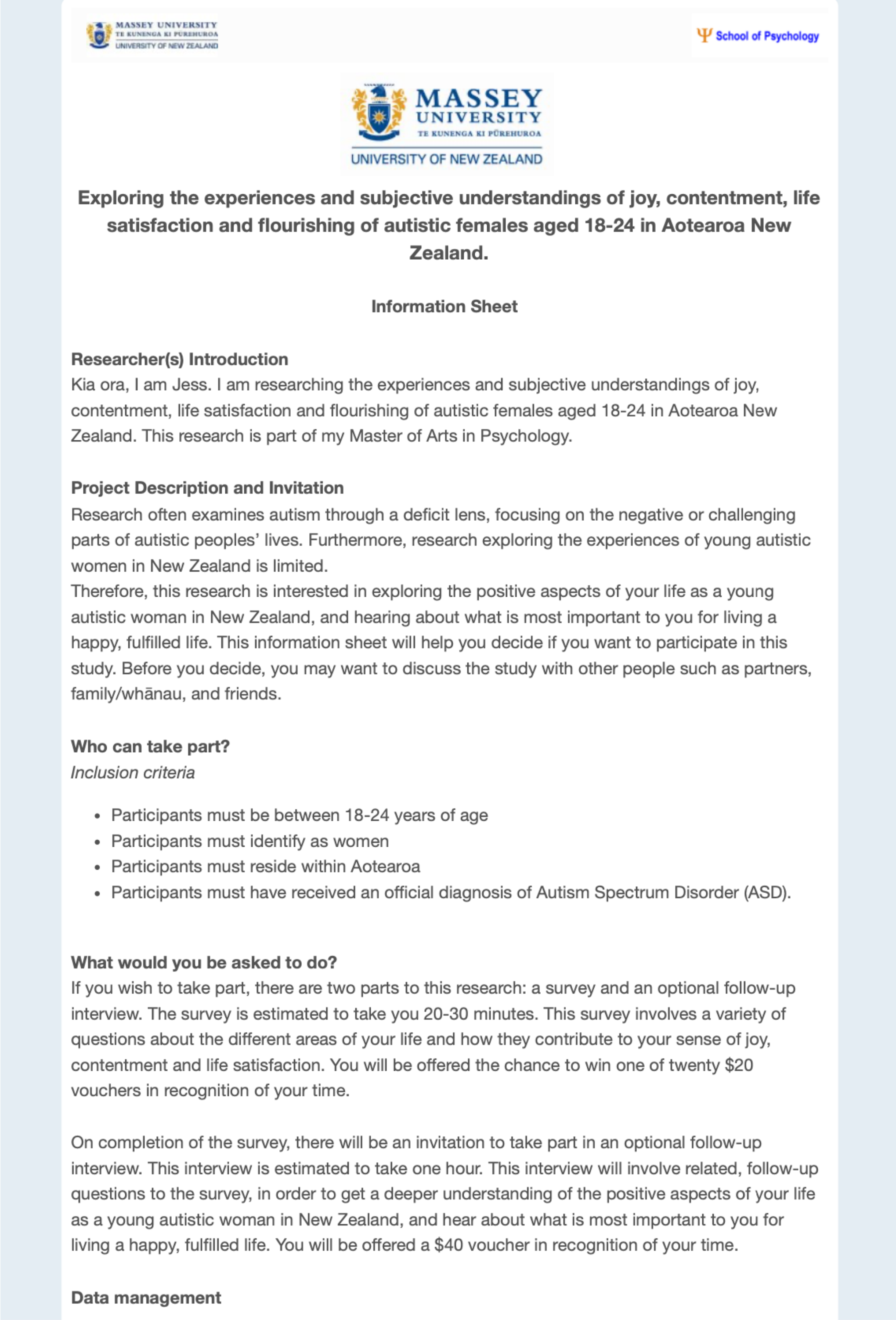
Appendix A

Stage One: Survey Instrument (Qualtrics Screenshots)



Exploring the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand.

Information Sheet

Researcher(s) Introduction

Kia ora, I am Jess. I am researching the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand. This research is part of my Master of Arts in Psychology.

Project Description and Invitation

Research often examines autism through a deficit lens, focusing on the negative or challenging parts of autistic peoples' lives. Furthermore, research exploring the experiences of young autistic women in New Zealand is limited.

Therefore, this research is interested in exploring the positive aspects of your life as a young autistic woman in New Zealand, and hearing about what is most important to you for living a happy, fulfilled life. This information sheet will help you decide if you want to participate in this study. Before you decide, you may want to discuss the study with other people such as partners, family/whānau, and friends.

Who can take part?

Inclusion criteria

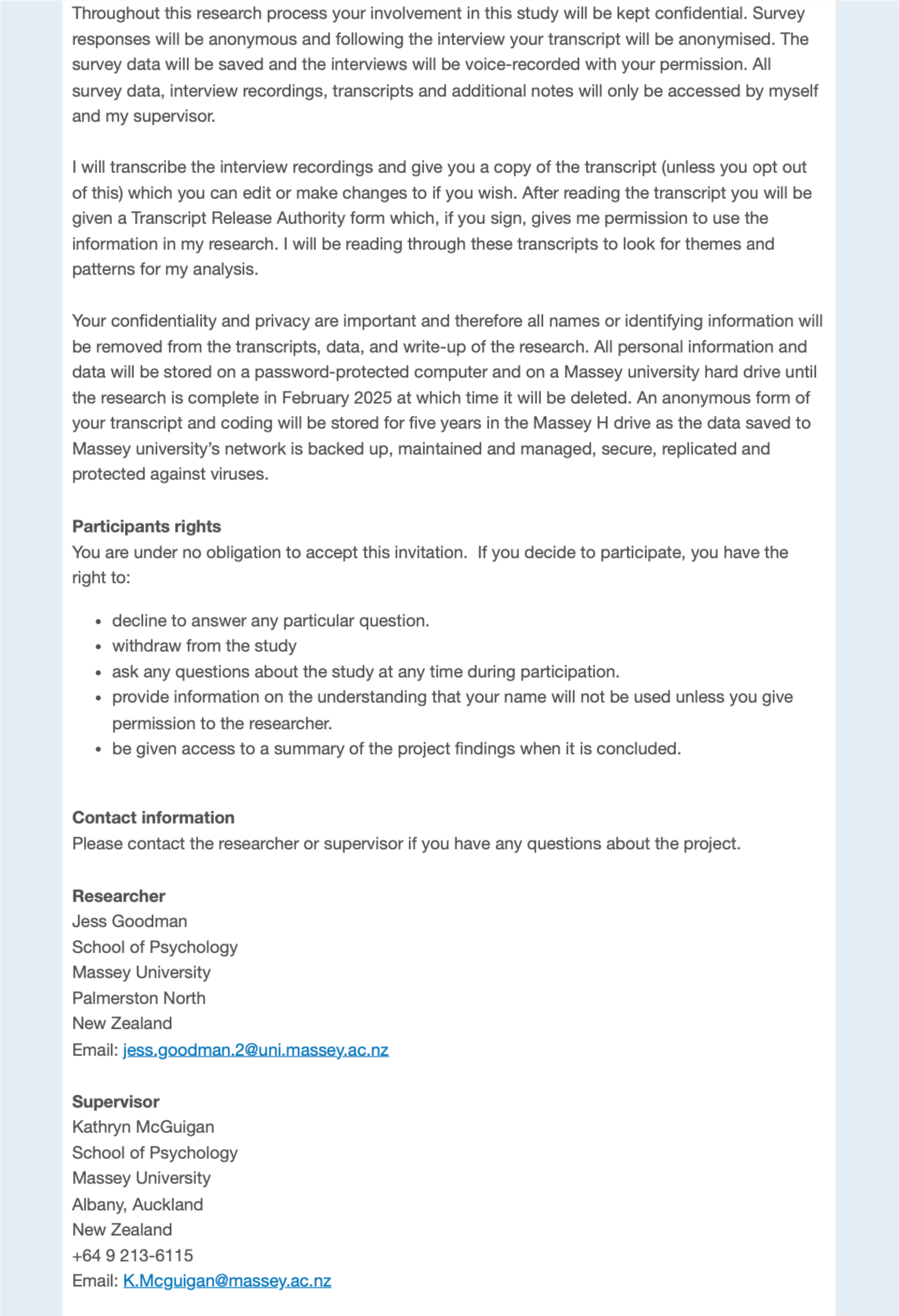
- Participants must be between 18-24 years of age
- Participants must identify as women
- Participants must reside within Aotearoa
- Participants must have received an official diagnosis of Autism Spectrum Disorder (ASD).

What would you be asked to do?

If you wish to take part, there are two parts to this research: a survey and an optional follow-up interview. The survey is estimated to take you 20-30 minutes. This survey involves a variety of questions about the different areas of your life and how they contribute to your sense of joy, contentment and life satisfaction. You will be offered the chance to win one of twenty $20 vouchers in recognition of your time.

On completion of the survey, there will be an invitation to take part in an optional follow-up interview. This interview is estimated to take one hour. This interview will involve related, follow-up questions to the survey, in order to get a deeper understanding of the positive aspects of your life as a young autistic woman in New Zealand, and hear about what is most important to you for living a happy, fulfilled life. You will be offered a $40 voucher in recognition of your time.

Data management



Throughout this research process your involvement in this study will be kept confidential. Survey responses will be anonymous and following the interview your transcript will be anonymised. The survey data will be saved and the interviews will be voice-recorded with your permission. All survey data, interview recordings, transcripts and additional notes will only be accessed by myself and my supervisor.

I will transcribe the interview recordings and give you a copy of the transcript (unless you opt out of this) which you can edit or make changes to if you wish. After reading the transcript you will be given a Transcript Release Authority form which, if you sign, gives me permission to use the information in my research. I will be reading through these transcripts to look for themes and patterns for my analysis.

Your confidentiality and privacy are important and therefore all names or identifying information will be removed from the transcripts, data, and write-up of the research. All personal information and data will be stored on a password-protected computer and on a Massey university hard drive until the research is complete in February 2025 at which time it will be deleted. An anonymous form of your transcript and coding will be stored for five years in the Massey H drive as the data saved to Massey university's network is backed up, maintained and managed, secure, replicated and protected against viruses.

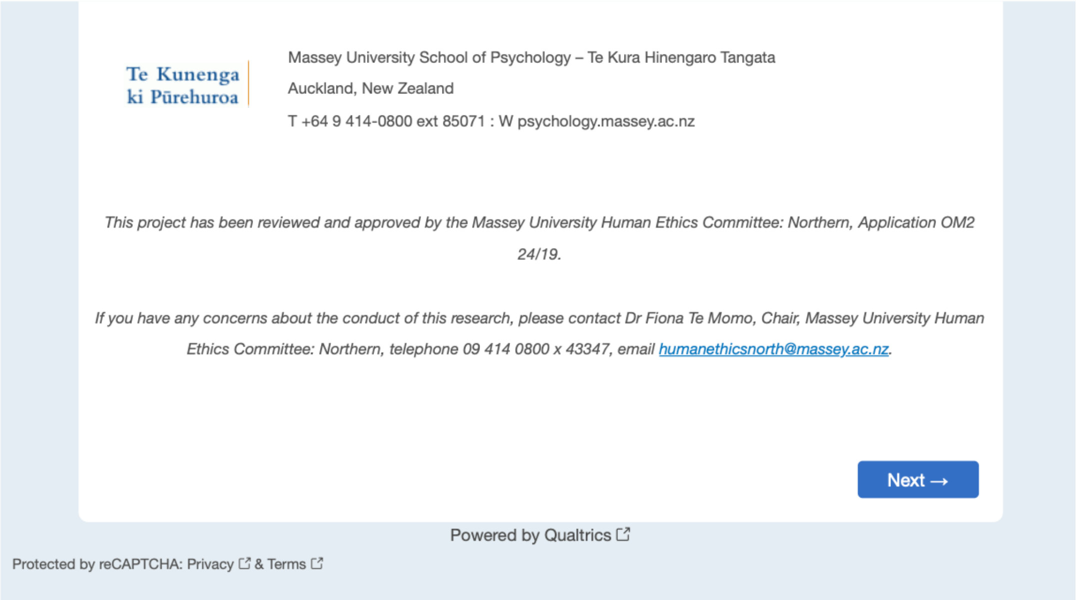
Participants rights
You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question.
- withdraw from the study
- ask any questions about the study at any time during participation.
- provide information on the understanding that your name will not be used unless you give permission to the researcher.
- be given access to a summary of the project findings when it is concluded.

Contact information
Please contact the researcher or supervisor if you have any questions about the project.

Researcher
Jess Goodman
School of Psychology
Massey University
Palmerston North
New Zealand
Email: jess.goodman.2@uni.massey.ac.nz

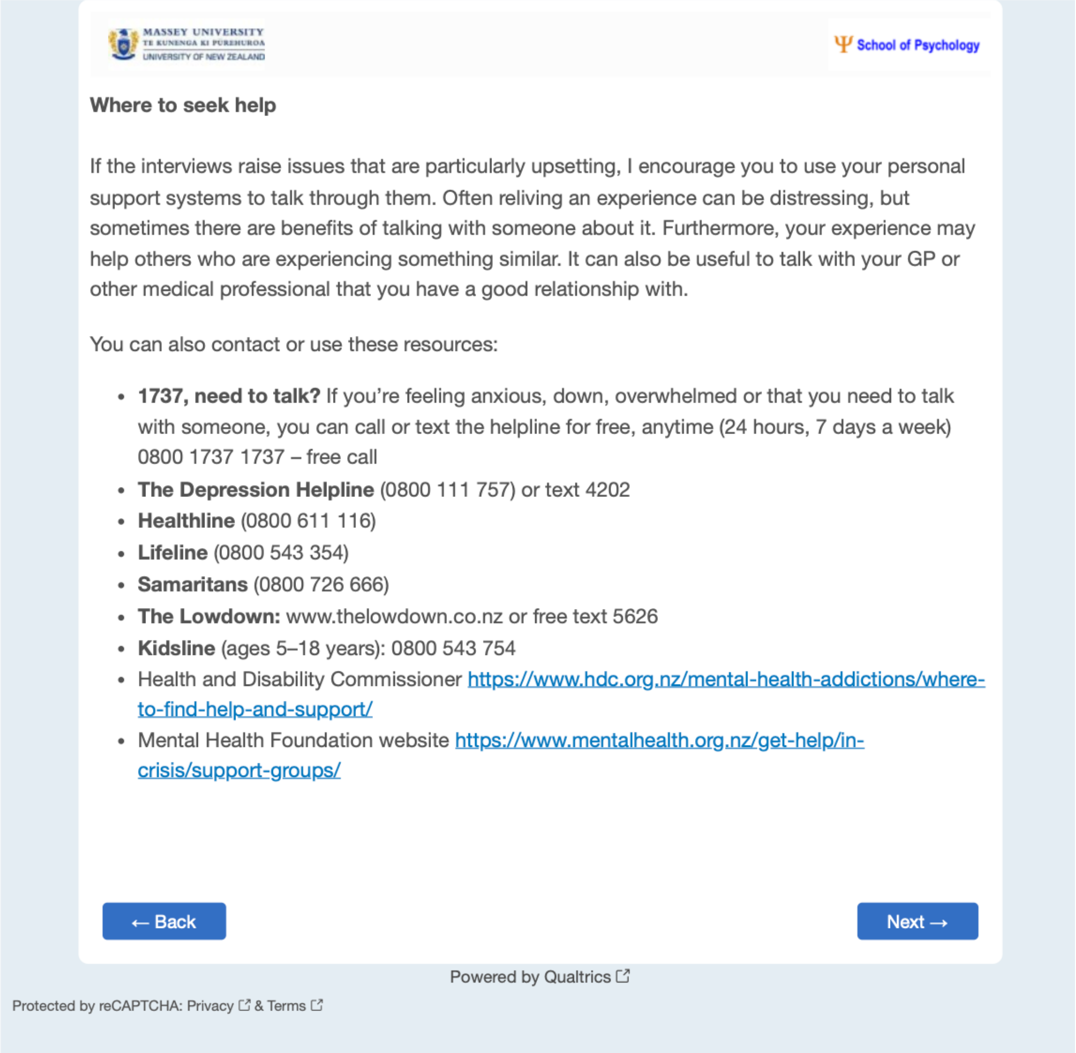
Supervisor
Kathryn McGuigan
School of Psychology
Massey University
Albany, Auckland
New Zealand
+64 9 213-6115
Email: K.Mcguigan@massey.ac.nz



Massey University School of Psychology – Te Kura Hinengaro Tangata
Auckland, New Zealand
T +64 9 414-0800 ext 85071 : W psychology.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application OM2 24/19.

If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

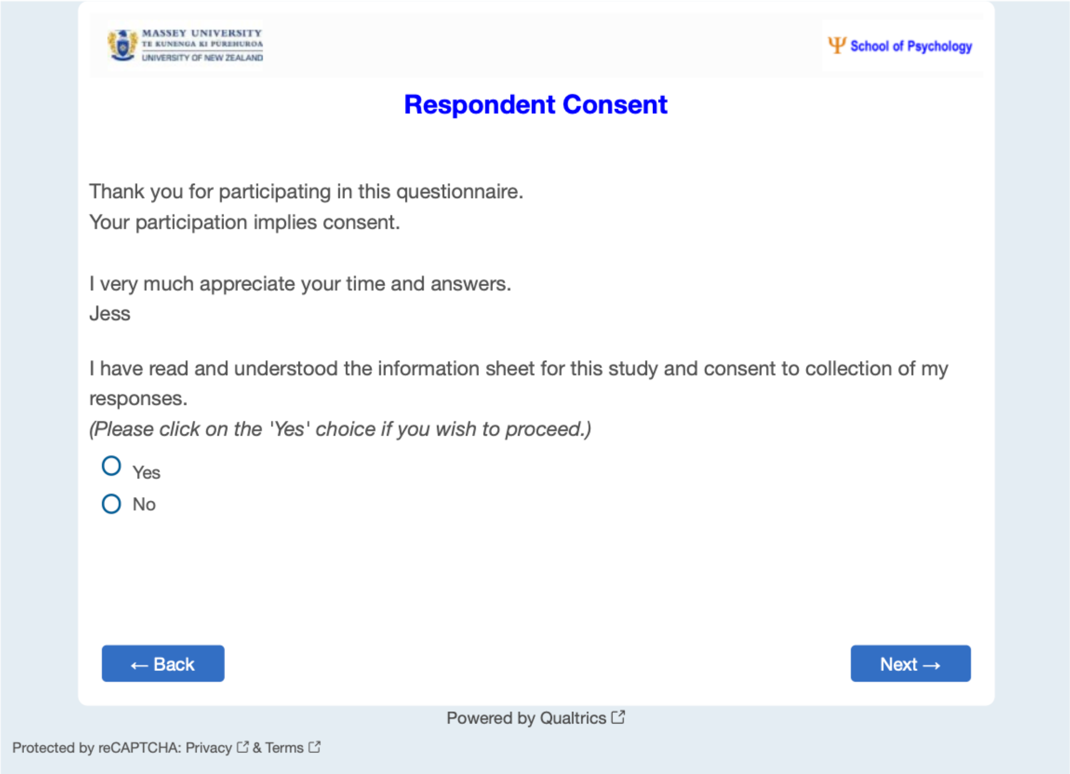


Where to seek help

If the interviews raise issues that are particularly upsetting, I encourage you to use your personal support systems to talk through them. Often reliving an experience can be distressing, but sometimes there are benefits of talking with someone about it. Furthermore, your experience may help others who are experiencing something similar. It can also be useful to talk with your GP or other medical professional that you have a good relationship with.

