Experiences of Neurodiversity in Māori Wāhine: An Exploration of Everyday Perspectives and Practices

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Abstract

Neurodivergent wāhine Māori (Māori women) experience a multifaceted societal space moulded by the convergence of neurodiversity, gender, and Indigenous identity. While recent research has explored neurological differences and Māori hauora (wellbeing) independently, minimal research has investigated how neurodivergent wāhine Māori encounter and negotiate daily experiences within paradigms predominately arranged by Eurocentric expectations. This thesis responds to this gap by examining the embodied realities of neurodivergent wāhine Māori in Aotearoa New Zealand, prioritising their narratives, understandings, and epistemologies.

Directed by Kaupapa Māori principles and a qualitative approach, this study stems from three extensive interviews of three participants to examine their everyday experiences. The findings demonstrate how neurodivergent wāhine Māori engage in processes of inclusion, recognition, and self-advocacy, while grappling with systemic barriers, misidentification, and cultural misinterpretation. Correspondingly, participants express sources of resilience rooted in tikanga Māori (Māori customs), interconnectedness, creativity, and communal support.

This thesis asserts that prevailing Eurocentric frameworks of neurological diversity insufficiently address Indigenous cosmologies. By foregrounding neurodivergent wāhine Māori experiences, this study advances to become a more culturally appropriate interpretation of neurodiversity and hauora. It emphasises the significance of decolonising neurodiversity discourse and advocates for practices and policies that affirm and assist the diverse modes in which neurodivergent wāhine Māori define themselves to exist and thrive.

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Chapter One: Introduction

A predominant portion of my persona has been forged by my ancestral fusion to Papatūānuku (earth mother). My maunga (mountain) Rangipoua stands sentinel over my awa (river) Haparapara. Its waters are the veins that carve through the whenua (land) of my iwi (tribe) Te Whānau-ā-Apanui, sustaining and purifying the tāngata whenua (people of the land) who are affiliated to my marae (meeting grounds) Ōtūwhare, the cradle of my hapū (subtribe) Te Whānau a Rutaia.

I include this at the genesis of my thesis to honour my whakapapa (genealogy) and tīpuna (ancestors) who have guided me to this realm and reign. As a Māori, I perceive my own journey as an extension of the educational expeditions of my tīpuna seeking to enhance our peoples' experiences, therefore I consider this work a manifestation of their aspirations. Just like any society, there are diverse factions of personalities that enrich collective competence, therefore within that context, I consider myself an inquisitive observer. This thesis was derived through witnessing fellow wāhine Māori who deviated from forced conformities such as those who advocated, were opinionated and sought justice. The wāhine toa (strong Māori wāhine) contemporarily stereotyped by a colonised society as aggressive. As Farnham (2025) states, common perception of wāhine Māori leaves little distinction between assertiveness and anger.

An example of a pioneering wāhine toa is from a pūrākau (traditional Māori story) which I grew up with in Whakatane. Wairaka was the daughter of Toroa, the chief of the Mataatua waka (Māori canoe), who broke tikanga and grabbed the oars of the waka typically wielded by tāne (men) only. The pūrākau states that while kaumātua (elderly), wāhine and tamariki (children) were waiting on the waka for their tāne to return, it started to drift away, Wairaka then stated this famous declaration, “Kia whakatāne ake au i ahau!” which translates to, “I will act as a man,” as she used the oars to move the waka and save her people (Mead, 2003, p.127). This kind of audacious act is common among my observations of Māori wāhine which could also be considered a neurodivergent trait. Cook and Garnett (2018), states that wāhine on the spectrum have tenacity and persistence enduring challenges and processing logically in stressful situations.

The embodied experience of neurodiversity is formed by converging societal identities acknowledging the differing neurodiverse experiences of European, Māori, non-Māori men, Māori men, non-Māori wāhine and Māori wāhine. These unique encounters have an impact on expression, exclusion and access to support emerging from the cumulative influences of gender and Indigeneity.