You can also contact or use these resources:

- **1737, need to talk?** If you're feeling anxious, down, overwhelmed or that you need to talk with someone, you can call or text the helpline for free, anytime (24 hours, 7 days a week) 0800 1737 1737 – free call
- **The Depression Helpline** (0800 111 757) or text 4202
- **Healthline** (0800 611 116)
- **Lifeline** (0800 543 354)
- **Samaritans** (0800 726 666)
- **The Lowdown:** www.thelowdown.co.nz or free text 5626
- **Kidsline** (ages 5–18 years): 0800 543 754
- Health and Disability Commissioner https://www.hdc.org.nz/mental-health-addictions/where-to-find-help-and-support/
- Mental Health Foundation website https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups/



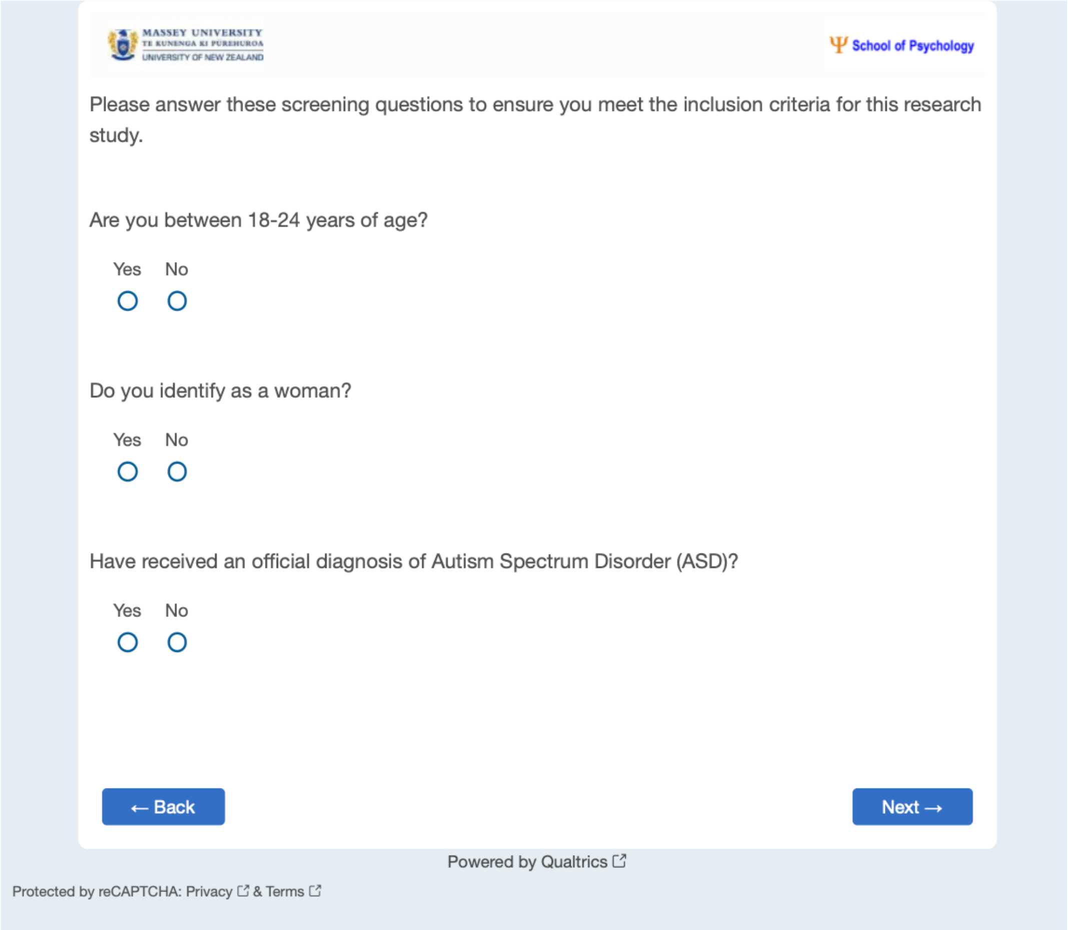
Respondent Consent

Thank you for participating in this questionnaire.
Your participation implies consent.

I very much appreciate your time and answers.
Jess

I have read and understood the information sheet for this study and consent to collection of my responses.
(Please click on the 'Yes' choice if you wish to proceed.)

○ Yes
○ No



Please answer these screening questions to ensure you meet the inclusion criteria for this research study.

Are you between 18-24 years of age?

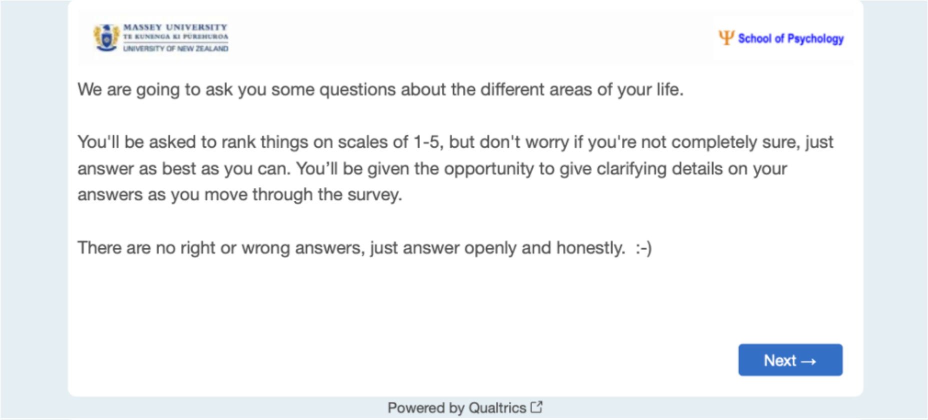
Yes	No
○	○

Do you identify as a woman?

Yes	No
○	○

Have received an official diagnosis of Autism Spectrum Disorder (ASD)?

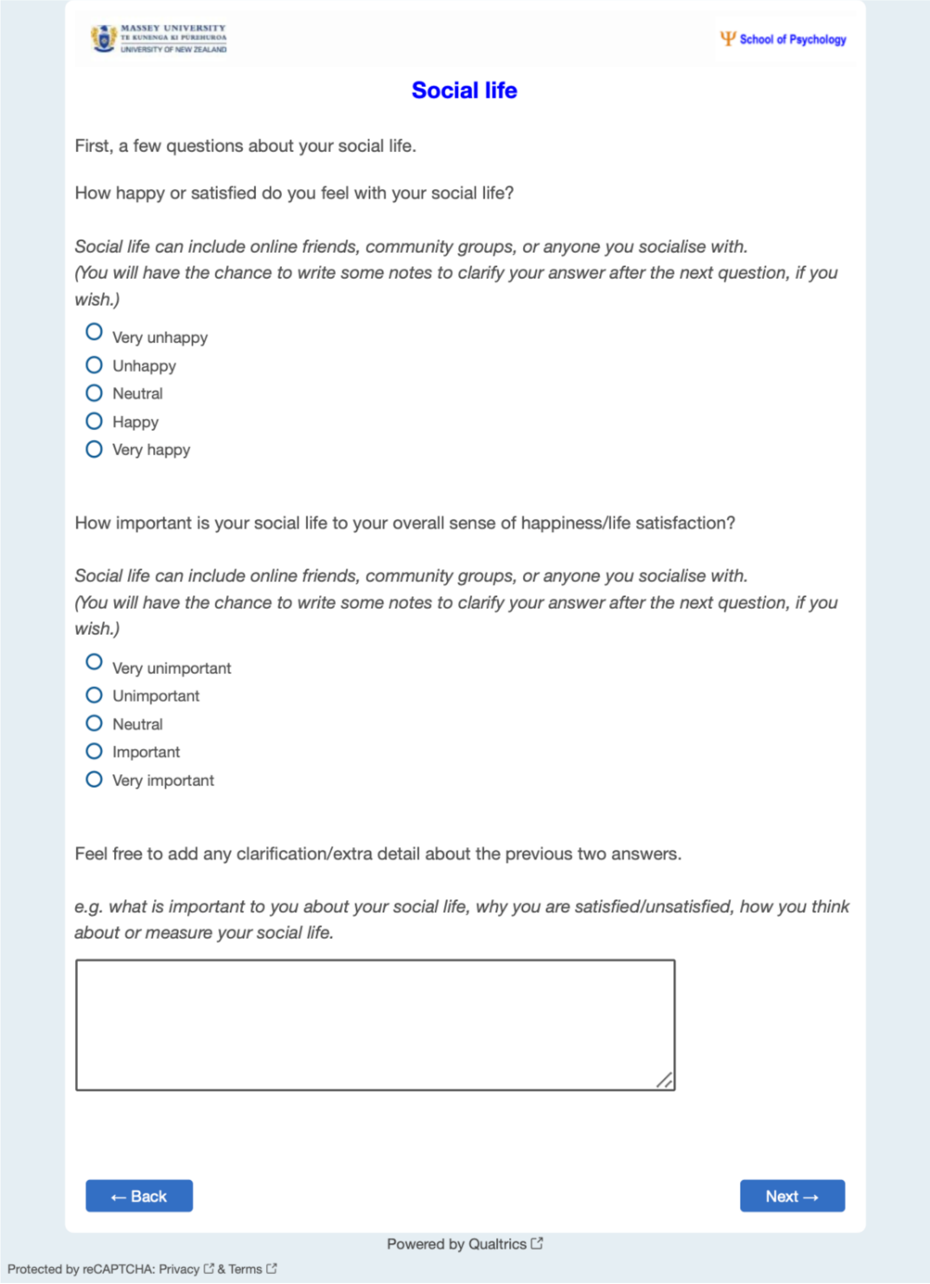
Yes	No
○	○



We are going to ask you some questions about the different areas of your life.

You'll be asked to rank things on scales of 1-5, but don't worry if you're not completely sure, just answer as best as you can. You'll be given the opportunity to give clarifying details on your answers as you move through the survey.

There are no right or wrong answers, just answer openly and honestly. :-)



Social life

First, a few questions about your social life.

How happy or satisfied do you feel with your social life?

Social life can include online friends, community groups, or anyone you socialise with.
(You will have the chance to write some notes to clarify your answer after the next question, if you wish.)

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

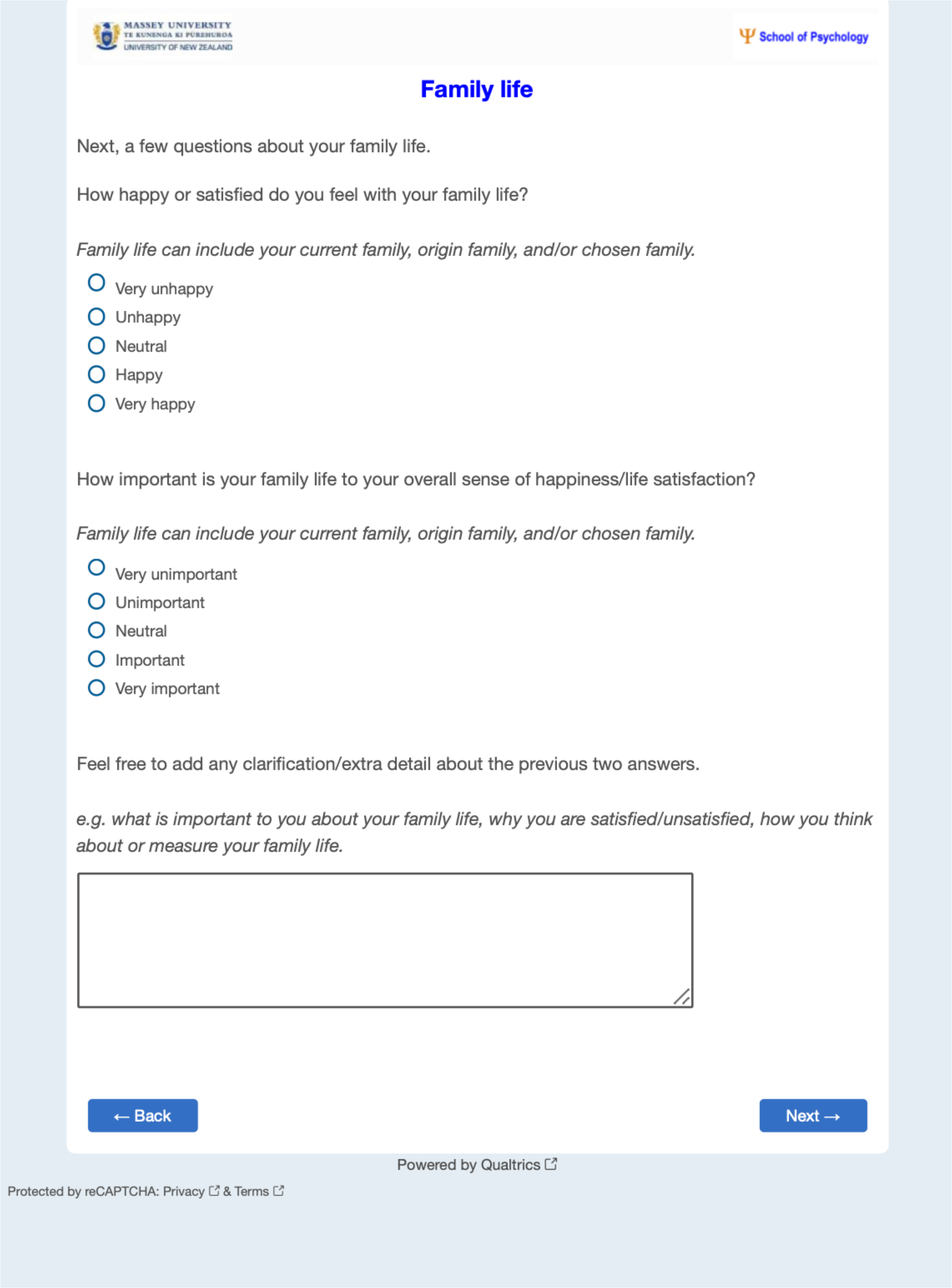
How important is your social life to your overall sense of happiness/life satisfaction?

Social life can include online friends, community groups, or anyone you socialise with.
(You will have the chance to write some notes to clarify your answer after the next question, if you wish.)

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your social life, why you are satisfied/unsatisfied, how you think about or measure your social life.



Family life

Next, a few questions about your family life.

How happy or satisfied do you feel with your family life?

Family life can include your current family, origin family, and/or chosen family.

○ Very unhappy
○ Unhappy
○ Neutral
○ Happy
○ Very happy

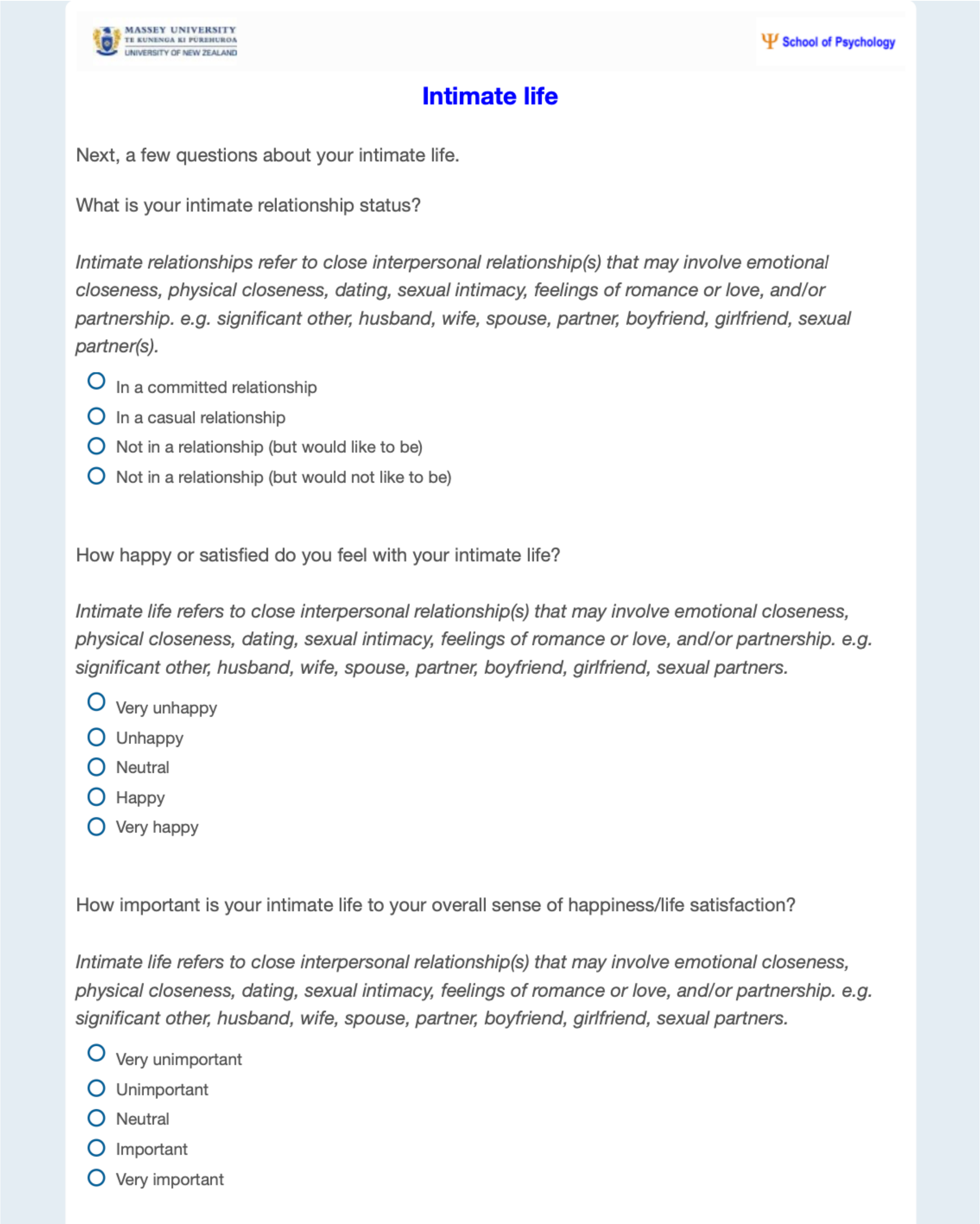
How important is your family life to your overall sense of happiness/life satisfaction?

Family life can include your current family, origin family, and/or chosen family.

○ Very unimportant
○ Unimportant
○ Neutral
○ Important
○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your family life, why you are satisfied/unsatisfied, how you think about or measure your family life.



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UNIVERSITY OF NEW ZEALAND

Ψ School of Psychology

Intimate life

Next, a few questions about your intimate life.

What is your intimate relationship status?

Intimate relationships refer to close interpersonal relationship(s) that may involve emotional closeness, physical closeness, dating, sexual intimacy, feelings of romance or love, and/or partnership. e.g. significant other, husband, wife, spouse, partner, boyfriend, girlfriend, sexual partner(s).

○ In a committed relationship
○ In a casual relationship
○ Not in a relationship (but would like to be)
○ Not in a relationship (but would not like to be)

How happy or satisfied do you feel with your intimate life?

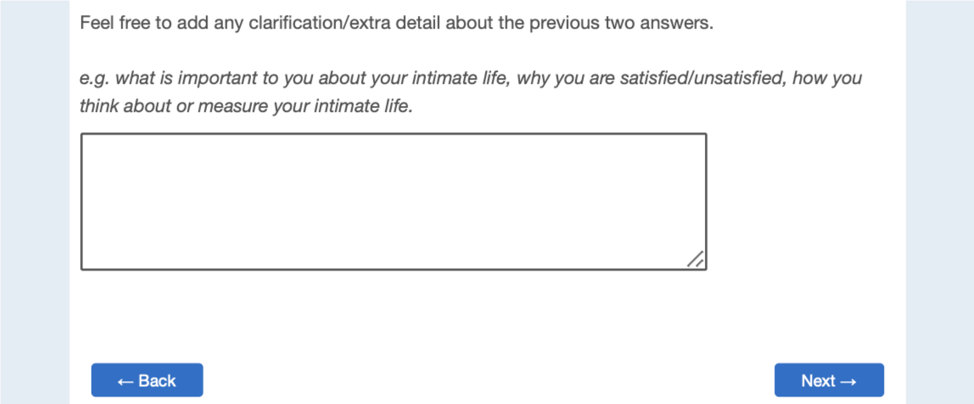
Intimate life refers to close interpersonal relationship(s) that may involve emotional closeness, physical closeness, dating, sexual intimacy, feelings of romance or love, and/or partnership. e.g. significant other, husband, wife, spouse, partner, boyfriend, girlfriend, sexual partners.

○ Very unhappy
○ Unhappy
○ Neutral
○ Happy
○ Very happy

How important is your intimate life to your overall sense of happiness/life satisfaction?

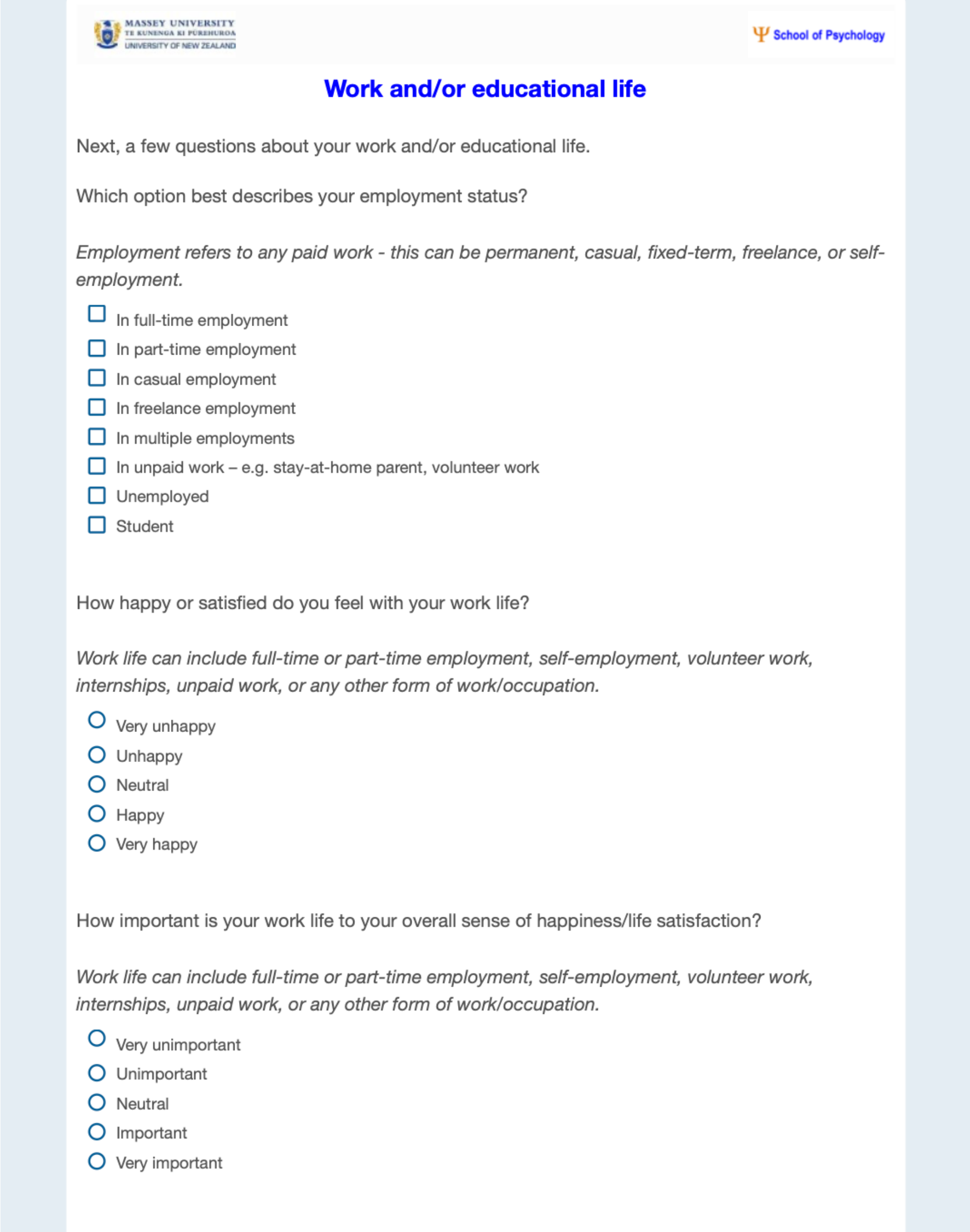
Intimate life refers to close interpersonal relationship(s) that may involve emotional closeness, physical closeness, dating, sexual intimacy, feelings of romance or love, and/or partnership. e.g. significant other, husband, wife, spouse, partner, boyfriend, girlfriend, sexual partners.

○ Very unimportant
○ Unimportant
○ Neutral
○ Important
○ Very important



Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your intimate life, why you are satisfied/unsatisfied, how you think about or measure your intimate life.



Work and/or educational life

Next, a few questions about your work and/or educational life.

Which option best describes your employment status?

Employment refers to any paid work - this can be permanent, casual, fixed-term, freelance, or self-employment.

- ☐ In full-time employment
- ☐ In part-time employment
- ☐ In casual employment
- ☐ In freelance employment
- ☐ In multiple employments
- ☐ In unpaid work – e.g. stay-at-home parent, volunteer work
- ☐ Unemployed
- ☐ Student

How happy or satisfied do you feel with your work life?

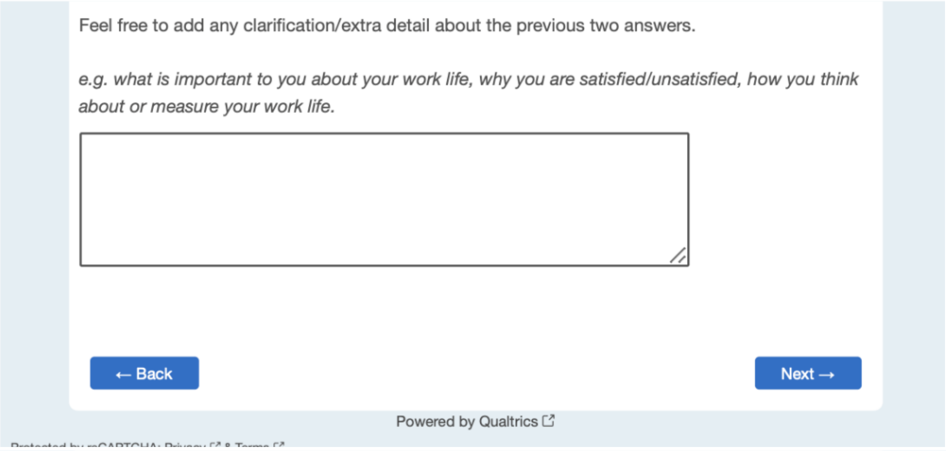
Work life can include full-time or part-time employment, self-employment, volunteer work, internships, unpaid work, or any other form of work/occupation.

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

How important is your work life to your overall sense of happiness/life satisfaction?

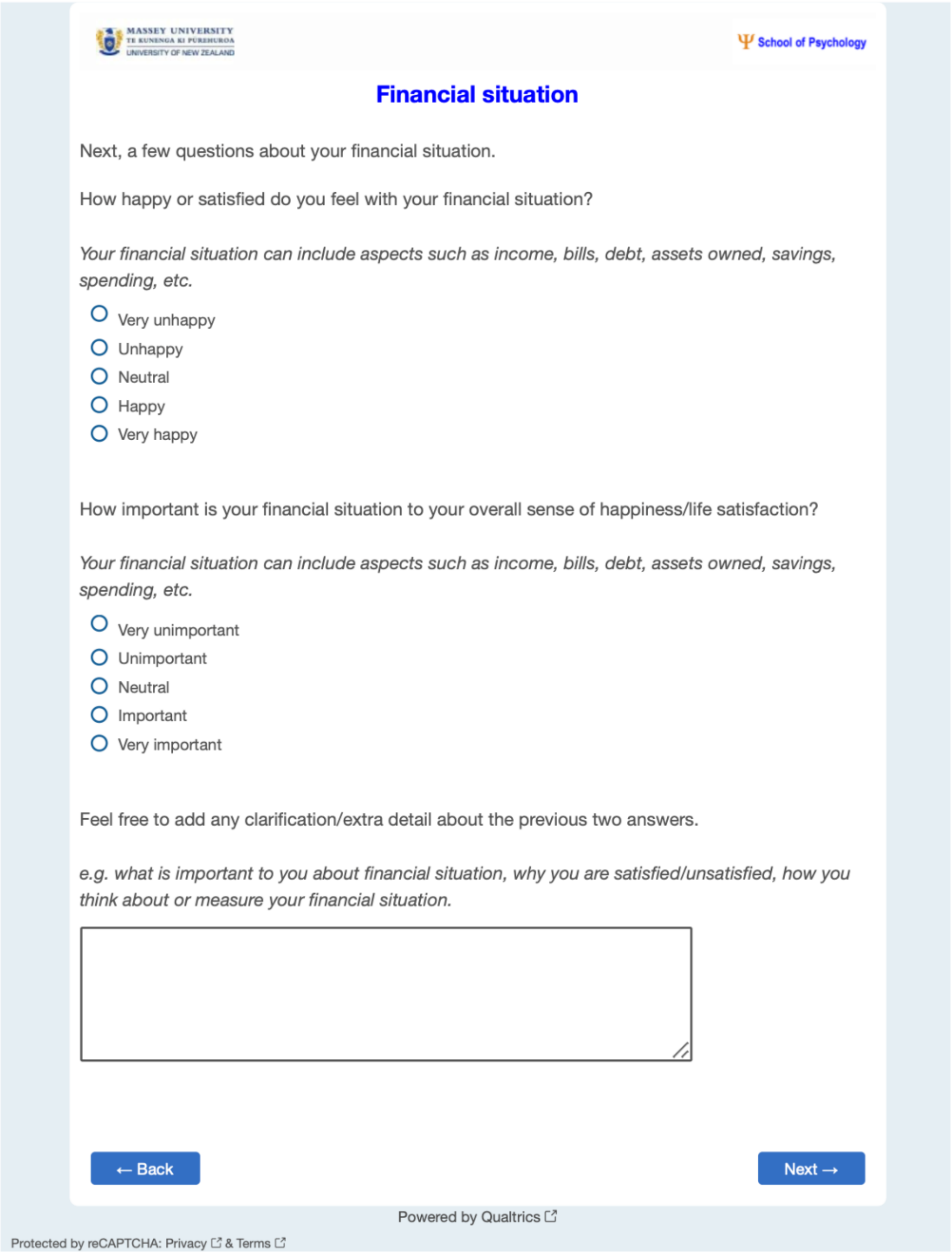
Work life can include full-time or part-time employment, self-employment, volunteer work, internships, unpaid work, or any other form of work/occupation.

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important



Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your work life, why you are satisfied/unsatisfied, how you think about or measure your work life.



Financial situation

Next, a few questions about your financial situation.

How happy or satisfied do you feel with your financial situation?

Your financial situation can include aspects such as income, bills, debt, assets owned, savings, spending, etc.

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

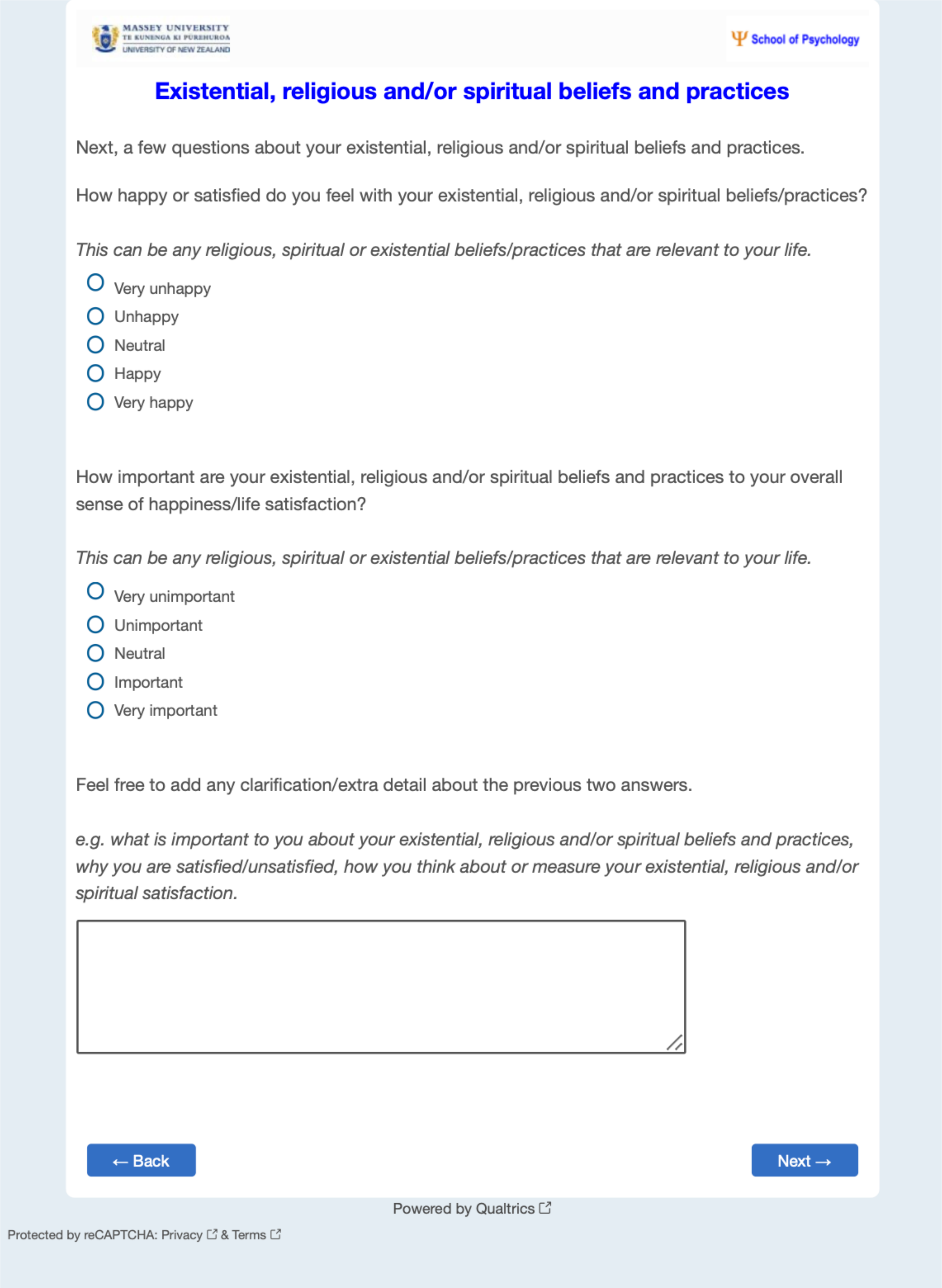
How important is your financial situation to your overall sense of happiness/life satisfaction?

Your financial situation can include aspects such as income, bills, debt, assets owned, savings, spending, etc.

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about financial situation, why you are satisfied/unsatisfied, how you think about or measure your financial situation.



Existential, religious and/or spiritual beliefs and practices

Next, a few questions about your existential, religious and/or spiritual beliefs and practices.

How happy or satisfied do you feel with your existential, religious and/or spiritual beliefs/practices?

This can be any religious, spiritual or existential beliefs/practices that are relevant to your life.