This study aims to examine the intersectionality of experiences and perspectives for Māori wāhine clinically diagnosed as neurodivergent adopting a Kaupapa Māori (Māori framework) lens which is woven into four chapters. This first chapter weaves the historical and cultural fronds of neurodiversity. Using existing literature, it unmasks the crux of neurodivergence and analyses how its characteristics and diagnoses have been contextualized primarily through a Eurocentric male gaze (Lai et al., 2015). This approach has disregarded the multifaceted intersections of personal experience until recently where information became easily accessible through social media. I will discuss traits of neurodiversity which addresses differences between the male and female experience. Following that, to comprehend neurodivergence within a Māori milieu, this chapter elaborates on the wellbeing of Māori preceding colonisation and thereafter by discussing Te Tiriti o Waitangi. A treaty between the Māori people and the British crown, which originally sought to protect Māori but instead created substantial ramifications due to its breach. This leads into a discussion about Kaupapa Māori theory (KMT) and Kaupapa Māori research (KMR) and how it would assist neurodivergent wāhine Māori. To conclude this chapter, I will discuss how neurodivergent wāhine Māori intertwine intricacies into their realities differentiating from the experiences of non-Māori neurodivergent women including the importance of acknowledging the mana (authority) of wāhine Māori who are neurodivergent.

The second chapter outlines the methodology of my research, discussing how I recruited my research participants and how I utilised a Kaupapa Māori approach whilst also reflecting on an ethical stance. Chapter three is the pūrākau of the research participants. Their stories are the data and valuable information not only for this research but for themselves, their whānau, hapū and iwi.

The fourth chapter is a discussion regarding the participants' pūrākau and the commonalities between them, with an investigation into the impact of their traits within the contemporary world and how they can be mitigated or celebrated. The fifth chapter is the conclusion with a summarisation of findings and how they can be used for the betterment of Māori.

Literature Review

From Structure to Spectrum: The Legacy and Landscape of Neurodiversity

The term 'neurodiversity' was conceptualized in the 1990's by Judy Singer, a sociologist who had navigated life through her own neurodivergent diagnosis (Botha et al., 2024). Neurodivergent profiles include autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), learning disabilities, but also encompasses different maladies that occur in the innate heterogeneity of the human mind (Hunt & Procyshyn, 2024). For this thesis, due to the characteristics of the participants, I will focus on the most widely discussed types of neurodivergence, specifically ADHD and ASD. ASD is a neurodevelopmental complexity that impacts communication, social exchanges, and conduct. Characteristics differ extensively but could include challenges in recognizing social signals, repetitive behaviours, and hyper focused fixations (Seltzer et al., 2003). Many people with ASD also encounter sensory issues but may thrive in areas like retention or pattern recognition (Lord et al., 2020). The condition is generally recognised in early childhood, although it can be diagnosed later in life. Early intervention and assistance strengthen outcomes and encourage advancement (Alonso-Esteban & Alcantud-Marin, 2022). ASD is chronic, but many people can maintain satisfying autonomous lives. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ADHD is identified by persistent behaviours of inattentiveness, impulsivity and/or hyperactivity usually observed in children (American Psychiatric Association, 2013). These symptoms disrupt everyday functioning and activities (Fuermaier et al., 2021). Indicators of inattention may consist of struggling to maintain attention, absentmindedness, and recurrent oversights, while hyperactivity is expressed by amplified fidgeting, agitation, and an inability to remain seated (Barkley, 2015). Impulsivity often causes unplanned actions, intruding on others, or difficulty taking turns. These symptoms usually emerge before 12 years of age and can influence educational, interpersonal, and vocational functioning (Fuermaier et al., 2021).

For seekers of neurodiversity awareness, social media emerges as a multifaceted medium through which neurodivergence extends beyond discussion and is recontextualised, rendering a virtual whānau (family) where autonomous advocacy, collective experience and unified expression converge (Deventer, 2025). Due to the unfurling digital epoch through the global implementation of social media, theoretical perspectives on neurodivergent characteristics have internationalised (Steiner

Hofbauer et al., 2025). However, social media also highlighted a void in exposing the intersectionality of neurodiversity and perpetuated self-diagnosis. This was because the identification and diagnosis of neurodivergent traits have typically been executed within Western scientific paradigms (Sonuga-Barke, 2023), historically focusing on European, externalised male symptoms and experiences overlooking nuances of subjective experiences (Thomas, 2024), therefore restricting accurate diagnosis for wāhine.

Contemporarily within these virtual communities the testimonies of those who were persistently overlooked, particularly females and Indigenous , confronts clinical conventions and broadens cultural consciousness of conditions such as ADHD and ASD (Miller, 2023). The comprehension of intersectionality within the neurodivergent community has increased as individuals engaged with social media to understand their identities through ordinary interactions (Miller, 2023). Theoretical interpretations on neurodiversity have transformed beyond acknowledging global lived experiences of neurodivergent individuals to progressively accepting neurological diversities. For instance, because of social media discussions between neurodivergent women, they recognised that their experiences of neurodivergence is distinct from males (Craddock, 2024).