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

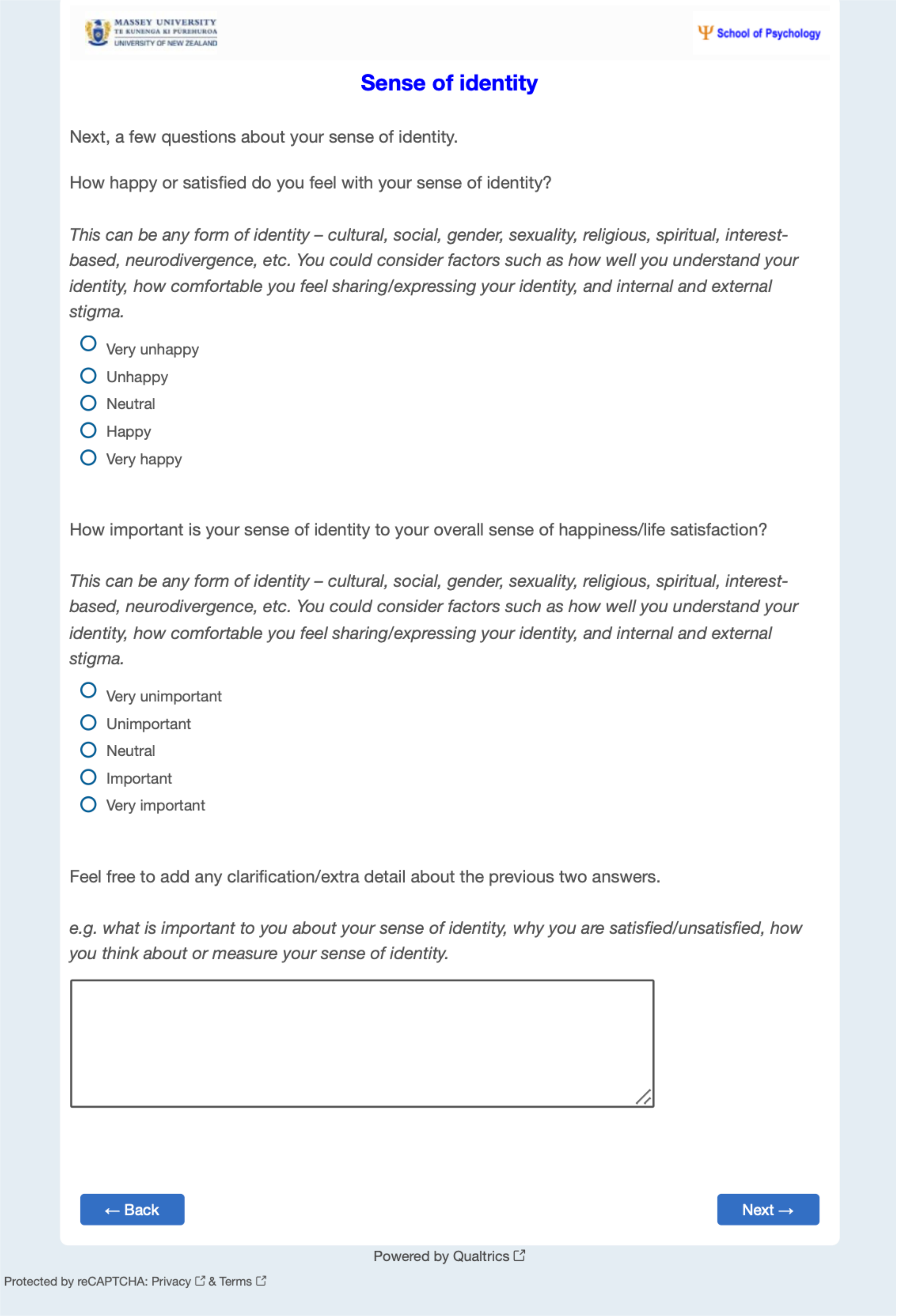
How important are your existential, religious and/or spiritual beliefs and practices to your overall sense of happiness/life satisfaction?

This can be any religious, spiritual or existential beliefs/practices that are relevant to your life.

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your existential, religious and/or spiritual beliefs and practices, why you are satisfied/unsatisfied, how you think about or measure your existential, religious and/or spiritual satisfaction.



Sense of identity

Next, a few questions about your sense of identity.

How happy or satisfied do you feel with your sense of identity?

This can be any form of identity – cultural, social, gender, sexuality, religious, spiritual, interest-based, neurodivergence, etc. You could consider factors such as how well you understand your identity, how comfortable you feel sharing/expressing your identity, and internal and external stigma.

○ Very unhappy
○ Unhappy
○ Neutral
○ Happy
○ Very happy

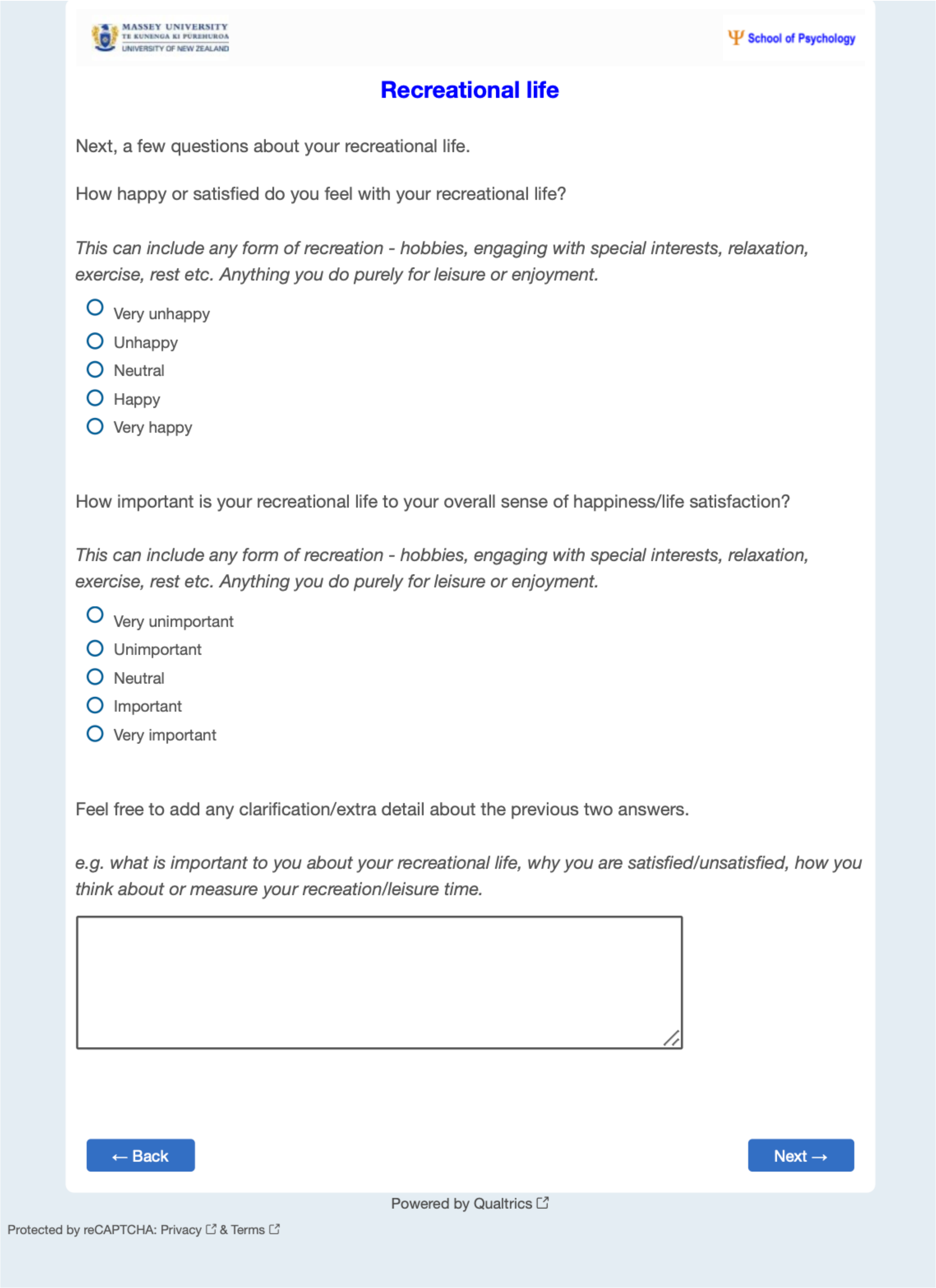
How important is your sense of identity to your overall sense of happiness/life satisfaction?

This can be any form of identity – cultural, social, gender, sexuality, religious, spiritual, interest-based, neurodivergence, etc. You could consider factors such as how well you understand your identity, how comfortable you feel sharing/expressing your identity, and internal and external stigma.

○ Very unimportant
○ Unimportant
○ Neutral
○ Important
○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your sense of identity, why you are satisfied/unsatisfied, how you think about or measure your sense of identity.



Recreational life

Next, a few questions about your recreational life.

How happy or satisfied do you feel with your recreational life?

This can include any form of recreation - hobbies, engaging with special interests, relaxation, exercise, rest etc. Anything you do purely for leisure or enjoyment.

○ Very unhappy
○ Unhappy
○ Neutral
○ Happy
○ Very happy

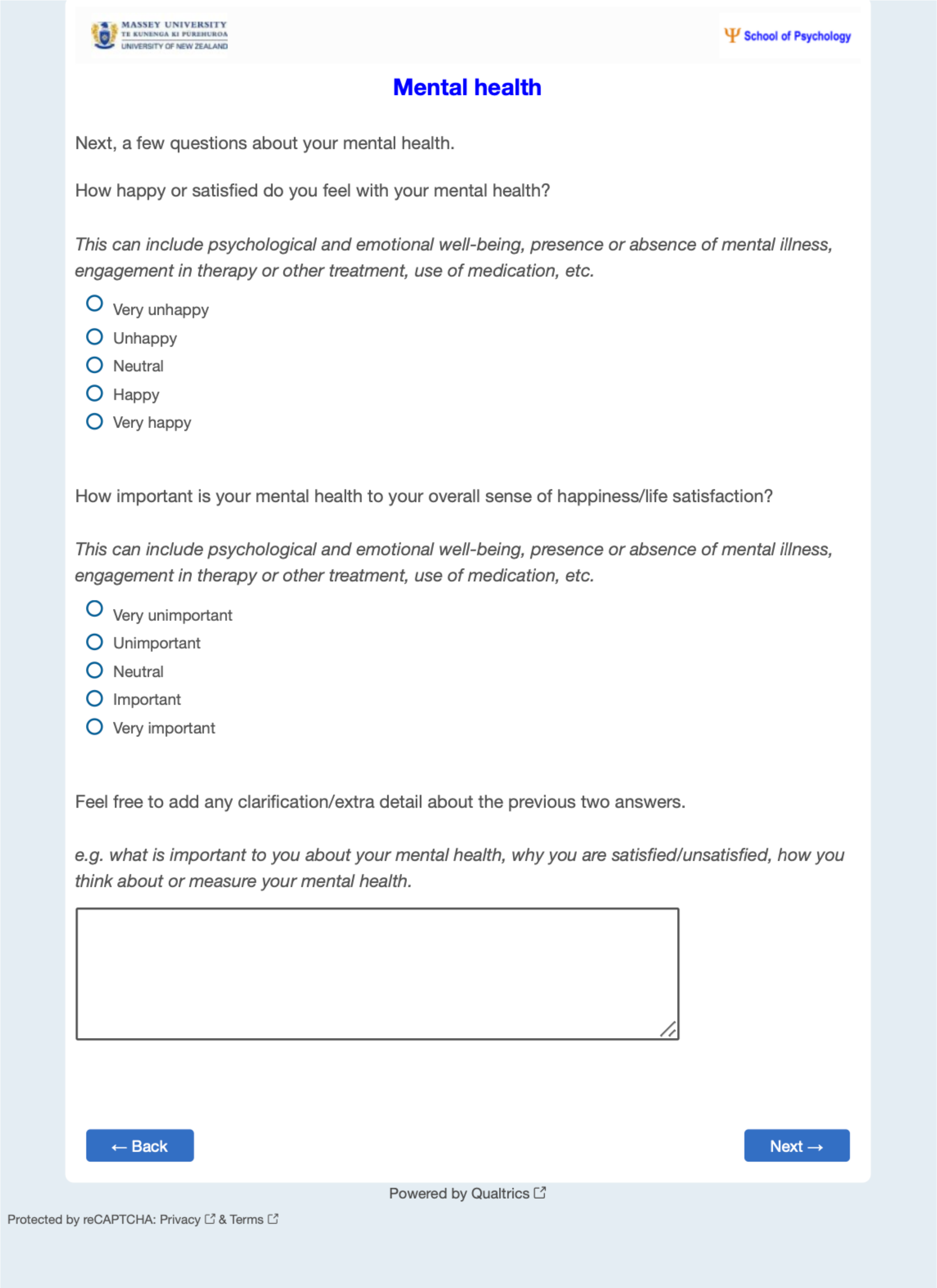
How important is your recreational life to your overall sense of happiness/life satisfaction?

This can include any form of recreation - hobbies, engaging with special interests, relaxation, exercise, rest etc. Anything you do purely for leisure or enjoyment.

○ Very unimportant
○ Unimportant
○ Neutral
○ Important
○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your recreational life, why you are satisfied/unsatisfied, how you think about or measure your recreation/leisure time.



Mental health

Next, a few questions about your mental health.

How happy or satisfied do you feel with your mental health?

This can include psychological and emotional well-being, presence or absence of mental illness, engagement in therapy or other treatment, use of medication, etc.

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

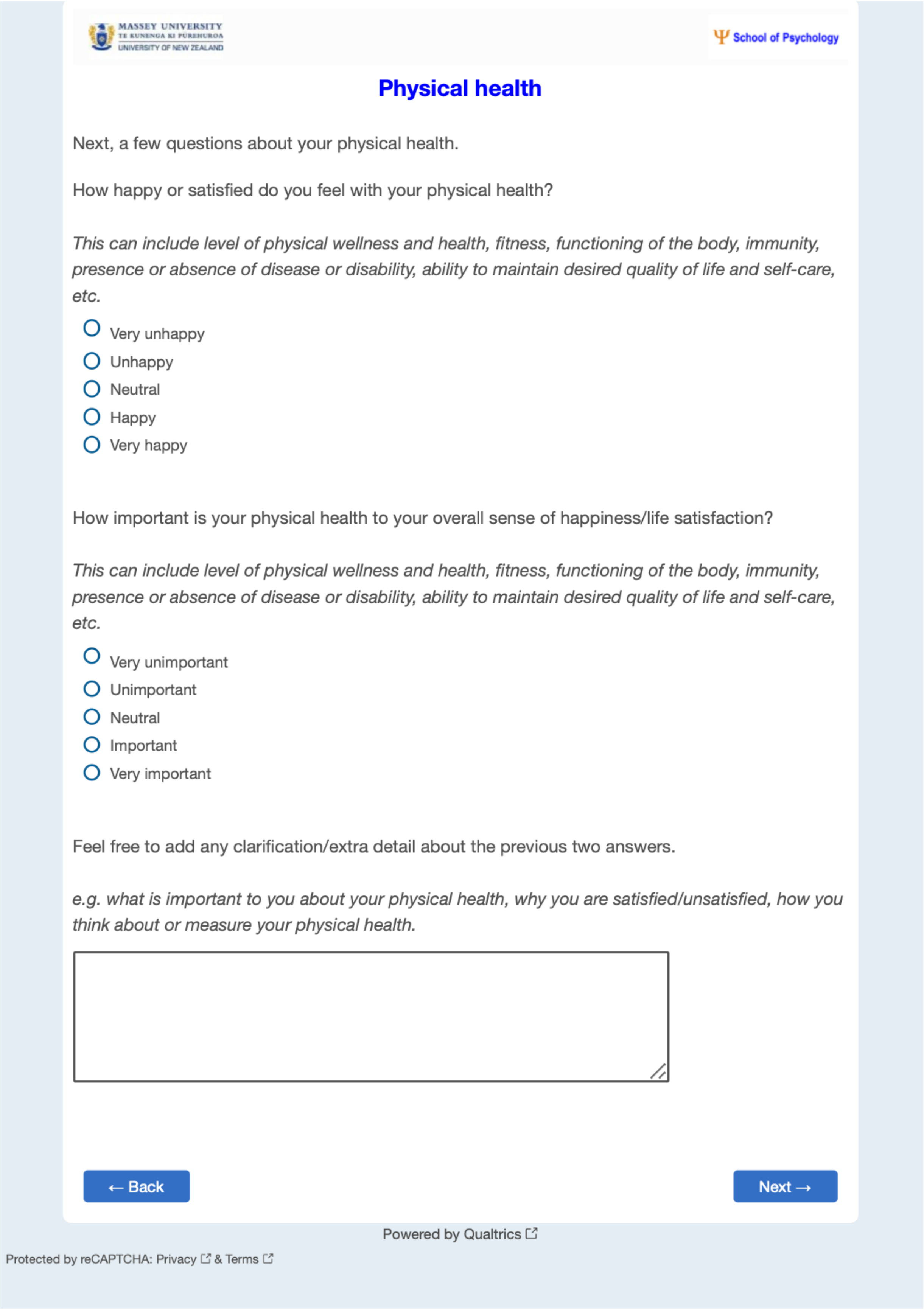
How important is your mental health to your overall sense of happiness/life satisfaction?

This can include psychological and emotional well-being, presence or absence of mental illness, engagement in therapy or other treatment, use of medication, etc.

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

e.g. what is important to you about your mental health, why you are satisfied/unsatisfied, how you think about or measure your mental health.



Physical health

Next, a few questions about your physical health.

How happy or satisfied do you feel with your physical health?

This can include level of physical wellness and health, fitness, functioning of the body, immunity, presence or absence of disease or disability, ability to maintain desired quality of life and self-care, etc.

- ○ Very unhappy
- ○ Unhappy
- ○ Neutral
- ○ Happy
- ○ Very happy

How important is your physical health to your overall sense of happiness/life satisfaction?

This can include level of physical wellness and health, fitness, functioning of the body, immunity, presence or absence of disease or disability, ability to maintain desired quality of life and self-care, etc.

- ○ Very unimportant
- ○ Unimportant
- ○ Neutral
- ○ Important
- ○ Very important

Feel free to add any clarification/extra detail about the previous two answers.

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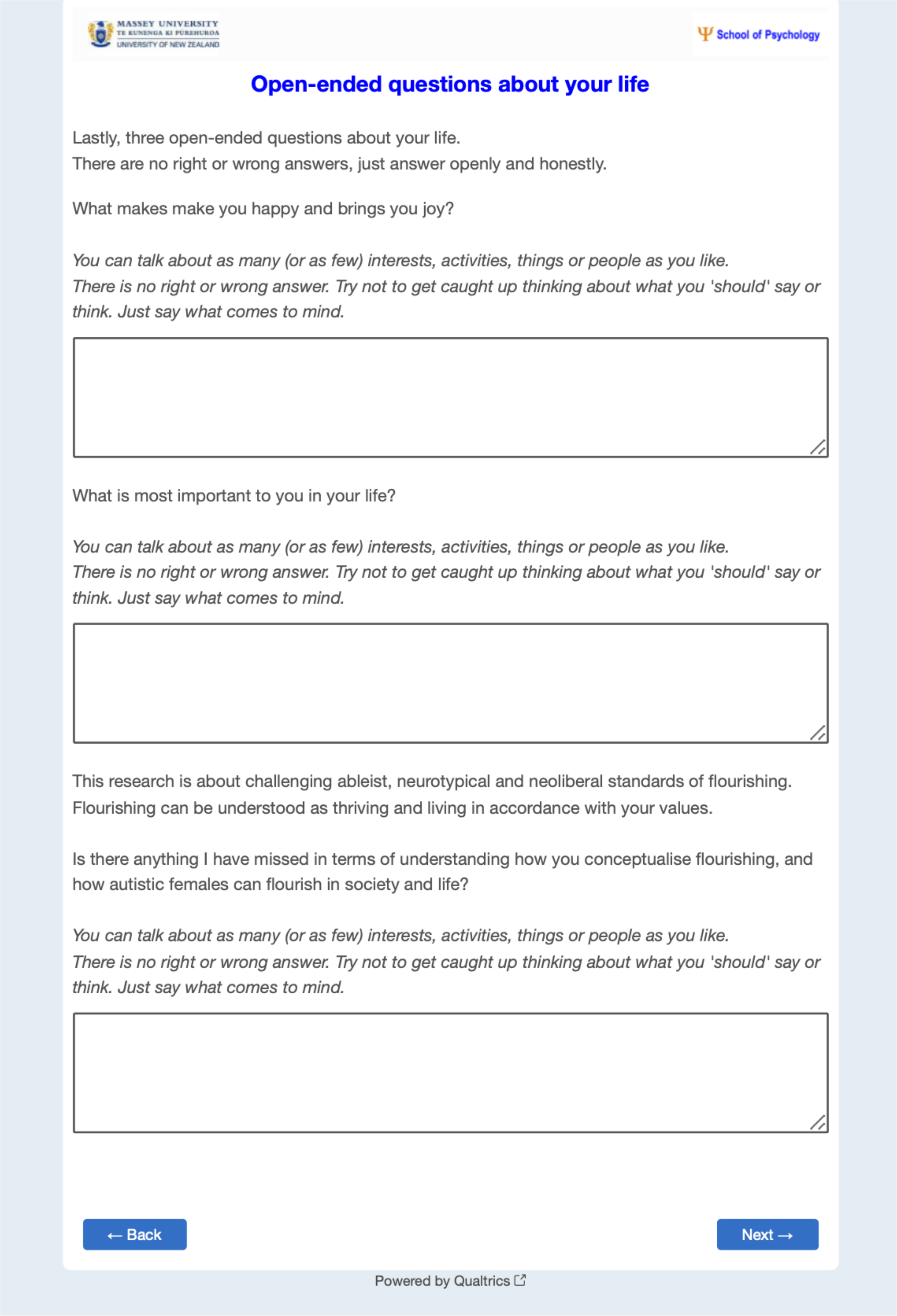


Open-ended questions about your life

Lastly, three open-ended questions about your life.
There are no right or wrong answers, just answer openly and honestly.

What makes make you happy and brings you joy?

You can talk about as many (or as few) interests, activities, things or people as you like.
There is no right or wrong answer. Try not to get caught up thinking about what you 'should' say or think. Just say what comes to mind.

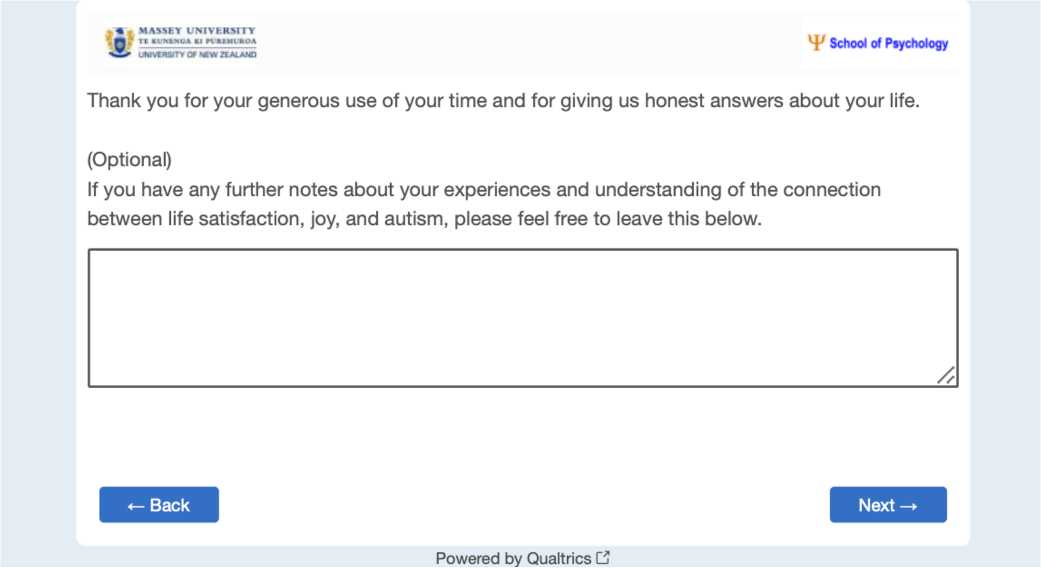
What is most important to you in your life?

You can talk about as many (or as few) interests, activities, things or people as you like.
There is no right or wrong answer. Try not to get caught up thinking about what you 'should' say or think. Just say what comes to mind.

This research is about challenging ableist, neurotypical and neoliberal standards of flourishing. Flourishing can be understood as thriving and living in accordance with your values.

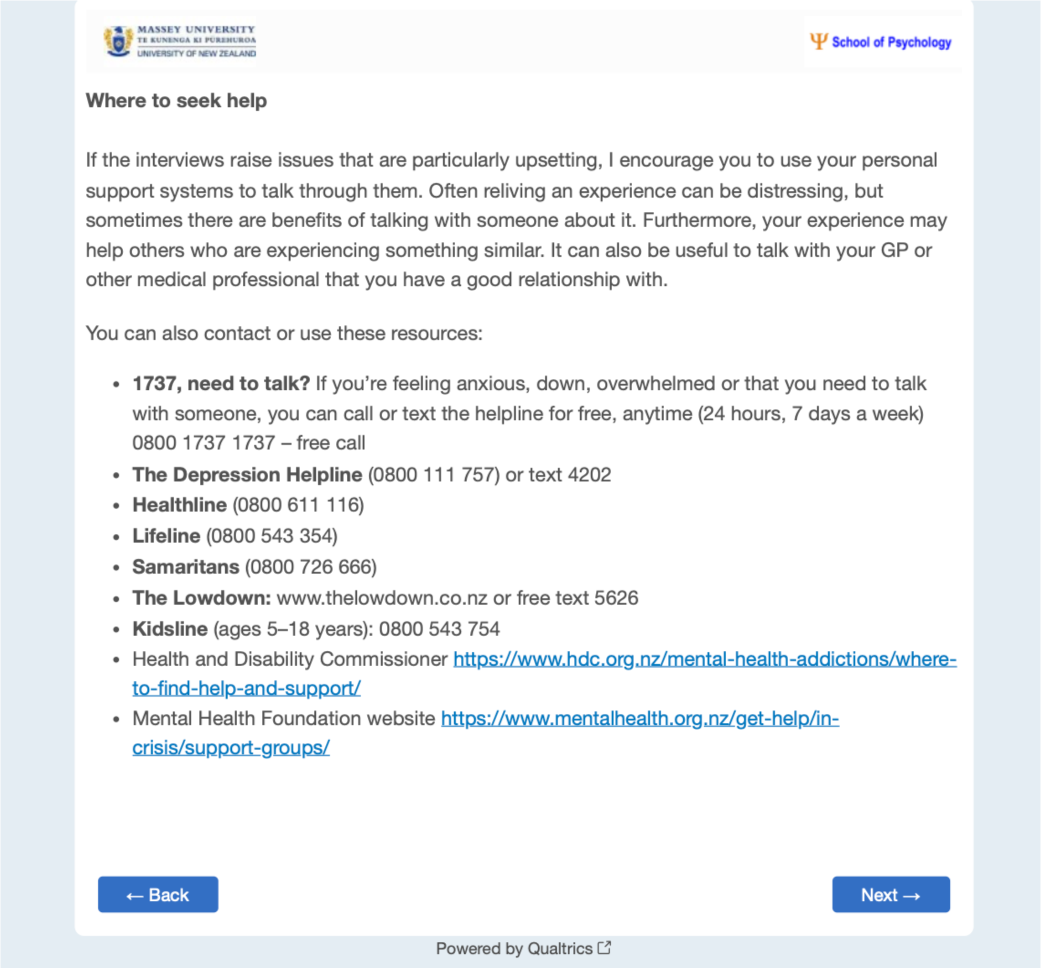
Is there anything I have missed in terms of understanding how you conceptualise flourishing, and how autistic females can flourish in society and life?

You can talk about as many (or as few) interests, activities, things or people as you like.
There is no right or wrong answer. Try not to get caught up thinking about what you 'should' say or think. Just say what comes to mind.



Thank you for your generous use of your time and for giving us honest answers about your life.

(Optional)
If you have any further notes about your experiences and understanding of the connection between life satisfaction, joy, and autism, please feel free to leave this below.

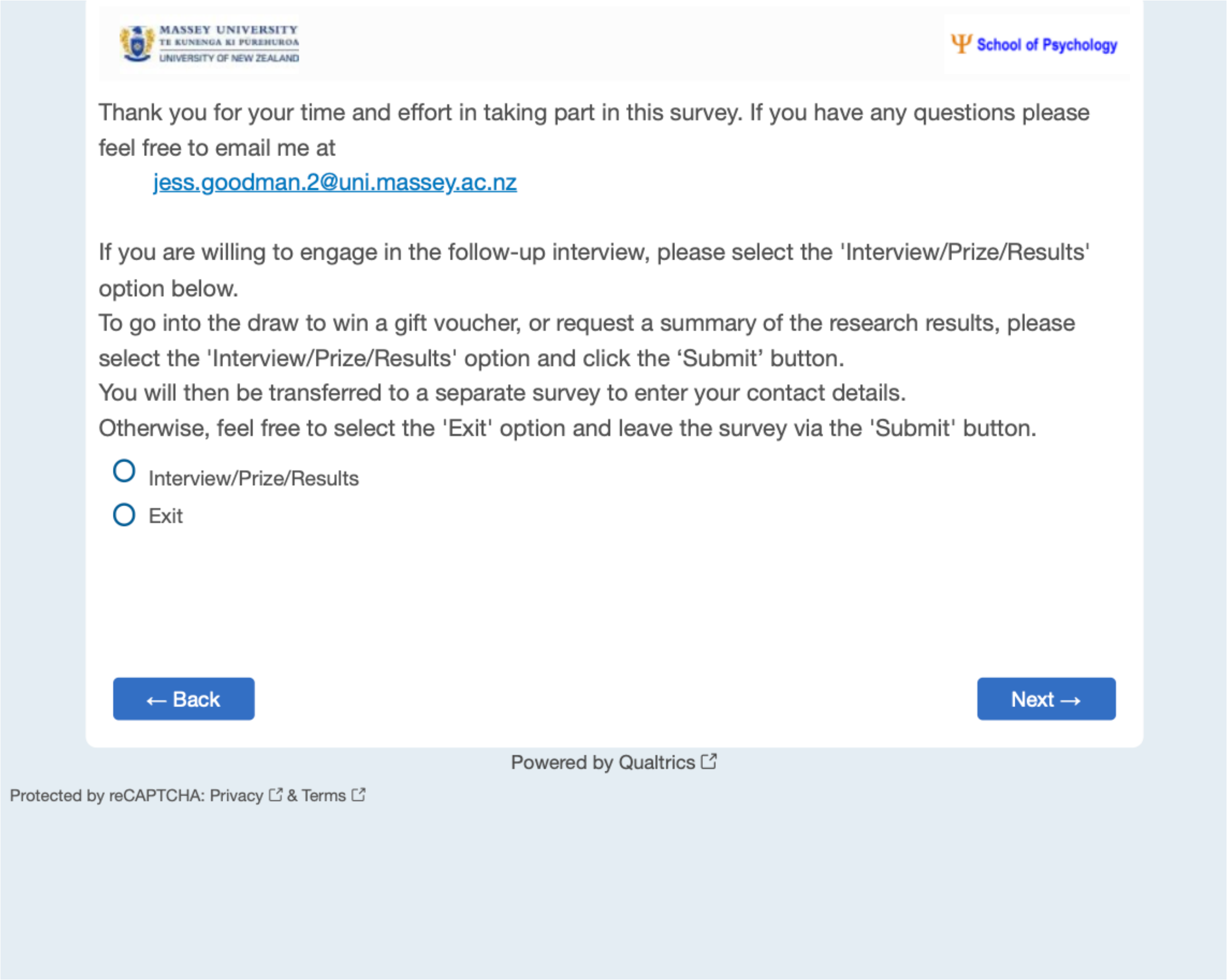


Where to seek help

If the interviews raise issues that are particularly upsetting, I encourage you to use your personal support systems to talk through them. Often reliving an experience can be distressing, but sometimes there are benefits of talking with someone about it. Furthermore, your experience may help others who are experiencing something similar. It can also be useful to talk with your GP or other medical professional that you have a good relationship with.

You can also contact or use these resources:

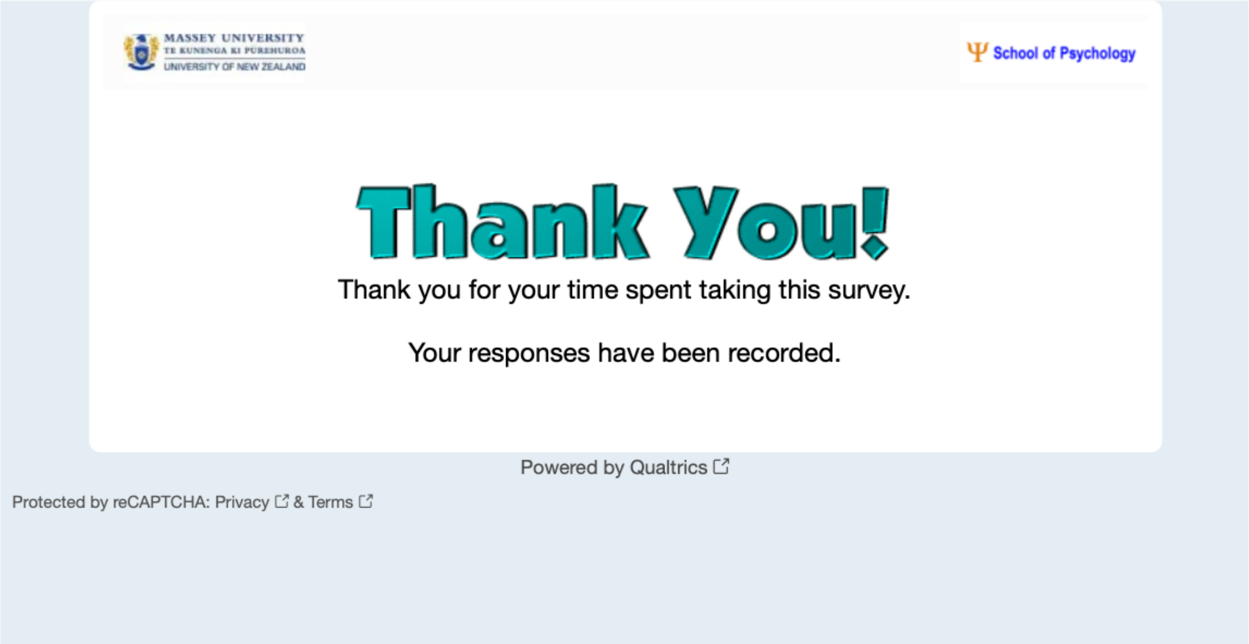
- **1737, need to talk?** If you're feeling anxious, down, overwhelmed or that you need to talk with someone, you can call or text the helpline for free, anytime (24 hours, 7 days a week) 0800 1737 1737 – free call
- **The Depression Helpline** (0800 111 757) or text 4202
- **Healthline** (0800 611 116)
- **Lifeline** (0800 543 354)
- **Samaritans** (0800 726 666)
- **The Lowdown:** www.thelowdown.co.nz or free text 5626
- **Kidsline** (ages 5–18 years): 0800 543 754
- Health and Disability Commissioner https://www.hdc.org.nz/mental-health-addictions/where-to-find-help-and-support/
- Mental Health Foundation website https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups/



Thank you for your time and effort in taking part in this survey. If you have any questions please feel free to email me at
jess.goodman.2@uni.massey.ac.nz

If you are willing to engage in the follow-up interview, please select the 'Interview/Prize/Results' option below.
To go into the draw to win a gift voucher, or request a summary of the research results, please select the 'Interview/Prize/Results' option and click the 'Submit' button.
You will then be transferred to a separate survey to enter your contact details.
Otherwise, feel free to select the 'Exit' option and leave the survey via the 'Submit' button.

○ Interview/Prize/Results
○ Exit



Thank You!

Thank you for your time spent taking this survey.

Your responses have been recorded.

Appendix B

Research Participant Recruitment Flyer

Are you an autistic woman aged 18-24?