Exploring Distinct Neurodivergent Nuances Between Genders

Initial research on neurodevelopmental conditions concentrated on European male subjects therefore facilitating andro-typical diagnostic measures (Lai et al., 2015). Within Eurocentric frameworks, men diagnosed as neurodiverse typically present varied symptoms juxtaposed against the experiences of women (Craddock, 2024). Neurodiverse males mostly manifest overt externalised measurable mannerisms such as impulsivity and disruptiveness, whereas females often camouflage and mask traits of neurodivergence modifying to mainstream societal expectations (Bolte et al., 2023). For example, Western women are raised to be passive in a patriarchal society so are more likely to internalise characteristics (Kelly et al., 2024). According to Cilia Vincenti et al. (2023), mental health disorders which are typically secondary to ADHD in males, often get diagnosed as a primary condition for females however those with ADHD were also more likely to develop anxiety and depression more than males. Furthermore, delayed diagnosis for women increases the chances of other psychological diagnoses such as a personality disorder (Kelly et al., 2024). According to the DSM-5, the diagnostic criteria for ADHD represent symptom patterns typically documented in children, specifically males, plausibly limiting reliable identification in females and adults (American Psychiatric Association, 2013). Consequently, symptom patterns of neurodivergent women have led to misidentification and under recognition contributing to missed diagnosis and delayed intervention (Hull et al., 2020).

A study conducted by Stroth et al. (2022), illuminates salient variations in how autistic characteristics manifest across genders. Typically, females receive their diagnosis when they are older comparatively to males. Men also present with greater levels of restricted and repetitive behaviour (RRBs) and an overall increase of symptom severity driven, autism diagnostic observation schedule (ADOS) results. According to Stoth et al. (2022), women tend to exhibit less communication challenges, especially in historical parental reports utilized for the autism diagnostic interview (ADI-R) and were predisposed to internalise comorbidities such as depression and anxiety while men were more commonly diagnosed with concurrent ADHD. Assessment tools like ADOS, require less signifiers to validly determine autism in women. However, some females diagnosed with autism, fell short of attaining standard ADOS male centric criteria (Stroth, et al., 2022), and are therefore at risk of not being correctly assessed. The predominantly clinically pertinent attributes for females focused on nuanced socio-communicative responses such as nonverbal cues, eye contact, and reciprocal communication, while males were more likely differentiated by stereotyped behaviours, unconventional speech, and impairments in mutual engagement (Stroth et al., 2022). The results of the study conducted by Stroth et al. (2022), emphasize the requirement for practitioners to acknowledge sex-specific phenotypic diversity and to evaluate nontraditional clinical indicators when diagnosing autism in women, especially those who may be 'masking' caused by social motivation or coping mechanisms.

Neurodivergent women frequently encompass a nuanced interweaving of tenacity, perceptiveness, and resistance, traversing a society ill-equipped for the complexities of their minds (Adamo, 2025). One distinctive quality is that many exhibit masking, a societally shaped self-preservation strategy entailing the restraint of innate actions, emotional expressions, or conversational behaviours for the purpose of conforming to neurotypical[1] expectations. Research indicates that neurodivergent women have a greater tendency to mask than men, due to gendered societal expectations, such as birthing and raising children, compelling them to be socially competent and emotionally attuned (Hull et al., 2020). From formative years, many master regulating their expressions, adjust speech and mimic normative conduct, commonly sacrificing their emotional and mental wellbeing (Adamo, 2025).

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[1] Neurotypicals are individuals whose brains and actions function consistently within the expectations of society (Angulo et al., 2019).

This perpetual monitoring can result in a significant perception of alienation, not only from others but from oneself.

Numerous neurodivergent women express being perceived as outsiders, despite being in environments intended as equitable, bearing the unspoken weight of invisibility. This alienation is not exclusively relational, it is systemic, entrenched in pedagogical, occupational, and traditional domains that commonly neglect to acknowledge or embrace diversity unless it complies to dominant hegemonies of conformity (Adamo, 2025).

Arising from this alienation often develops a strong dedication to justice and fairness, centred around personal experience (Ollington, 2025). As opposed to the experiences of neurodivergent men who acquire acknowledged societal expectations, because neurodivergent women have frequently been misunderstood, overlooked, or undervalued, they are commonly sensitive to structures of marginalisation and injustice (Ollington, 2025). Their activism is not theoretical; it is embedded in authentic experience and a desire to deconstruct the obstacles that marginalise not only themselves but others on the fringe (Matjcek, 2017).