We are researching joy, contentment, life satisfaction and flourishing of young autistic females in Aotearoa New Zealand

Scan the QR Code for more information about this research and to complete the survey

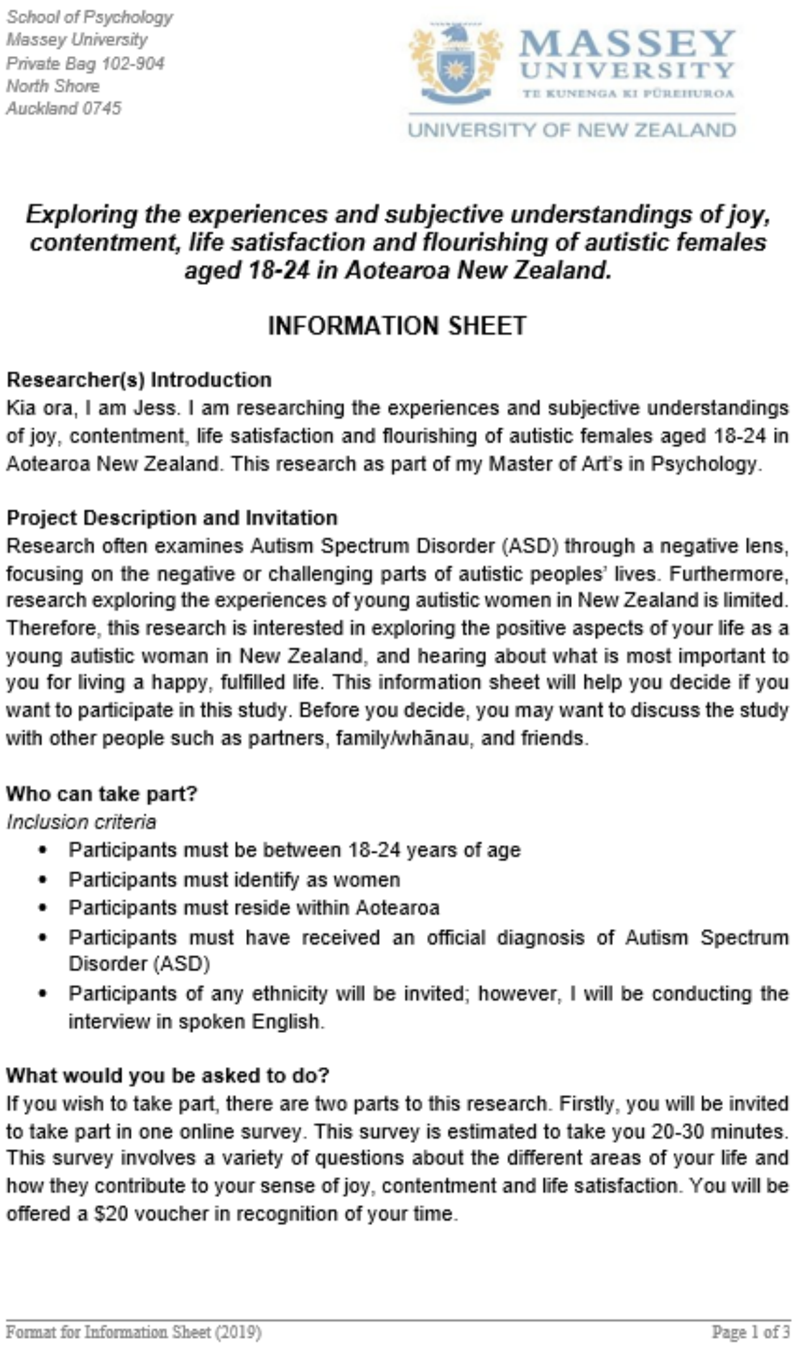
To recognise your time and contribution to the research, participants will be offered a chance to win one of twenty $20 e-vouchers

This research is being conducted by Massey University.
Please email jess.goodman.2@uni.massey.ac.nz for more information

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 24/19. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz.

Appendix C

Information Sheet



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Exploring the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand.

INFORMATION SHEET

Researcher(s) Introduction

Kia ora, I am Jess. I am researching the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand. This research as part of my Master of Art's in Psychology.

Project Description and Invitation

Research often examines Autism Spectrum Disorder (ASD) through a negative lens, focusing on the negative or challenging parts of autistic peoples' lives. Furthermore, research exploring the experiences of young autistic women in New Zealand is limited. Therefore, this research is interested in exploring the positive aspects of your life as a young autistic woman in New Zealand, and hearing about what is most important to you for living a happy, fulfilled life. This information sheet will help you decide if you want to participate in this study. Before you decide, you may want to discuss the study with other people such as partners, family/whānau, and friends.

Who can take part?

Inclusion criteria

- Participants must be between 18-24 years of age
- Participants must identify as women
- Participants must reside within Aotearoa
- Participants must have received an official diagnosis of Autism Spectrum Disorder (ASD)
- Participants of any ethnicity will be invited; however, I will be conducting the interview in spoken English.

What would you be asked to do?

If you wish to take part, there are two parts to this research. Firstly, you will be invited to take part in one online survey. This survey is estimated to take you 20-30 minutes. This survey involves a variety of questions about the different areas of your life and how they contribute to your sense of joy, contentment and life satisfaction. You will be offered a $20 voucher in recognition of your time.

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Secondly, on completion of the survey, there will be an invitation to take part in a follow-up interview. This interview is estimated to take one hour. This interview will involve related, follow-up questions to the survey, in order to get a deeper understanding of the positive aspects of your life as a young autistic woman in New Zealand, and hear about what is most important to you for living a happy, fulfilled life. You will be offered a $40 voucher in recognition of your time.

Data management

Throughout this research process your involvement in this study will be kept confidential. Survey responses will be anonymous and following the interview your transcript will be anonymised. The survey data will be saved and the interviews will be voice-recorded with your permission. All survey data, interview recordings, transcripts and additional notes will only be accessed by myself and my supervisor.

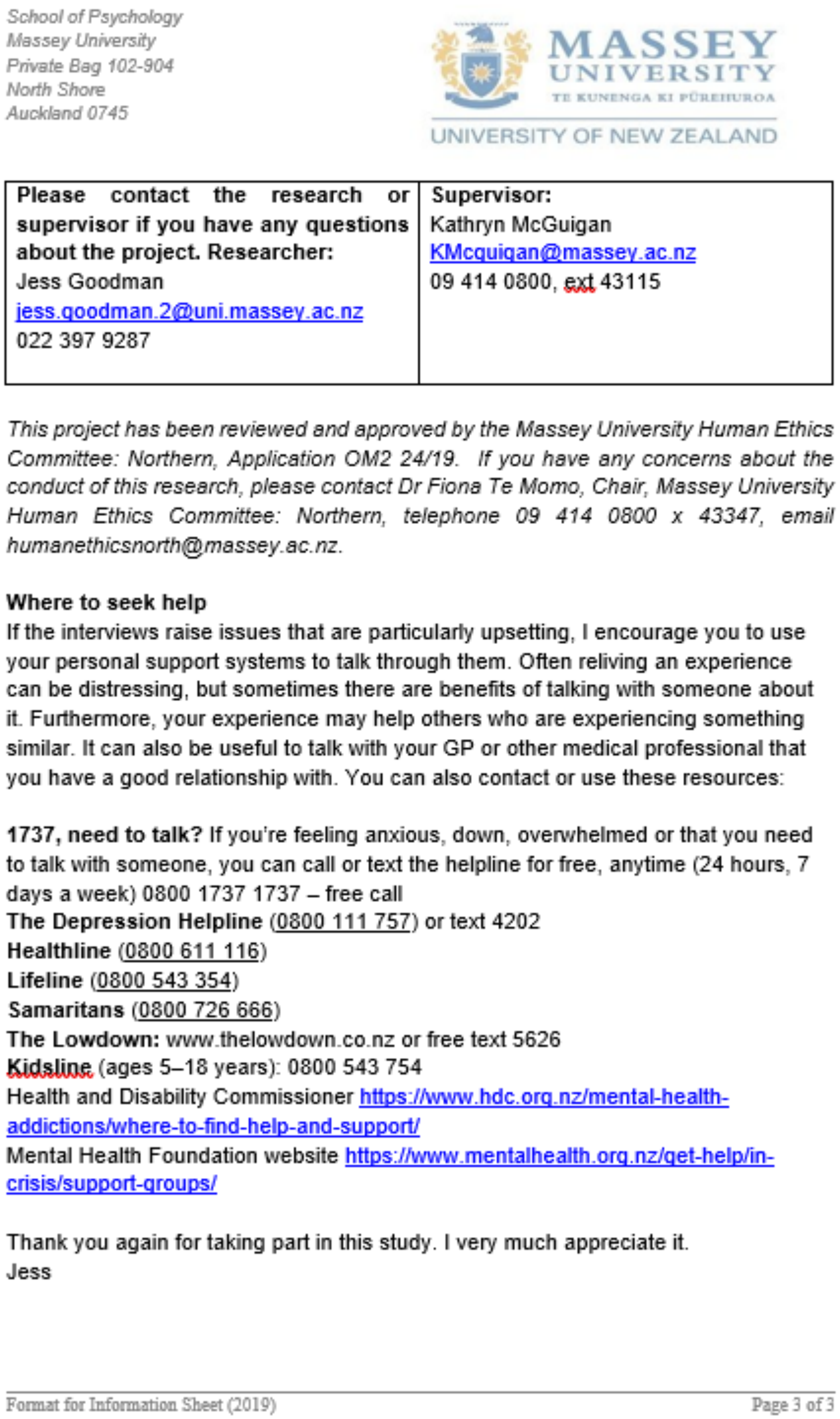
I will transcribe the interview recordings and give you a copy of the transcript (unless you opt out of this) which you can edit or make changes to if you wish. After reading the transcript you will be given a Transcript Release Authority form which, if you sign, gives me permission to use the information in my research. I will be reading through these transcripts to look for themes and patterns for my analysis.

Your confidentiality and privacy are important and therefore all names or identifying information will be removed from the transcripts, data, and write-up of the research. All personal information and data will be stored on a password-protected computer and on a Massey university hard drive until the research is complete in February 2025 at which time it will be deleted. An anonymous form of your transcript and coding will be stored for five years in the Massey H drive as the data saved to Massey university's network is backed up, maintained and managed, secure, replicated and protected against viruses.

Participants rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question.*
- *withdraw from the study (up until you give final approval for the use of your interview transcript – two weeks after your interview).*
- *ask any questions about the study at any time during participation.*
- *ask for the recorder to be turned off at any time during the interview.*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher.*
- *be given access to a summary of the project findings when it is concluded.*



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Please contact the research or supervisor if you have any questions about the project. Researcher: Jess Goodman jess.goodman.2@uni.massey.ac.nz 022 397 9287	**Supervisor:** Kathryn McGuigan KMcguigan@massey.ac.nz 09 414 0800, ext 43115

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application OM2 24/19. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

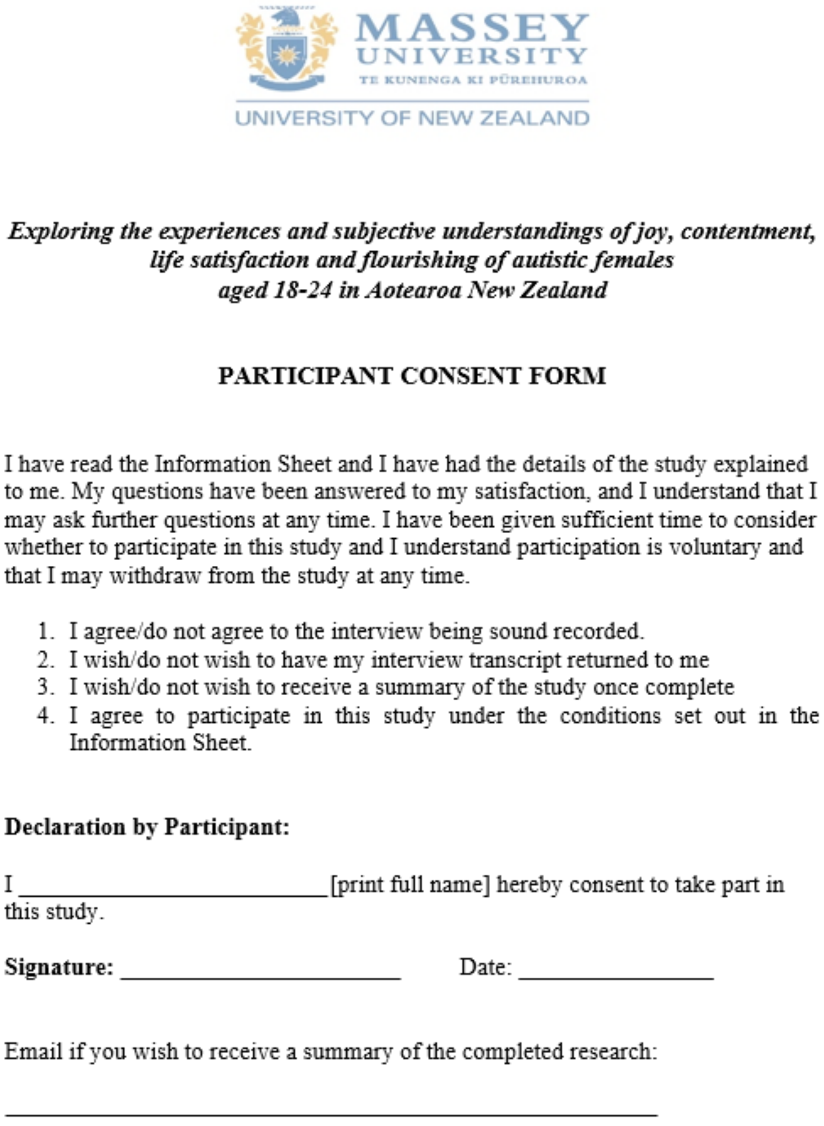
Where to seek help
If the interviews raise issues that are particularly upsetting, I encourage you to use your personal support systems to talk through them. Often reliving an experience can be distressing, but sometimes there are benefits of talking with someone about it. Furthermore, your experience may help others who are experiencing something similar. It can also be useful to talk with your GP or other medical professional that you have a good relationship with. You can also contact or use these resources:

1737, need to talk? If you're feeling anxious, down, overwhelmed or that you need to talk with someone, you can call or text the helpline for free, anytime (24 hours, 7 days a week) 0800 1737 1737 – free call
The Depression Helpline (0800 111 757) or text 4202
Healthline (0800 611 116)
Lifeline (0800 543 354)
Samaritans (0800 726 666)
The Lowdown: www.thelowdown.co.nz or free text 5626
Kidsline (ages 5–18 years): 0800 543 754
Health and Disability Commissioner https://www.hdc.org.nz/mental-health-addictions/where-to-find-help-and-support/
Mental Health Foundation website https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups/

Thank you again for taking part in this study. I very much appreciate it.
Jess

Appendix D

Consent Form



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Exploring the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand

PARTICIPANT CONSENT FORM

I have read the Information Sheet and I have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my interview transcript returned to me
3. I wish/do not wish to receive a summary of the study once complete
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I __________________________ [print full name] hereby consent to take part in this study.

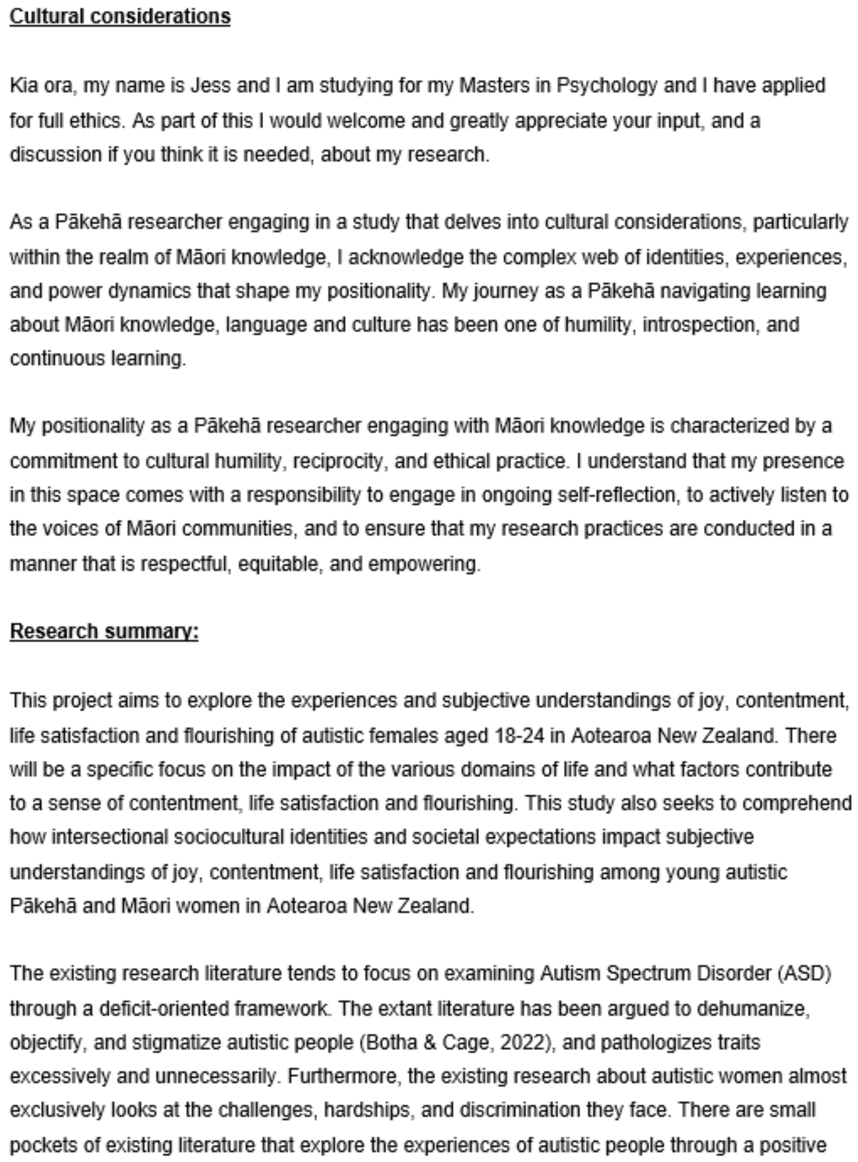
Signature: ________________________ Date: ________________

Email if you wish to receive a summary of the completed research:

____

Appendix E

Cultural Considerations Consultation Sheet



Cultural considerations

Kia ora, my name is Jess and I am studying for my Masters in Psychology and I have applied for full ethics. As part of this I would welcome and greatly appreciate your input, and a discussion if you think it is needed, about my research.

As a Pākehā researcher engaging in a study that delves into cultural considerations, particularly within the realm of Māori knowledge, I acknowledge the complex web of identities, experiences, and power dynamics that shape my positionality. My journey as a Pākehā navigating learning about Māori knowledge, language and culture has been one of humility, introspection, and continuous learning.

My positionality as a Pākehā researcher engaging with Māori knowledge is characterized by a commitment to cultural humility, reciprocity, and ethical practice. I understand that my presence in this space comes with a responsibility to engage in ongoing self-reflection, to actively listen to the voices of Māori communities, and to ensure that my research practices are conducted in a manner that is respectful, equitable, and empowering.

Research summary:

This project aims to explore the experiences and subjective understandings of joy, contentment, life satisfaction and flourishing of autistic females aged 18-24 in Aotearoa New Zealand. There will be a specific focus on the impact of the various domains of life and what factors contribute to a sense of contentment, life satisfaction and flourishing. This study also seeks to comprehend how intersectional sociocultural identities and societal expectations impact subjective understandings of joy, contentment, life satisfaction and flourishing among young autistic Pākehā and Māori women in Aotearoa New Zealand.

The existing research literature tends to focus on examining Autism Spectrum Disorder (ASD) through a deficit-oriented framework. The extant literature has been argued to dehumanize, objectify, and stigmatize autistic people (Botha & Cage, 2022), and pathologizes traits excessively and unnecessarily. Furthermore, the existing research about autistic women almost exclusively looks at the challenges, hardships, and discrimination they face. There are small pockets of existing literature that explore the experiences of autistic people through a positive lens, for example: Grove et al. (2017), Franke et al. (2018) and Little & Schwefel (2024). Furthermore, there is increasing attention on the neurodivergent paradigm – the idea that neuro-divergences such as ASD are normal parts of human neural diversity – both in books such as Chapman (2023), Nerenberg (2020), and Wise (2023), and research literature such as Sonuga (2023), Bertilsdotter Rosqvist et al. (2020), and Pisciotta (2024). However, research which explores the experiences of young autistic women in the specific sociocultural context of Aotearoa New Zealand is limited - more so is research about those that are also tangata whenua (Māori) (Tupou et al., 2021).

I have talked over the contextual factors for this project including how cultural understandings of well-being and neurodivergence will be important to consider for all participants. For example, I have explored in my literature review "Taonga Takiwātanga" which is a term that was created by linguist and educator Keri Opai (Te Atiawa, Ngāti Ruanui, Ngāti Te Ata, Waiohua, Ngāti Porou) that means 'in his/her own time and space'. This term was created to be mana-enhancing, and which regards people with autism as gifted, or taonga. Also I have considered Māori models of well-being such as Te Whare Tapa Wha.

This thesis aims to explore the following questions:

1. What are the levels of life satisfaction, fulfilment, and flourishing among autistic women aged 18-24 in New Zealand?
2. What are the factors influencing life satisfaction, fulfilment, and flourishing among Pākehā and Māori autistic women in this age group?
3. How does socio-cultural identity and societal perceptions impact the experiences of life satisfaction, fulfilment, and flourishing among Pākehā and Māori autistic women?

The Research Process and Associated Cultural Considerations:

The general ethical considerations I have made are related to the possibility of distress for the participants, giving them autonomy to decide if they can take part and ensuring that I return the transcripts to them so they can check them (as well as considering the benefits vs risks).

Due to recruitment being across Aotearoa, New Zealand, I am interviewing primarily via Zoom, but my supervisor and I have discussed having face-to-face interviews in Palmerston North if the participants would like this. My supervisor and I discussed privacy, distress, interview questions, and participant rights.

Specific cultural considerations for Māori are outlined below but I have discussed how these general principles will be used for all participants. Participants will be welcome to bring a support person with them to the interviews.

General approach:

- There is a strong possibility that Māori individuals may take part in the research. Due to this, careful consideration has been given to upholding the principles of partnership, participation and protection as outlined in Aotearoa, New Zealand foundational document, Te Tiriti o Waitangi. Such considerations have been incorporated into the research design. E.g. make the interview spaces and processes culturally sensitive and safe, creating opportunities for participants to talk about their well-being in relationship to their culture, engaging in cultural supervision, etc.
- I recognise that I may not be best suited to explore Māori individuals' narratives. However, their narratives are important, and should they feel comfortable engaging in this research and sharing their experiences with me, I will take the necessary steps to ensure that the research is culturally safe and appropriate.
- I have examined Te Ara Tika, Māori health advancement guidelines, and MUHEC guidelines, which have informed my research design and how to conduct research with Māori participants.
- Partnership will be shown through the collaborative relationship that takes place in my research. Qualitative research underpinned by critical realism, critical disability theory, the neurodivergent paradigm, and thematic analysis encourages participant-driven focus and puts the participants at the forefront of the research. It is their ideas/values and meanings that shape the research rather than my own. I piloted draft versions of the survey with a small group of autistic women, including two Māori autistic women. I will work collaboratively to effectively communicate key meanings expressed by participants in my research findings, and I will actively seek their guidance throughout the research process. So while I came up with the study, at all stages I have sought feedback on development of the survey, the interview questions are very open ended and will be guided by the participants. And we can decide together (beyond my thesis) what else could be done with the data (data analysis for my thesis will be my work however).

- The principle of participation will also be a part of my research framework as participants will have agency (choosing to do the survey, deciding if they want to take part knowing my background, giving interview transcripts back for editing, and asking what else they might like produced as a result of the research).
- The principle of protection will be demonstrated by protecting the rights and interests of the participants (which all research does). I will do this by ensuring that I have considered potential ethical concerns and address any issues that come up during the research project. These include confidentiality and privacy, ensuring that there is no harm done to the participant, informed consent and voluntary participation. The purpose of the project will also be made clear to participants before they have provided consent to participate in the research. Participants will be made fully aware of the research processes and what will be required from them. I will also emphasise to participants that should they decide to discontinue participation in the research, they have the right to do so. If distress occurs or advice is needed for these individuals then I will make sure I give them the phone numbers to seek support. For Māori participants I have consider data sovereignty and what I will do with the demographic data in order to not problematise their cultural identity, undermine their self-determination, or perpetuate colonial power dynamics.

Practical steps:

- I will engage in conversations prior to the interview to ask the participant what they would like e.g. karakia, pepeha etc. I will ask and not assume e.g. when offering karakia or pepeha (ask if they would like this, not assume).
- I will engage in the process of whakawhanaungatanga at the beginning of the interviews where we can share our backgrounds, make connections, and get to know each other.
- A karakia will also be offered to open the space to set a positive tone and provide comfort before engaging in sensitive discussions. I know an opening and closing karakia that I can use.
- I will seek appropriate cultural support during times of uncertainty and ensuring that client identities and cultural beliefs will be preserved if I need it and in discussions with my supervisor.
- I have taken time to educate myself on potentially relevant topics related to Māori life satisfaction and flourishing, such as various Māori models of well-being, including Te

Whare Tapa Wha, Te Wheke, and Te Pae Mahutonga. However, I also recognize that I will need to continuously keep learning, listening and educating myself further.

- Ask if kai is appropriate for any face-to-face interviews.

References:

Bertilsdotter Rosqvist, H., Chown, N., & Stenning, A. (2020). *Neurodiversity studies : a new critical paradigm*. Routledge.

Botha, M., & Cage, E. (2022). "Autism research is in crisis": A mixed method study of researcher's constructions of autistic people and autism research. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.1050897

Chapman, R. (2023). *Empire of normality: neurodiversity and capitalism*. Pluto Press.

Franke, K. B., Hills, K., Huebner, E. S., & Flory, K. (2019). Life Satisfaction in Adolescents with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 49*(3), 1205–1218. https://doi.org/10.1007/s10803-018-3822-4

Nerenberg, J. (2020). *Divergent mind : thriving in a world that wasn't designed for you* (First edition). HarperOne, an imprint of HarperCollins Publishers.

Pisciotta, A. (2024). Shifting Paradigms. *Voices in Bioethics, 10*. https://doi.org/10.52214/vib.v10i.12503

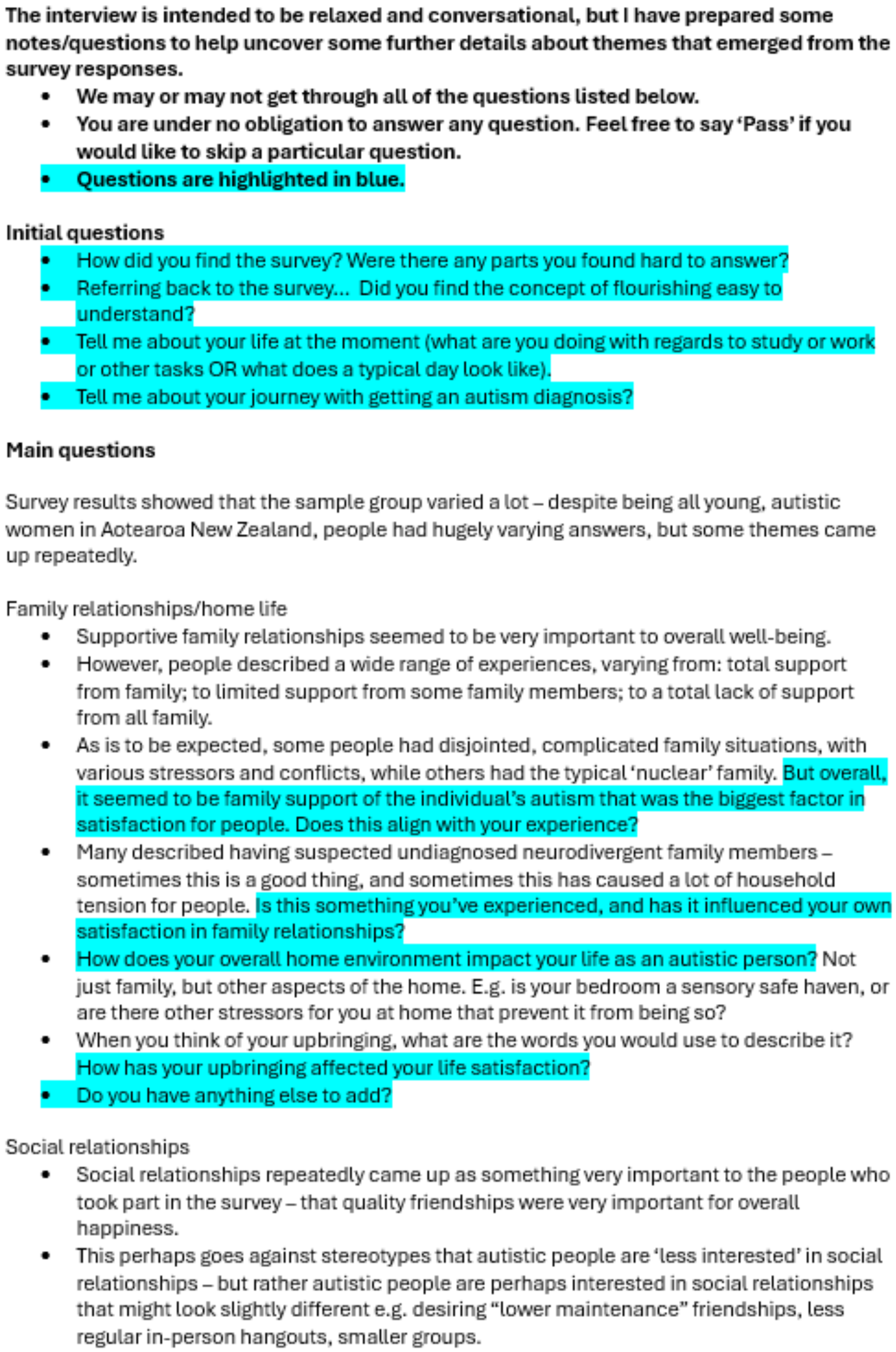
Sonuga, B. E. J. S. (2023). Paradigm "flipping" to reinvigorate translational science: Outlining a neurodevelopmental science framework from a "neurodiversity" perspective. *Journal of Child Psychology & Psychiatry, 64*(10), 1405–1408. https://doi.org/10.1111/jcpp.13886

Tupou, J., Curtis, S., Taare-Smith, D., Glasgow, A., & Waddington, H. (2021). Maori and Autism: A Scoping Review. *Autism: The International Journal of Research and Practice, 25*(7), 1844–1858. https://doi.org/10.1177/13623613211018649

Wise, S. J. (2023). *We're all neurodiverse*. https://www.thenile.co.nz/books/sonny-jane-wise/were-all-neurodiverse/9781839975783?gad_source=1&gclid=Cj0KCQjw_qexBhCoARIsAFgBleuvrfGnxuHGOW26IOQcMJCjCUiD8Ao1KIEy0JbvddaLS9DlxbkqEfEaAs1WEALw_wcB

Appendix F

Interview Questions



The interview is intended to be relaxed and conversational, but I have prepared some notes/questions to help uncover some further details about themes that emerged from the survey responses.

- **We may or may not get through all of the questions listed below.**
- **You are under no obligation to answer any question. Feel free to say 'Pass' if you would like to skip a particular question.**
- **Questions are highlighted in blue.**

Initial questions

- How did you find the survey? Were there any parts you found hard to answer?
- Referring back to the survey… Did you find the concept of flourishing easy to understand?
- Tell me about your life at the moment (what are you doing with regards to study or work or other tasks OR what does a typical day look like).
- Tell me about your journey with getting an autism diagnosis?

Main questions

Survey results showed that the sample group varied a lot – despite being all young, autistic women in Aotearoa New Zealand, people had hugely varying answers, but some themes came up repeatedly.

Family relationships/home life

- Supportive family relationships seemed to be very important to overall well-being.
- However, people described a wide range of experiences, varying from: total support from family; to limited support from some family members; to a total lack of support from all family.
- As is to be expected, some people had disjointed, complicated family situations, with various stressors and conflicts, while others had the typical 'nuclear' family. But overall, it seemed to be family support of the individual's autism that was the biggest factor in satisfaction for people. Does this align with your experience?
- Many described having suspected undiagnosed neurodivergent family members – sometimes this is a good thing, and sometimes this has caused a lot of household tension for people. Is this something you've experienced, and has it influenced your own satisfaction in family relationships?
- How does your overall home environment impact your life as an autistic person? Not just family, but other aspects of the home. E.g. is your bedroom a sensory safe haven, or are there other stressors for you at home that prevent it from being so?
- When you think of your upbringing, what are the words you would use to describe it? How has your upbringing affected your life satisfaction?
- Do you have anything else to add?

Social relationships

- Social relationships repeatedly came up as something very important to the people who took part in the survey – that quality friendships were very important for overall happiness.
- This perhaps goes against stereotypes that autistic people are 'less interested' in social relationships – but rather autistic people are perhaps interested in social relationships that might look slightly different e.g. desiring "lower maintenance" friendships, less regular in-person hangouts, smaller groups.

- But autistic friendships can also look very similar to neurotypical friendships – semi-regularly getting coffee, etc.
- Where do you see yourself fitting into this spectrum?
- How does your social life impact your overall joy and life satisfaction?
- Online friendships also repeatedly came up as very important to the people who took this survey. Have you/do you have any online friends? If so, what was your experience and what do they mean to you?
- There were specific challenges that came up repeatedly – e.g. "struggling to 'keep up' with messages from friends". Has this ever been a challenge for you and how has it impacted your well-being?
- What do you find easy about social relationships and connections as a woman with autism? And what do you find difficult about social relationships and connections?
- Do you think it is important that all ends of the spectrum within the autistic community in regards to social life are represented in academic literature and media?
- Do you have anything else to add?

Intimate relationships

- There were two 'groups' that emerged in the overall sample group. Those who found intimate relationships to be hugely important to overall well-being and happiness, and those who had very limited interest in intimate relationships and several identified as asexual and/or aromantic.
- Also, participants represented all four categories – in a committed relationship, in a casual relationship, not in a relationship (but want to be), and not in a relationship (but don't want to be) – indicating the diversity of interests even within this specific demographic sample.
- Regardless of whether people were single or in a relationship, or interested in a relationship or not, communication and physical touch (particularly sexual intimacy) frequently came up as two significant challenges for many autistic women in their intimate relationships.
- Does this line up with your experience? What do you think is important for people to understand about autism and intimate relationships?
- Do you think it is important that all ends of the spectrum within the autistic community in regards to intimate relationships are represented in academic literature and media?
- Do you have anything else to add?

Work/education

- There was also a huge amount of variability in this section.
- Some in full-time study or work, some in part-time study or work, some only engaging in voluntary work, and others unemployed and not in study.
- Some participants felt that their work/study provided a range of benefits including stability, social connection, a sense of pride, opportunity for skills growth, and a sense of purpose. Meanwhile, other participants found that work/study was extremely exhausting and inaccessible, and that they quickly experienced burnout when they had attempted to work.
- Where do you sit in this spectrum? How important is work/education to your overall happiness and life satisfaction?
- Do you think workplaces could be doing more to support the well-being of autistic workers?
- Have you seen workplaces where autistic employees were well-supported?

- What do you think are the biggest factors to autistic people being over-represented in unemployment and underemployment? And do you think this is a problem, or should we normalise this?

- For those studying, a repeated theme was that grades and progress of study was highly influential on self-esteem, self-worth and mental health. Have you ever related to this? Why do you think this may be especially true for autistic females?
- Some described barriers to studying on-campus (such as it being too overwhelming) as well as barriers to studying online (such as feeling unsupported academically and having trouble understanding the content).
- Do you think tertiary institutions could be doing more to support the well-being of autistic students?
- Have you seen tertiary institutions where autistic students were well-supported?

- Do you think it is important that all ends of the spectrum within the autistic community in regard to work/educational life are represented in academic literature and media?
- Do you have anything else to add?

Finances

- A recurrent theme regarding finances was anxiety and strained mental health over a lack of financial security and/or financial independence.
- Many participants discussed having a lack of savings and/or the inability to work many hours (or work at all), which contributed to feelings of stress and insecurity.
- No one described 'thriving' financially, however, some wrote that they are able to afford all of their essentials and that that provides some peace and a sense of independence (e.g. grateful to be able to afford one's own space).
- However, some described that being able to afford all essentials, but not being able to afford things purely for enjoyment (e.g. fun outings, materials for hobbies, etc.) makes them unhappy.
- Have you/do you relate to any of the above descriptions? How do finances impact your overall joy and life satisfaction?
- While many people experience financial insecurity and find it stressful, why do you think these themes were coming up so frequently for autistic women?
- Do you think this ties into wider gender inequities around income, wealth and savings?
- How could autistic women be better supported to feel more financially secure and independent?
- Why is being able to afford not just the necessities, but also some 'enjoyment'/'luxury' items and/or recreational activities, so important?
- Do you have anything else to add?