To be the seekers and portrayers of justice requires courage. In neurodivergent people there is a propensity towards honesty and speaking the truth (Nocon, et al., 2022). As opposed to lived experiences of neurodivergent males, because most neurodiverse females have masked most of their lives to conform, when they are honest it can manifest as being rude (Mo et al., 2022). However, for the purpose of this study I transmute ‘being rude’ into ‘the audacity,’ the courage to articulate when repressing is more comfortable. Audacity challenges expectations while genuinely presenting oneself despite societal pressures and dominant ideologies. This audacity is not conceited or arrogance; it is painfully achieved self-assurance and a refusal to belittle. It is formed from years of conforming to a society that has excluded and silenced her (Crochet, 2023). The vocal battles derived from intuitive comprehension that her self-identity is not only valid but is relevant. In environments where she is normally dismissed or misunderstood, the neurodivergent woman asserts her presence, sometimes fiercely, sometimes subtly, but generally always with a purpose (Crochet, 2023). Her life is moulded not only by challenges but out of tenacity, wisdom, and the persistent desire for belonging where she can live "authentically".

In comprehension of these feminine driven traits, masking, alienation, the fight for justice and audacity, we begin to view neurodivergent wāhine not through limitations but as multifaceted, competent, and profoundly influential members of society, whose existence confronts, enriches, and transforms the status quo. These experiences can drive the neurodivergent woman into leadership that is not particularly traditional but is equally powerful. Neurodivergent women lead with foresight, authenticity (Seers & Hogg, 2023), and an advanced ability for empathy (Hume et al., 2021). They forge uncharted paths, utilize artistic expression, mobilize masses, deliver trailblazing frameworks, and bring forth alternative perspectives into focus (Robdale, 2024). Their authority is not about power or dominance, but about discourse, integrity, and growth (Nocon et al., 2022).

Māori Heritage and Healthcare Hostilities: Ramifications for Neurodiverse Whānau

Although the core characteristics of neurodivergent identities have been uncovered by Western research and enlightenment expanded through social media, a study of neurodiverse communities on TikTok, "Building Community and Identity Online: A content Analysis of Highly Viewed #Autism TikTok Videos," conducted by

Gilmore et al. (2023), unearthed that neurodivergent ethnic minorities remained in an epistemic void in relation to cognitive disorders stating, “Autistic Black, Indigenous , and people of colour may have difficulty finding others that represent them along both disability and racial dimensions.” Therefore, Māori experiences are essential to enrich the vault of neurodivergent findings as their encounters are foreign to Western models (Simpson, 2023; Tupou et al., 2021). Discussing Māori history in association with neurodivergence investigates how established perspectives, colonisation, and adapting societal norms such as social media, have shaped understanding, and evolved responses of neurodivergent attributes within Māori society.

Māori uniquely experience cognitive heterogeneity, alchemizing Western ontology of neurodivergence (Tupou et al., 2021). Before European colonialists anchored upon the shores of Aotearoa, Māori tended upon a holistic horizon of health where cognitive wellbeing is a necessary but not exclusive bind woven into the net of existential quality (Durie, 1985). During colonisation, the wellbeing of tāngata whenua faltered, fuelled by foreign diseases and whenua confiscation. For Māori, their land defines who they are, without it; they are forsaken. Indigenous fulfilment frameworks were undermined, and Western models marginalised Māori lore (Moewaka Barnes & McCreanor, 2019).

Displacement, poverty, and regimented racism augmented inequalities heralding historic health disparities that continue to dominate Māori communities. The dawning of colonial systems birthed the alienation of Māori from their whenua and initiated the death of their traditional arts which pre-colonisation, had supported wellbeing (Moewaka Barnes & McCreanor, 2019). Assimilation became a tool to expedite loss of land and welfare as their language also evaporated with te reo Māori (Māori language), becoming mere murmurs among monotones. These disruptions dismantled the interpersonal and environmental foundations that had once sustained the well-being of Māori (Moewaka Barnes & McCreanor, 2019).