Existential/religious/spiritual

- As I expected, there was a wide range of belief systems and practices represented in this sample – some hold strong religious/spiritual beliefs, some struggle with reconciling their beliefs but value the community and structure that religious structures such as church provide, and others entirely reject religious/spiritual beliefs and value 'science' as the basis of their existential belief systems.
- I expected this, as I run a neurodivergent-friendly social group that many autistic women attend – of which there are both strongly religious and strongly non-religious individuals. I have found that despite having very different belief systems, these individuals all get on

exceptionally well and seem to bond over what they have in common (being autistic, hobbies, past experiences, etc.) more so than what is different about them.

- Do you think that having strong belief systems (whether that is religious or not) are important to life satisfaction and joy of autistic women? How so?
- Do you think the diversity of autistic women and their belief systems are accurately represented/portrayed in academia, mainstream media, social media, etc.?
- In your experience, have you felt connected to other autistic women despite varying belief systems, or disconnected due to differences?
- Do you have anything else to add?

Identity

- The majority of participants described struggling with their identity, experiencing a fluctuating sense of identity, and/or not having a strong sense of self e.g. "I have no idea who I am".
- Identity was described in various ways by participants - including in terms of values/beliefs, how one represents oneself, and where/how individuals fit into society. This was frequently framed in terms of how comfortable and confident individuals are with being autistic – indicating that an autism diagnosis/autistic identity is hugely important to these autistic women's sense of self and overall identity.
- For the few participants who felt a strongly defined sense of identity, they described this as providing a strong sense of satisfaction. For some, it took a long time to get to this point of fully understanding themselves.

Recreation/enjoyment

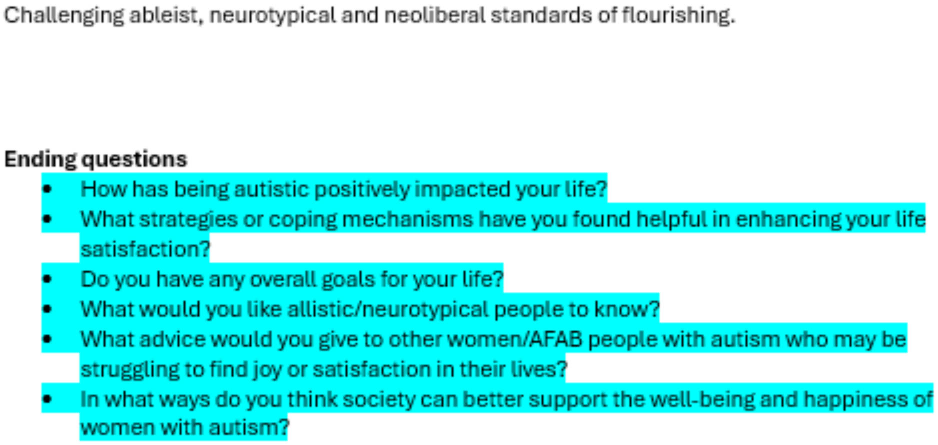
- I went into this project assuming that special interests would play a huge role in the life satisfaction and joy of young autistic women, but this topic didn't come up nearly as much as I had anticipated.
- Do you think special interests play a role in autistic life satisfaction and/or joy? If so, how so, and how big of a role?
- Do you have any special interests? Feel free to tell me about them.
- This links to the finances section – do you think there are financial barriers to engaging with certain special interests? This could be monetary, or even a lack of time/energy due to working.
- Are there any other barriers to engaging with special interests for autistic women?
- Aside from special interests in particular, do you have things in your life that bring you extended, profound joy or satisfaction?
- Do you have anything else to add?

Mental health

Physical health

What makes you happy and brings you joy?

What is most important to you in your life?



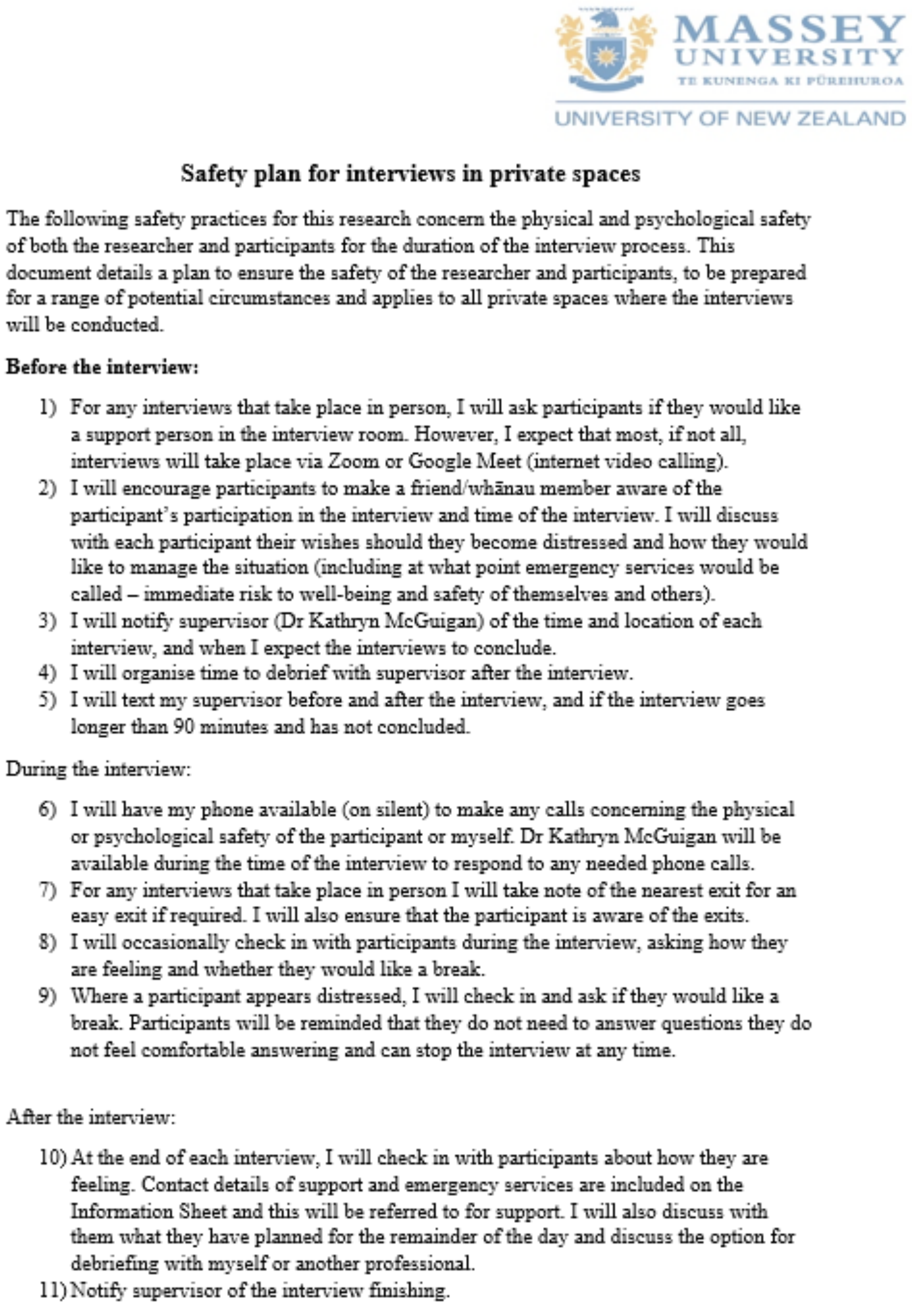
Challenging ableist, neurotypical and neoliberal standards of flourishing.

Ending questions

- How has being autistic positively impacted your life?
- What strategies or coping mechanisms have you found helpful in enhancing your life satisfaction?
- Do you have any overall goals for your life?
- What would you like allistic/neurotypical people to know?
- What advice would you give to other women/AFAB people with autism who may be struggling to find joy or satisfaction in their lives?
- In what ways do you think society can better support the well-being and happiness of women with autism?

Appendix G

Safety Plan for Interviews



Safety plan for interviews in private spaces

The following safety practices for this research concern the physical and psychological safety of both the researcher and participants for the duration of the interview process. This document details a plan to ensure the safety of the researcher and participants, to be prepared for a range of potential circumstances and applies to all private spaces where the interviews will be conducted.

Before the interview:

1) For any interviews that take place in person, I will ask participants if they would like a support person in the interview room. However, I expect that most, if not all, interviews will take place via Zoom or Google Meet (internet video calling).
2) I will encourage participants to make a friend/whānau member aware of the participant's participation in the interview and time of the interview. I will discuss with each participant their wishes should they become distressed and how they would like to manage the situation (including at what point emergency services would be called – immediate risk to well-being and safety of themselves and others).
3) I will notify supervisor (Dr Kathryn McGuigan) of the time and location of each interview, and when I expect the interviews to conclude.
4) I will organise time to debrief with supervisor after the interview.
5) I will text my supervisor before and after the interview, and if the interview goes longer than 90 minutes and has not concluded.

During the interview:

6) I will have my phone available (on silent) to make any calls concerning the physical or psychological safety of the participant or myself. Dr Kathryn McGuigan will be available during the time of the interview to respond to any needed phone calls.
7) For any interviews that take place in person I will take note of the nearest exit for an easy exit if required. I will also ensure that the participant is aware of the exits.
8) I will occasionally check in with participants during the interview, asking how they are feeling and whether they would like a break.
9) Where a participant appears distressed, I will check in and ask if they would like a break. Participants will be reminded that they do not need to answer questions they do not feel comfortable answering and can stop the interview at any time.

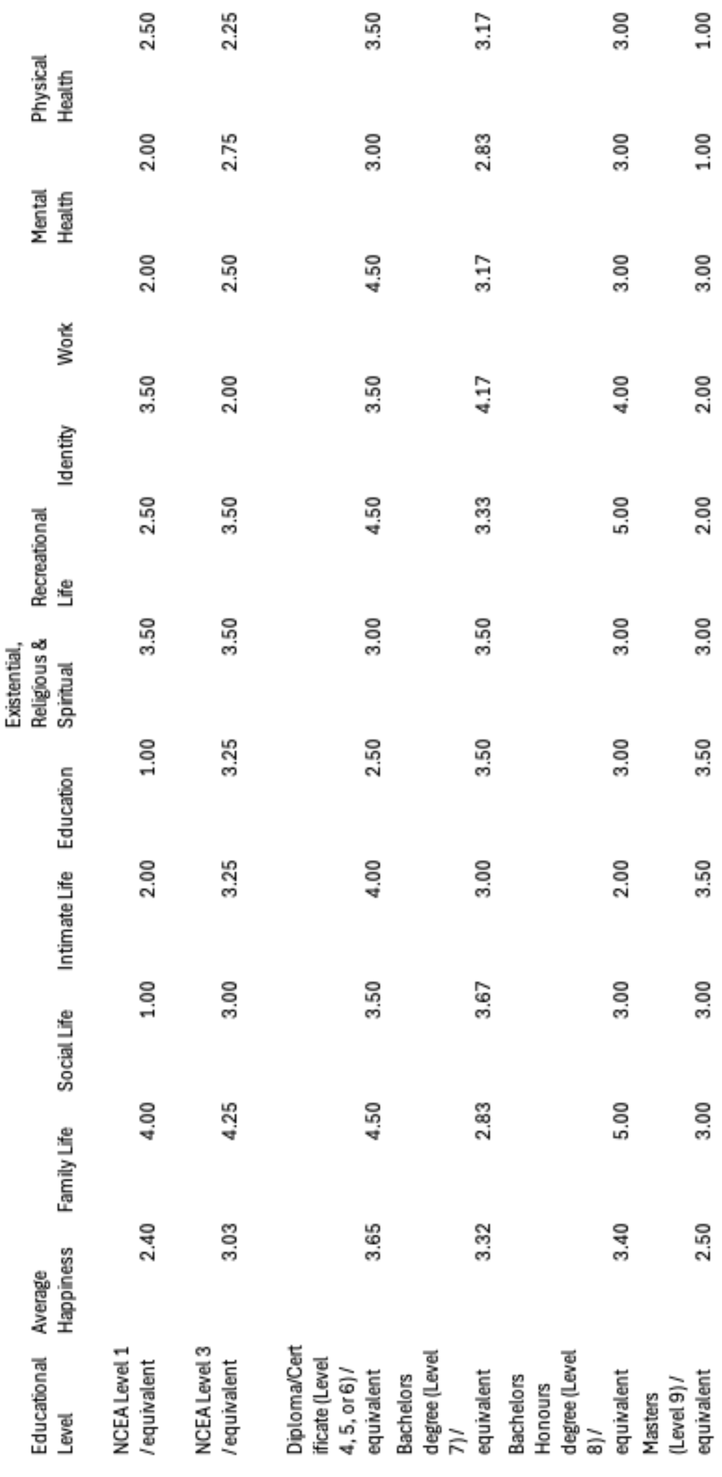
After the interview:

10) At the end of each interview, I will check in with participants about how they are feeling. Contact details of support and emergency services are included on the Information Sheet and this will be referred to for support. I will also discuss with them what they have planned for the remainder of the day and discuss the option for debriefing with myself or another professional.
11) Notify supervisor of the interview finishing.

12) Debrief with supervisor on any topics of conversation that may have been distressing to me.
13) In discussion with my supervisor, the researcher can access mental health support services should there be any concern about the emotional content or reaction to the content of the interviews by the researcher.
14) In between interviews I will have regular contact with my supervisor.

Appendix H

Average Happiness Across Domains by Education Level



Educational Level	Average Happiness	Family Life	Social Life	Intimate Life	Education	Existential, Religious & Spiritual	Recreational Life	Identity	Work	Mental Health	Physical Health
NCEA Level 1 / equivalent	2.40	4.00	1.00	2.00	1.00	3.50	2.50	3.50	2.00	2.00	2.50
NCEA Level 3 / equivalent	3.03	4.25	3.00	3.25	3.25	3.50	3.50	2.00	2.50	2.75	2.25
Diploma/Certificate (Level 4, 5, or 6) / equivalent	3.65	4.50	3.50	4.00	2.50	3.00	4.50	3.50	4.50	3.00	3.50
Bachelors degree (Level 7) / equivalent	3.32	2.83	3.67	3.00	3.50	3.50	3.33	4.17	3.17	2.83	3.17
Bachelors Honours degree (Level 8) / equivalent	3.40	5.00	3.00	2.00	3.00	3.00	5.00	4.00	3.00	3.00	3.00
Masters (Level 9) / equivalent	2.50	3.00	3.00	3.50	3.50	3.00	2.00	2.00	3.00	1.00	1.00

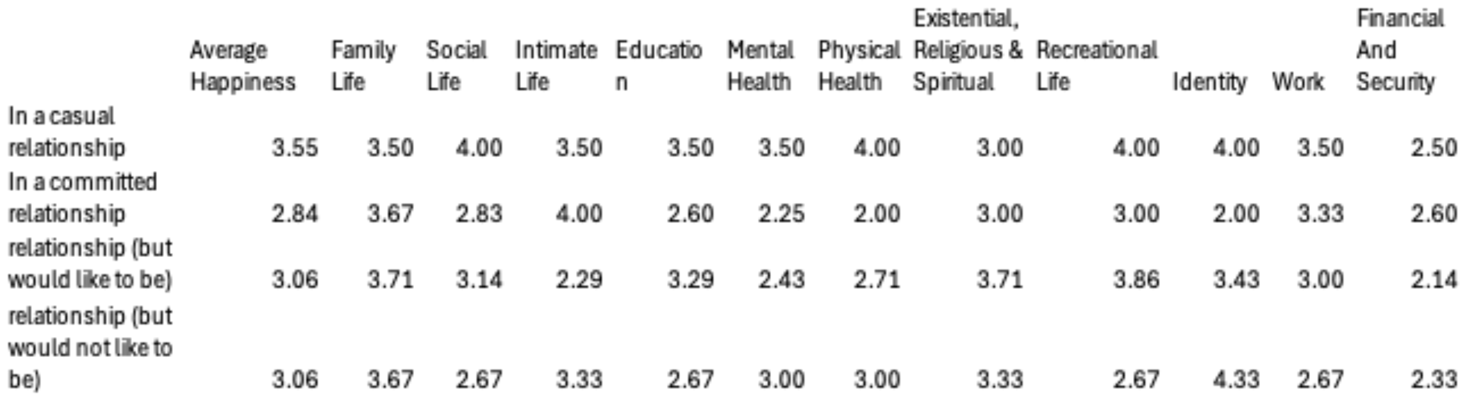
Appendix I

Average Happiness Across Domains by Employment Status

Employment Status	Average Happiness	Family Life	Social Life	Intimate Life	Education	Existential, Religious & Spiritual	Recreational Life	Identity	Work	Financial And Security	Mental Health	Physical Health
Unemployed	2.84	4.00	2.00	2.75	2.50	3.75	3.00	3.50	2.25	2.00	2.75	2.75
In unpaid work – e.g. stay-at-home parent, volunteer work	3.36	3.00	4.00	3.00	3.00	3.00	4.00	5.00	4.00	2.00	3.00	3.00
Student	3.39	4.67	3.67	3.00	3.67	3.33	4.33	3.00	3.33	2.33	3.00	3.00
In casual employment	2.18	2.00	2.50	2.00	3.00	3.00	2.00	2.50	2.50	2.00	1.50	1.00
In casual employment,In multiple employments,Student	3.18	2.00	4.00	4.00	4.00	3.00	3.00	4.00	3.00	2.00	3.00	3.00
In freelance employment	3.56	4.33	3.33	4.33	2.50	3.00	4.50	3.50	4.67	2.50	3.00	3.50
In part-time employment	1.91	4.00	1.00	3.00	1.00	3.00	2.00	1.00	1.00	2.00	2.00	1.00
In full-time employment	3.59	3.33	4.00	3.33	3.67	4.00	4.00	4.00	3.33	3.33	2.50	4.00

Appendix J

Average Happiness Across Domains by Relationship Status



	Average Happiness	Family Life	Social Life	Intimate Life	Education	Mental Health	Physical Health	Existential, Religious & Spiritual	Recreational Life	Identity	Work	Financial And Security
In a casual relationship	3.55	3.50	4.00	3.50	3.50	3.50	4.00	3.00	4.00	4.00	3.50	2.50
In a committed relationship	2.84	3.67	2.83	4.00	2.60	2.25	2.00	3.00	3.00	2.00	3.33	2.60
relationship (but would like to be)	3.06	3.71	3.14	2.29	3.29	2.43	2.71	3.71	3.86	3.43	3.00	2.14
relationship (but would not like to be)	3.06	3.67	2.67	3.33	2.67	3.00	3.00	3.33	2.67	4.33	2.67	2.33