Contemporarily, Māori academics sought systems to mitigate Māori wellbeing such as the ‘Te Whare Tapa Whā” model (Durie, 1985). This framework harnessed the hā (breath) of the wharenui (meeting house) to illuminate the intertwined dimensions of wellbeing. The four walls represent vital aspects of good health. These include, Taha Tinana which refers to the physical vitality of being, Taha Hinengaro represents emotional and cognitive wellness, Taha Whānau signifies family systems and social well-being, while Taha Wairua pertains to a person's spiritual functioning. All four walls are securely rooted in the whenua, and each wall is essential for a wharenui to stand.

Māori health inconsistencies in contemporary Aotearoa are echoes of colonisation which inspired intricate, and institutional forces to cultivate inequality, woven with cultural displacement (Te Kōmihana, 2022). These disparities are not sprung from inherent differences of Māori physiology or psychology but illuminate enduring fractures of a breached treaty between the Māori people and the Crown, prompting ongoing ostracism of Māori truths and principles within health frameworks (Te Kōmihana, 2022).

In 1840, Te Tiriti o Waitangi was signed between a constellation of Māori chiefs and emissaries of the British Crown and is Aotearoa's foundation stone. It birthed the bedrock for kinship between the Crown and Māori, vowing to preserve Māori tino rangatiratanga (self-sovereignty or chieftainship) while forging Crown authority over British citizens (Burns et al., 2024). Article One of Te Tiriti affirms that Māori consented for British covenant and architectures to be cemented but did not endorse the crushing of Māori authority over their sovereign affairs (Came et al., 2021). Article Two stated that Māori would safeguard chieftainship over taonga which embodied a woven blanket covering traditional knowledge and resources that promoted wellbeing (Kawharu & Tapsell, 2025). Article Three, vowed that Māori would receive mirrored entitlements and privileges of British subjects, conveying equal access to ministries like healthcare (Mutu, 2021). However, the Crown and successive governments introduced policies to weave Māori out of the pattern severing them from their whenua, enabling the crumbling of cultural customs, and installing barriers from self-determination in health networks (Thom & Grimes, 2022). These laws included the Native Land Act (1865), which created individual titles of land as opposed to customary titles and made it easier for settlers to purchase Māori land (Kukutai et al., 2022). For Māori, the belief that everything is interconnected includes an entanglement with the land. Without whenua, Māori become disjointed from themselves (Lindsay-Latimer et al., 2024). Māori whakapapa threads an enduring ancestral rope to Papatūānuku, considering 'land possession' as not only alien but antithetical for Māori who cannot possess their mother but is cradled by her (Mildon, 2016).

The insufficiency to maintain Te Tiriti forged systemic racism and disparate accessibility to health services instigating relentless health disproportions (Came et al., 2024), such as mounting instances of prolonged afflictions, shortened mortality and obstacles befitting clinical care for Māori (Gurney et al., 2020). Comprehending Te Tiriti is integral for confronting and resolving these breaches and is essential for addressing the bedrock issues of Māori health injustices and navigating Tiriti-based pathways to health restoration and alliance (Came et al., 2019). Through addressing the wounds seeping from violations of Te Tiriti, it is necessary to recognize injustices that continue to affect Māori and to assist in building healthy foundations for their wellbeing (Came et al., 2019). This is specifically important for neurodivergent Māori who as a manifestation of the weaving of colonisation, cultural displacement and institutional bias within schooling and healthcare systems, frequently experience isolation (King, 2019). These interwoven consequences can stall diagnosis, impede availability to appropriate support, and fortify discourses of inadequacy that neglect to respect neurodiversity bound by a Māori perspective (Tupou et al., 2024). Culture can also influence diagnosis and treatment for neurodivergent individuals (Bernier et al., 2010).

Kaupapa Māori Research as Resistance

This thesis will be grounded in KMR as it binds a realm where neurodivergent Māori wāhine are illuminated and celebrated in their complexity. Kaupapa Māori research is anchored in Kaupapa Māori theory (KMT) (Pihama et al., 2002; Smith, 1999) and is a theoretical lens that challenges colonial discourses and provides pathways for perspective, identity, and restoration. Manifested as an interlaced independence and interwoven infrastructure, KMR is braided with Mātauranga Māori (Māori knowledge) moulded by tenets such as manaakitanga (support and interdependence), tino rangatiratanga, and whanaungatanga (collective responsibility) (Smith, 1999; Pihama et al., 2002). As a decolonising framework, it aims not only to challenge hegemonic Eurocentric discourse, but to restore Māori methodology (Smith, 1999), For neurodiverse wāhine Māori, KMR provides a liberatory landing through which neurodivergence is valued as an authentic form of Māori identity and journey. KMR empowers the weaving of diverse minds into the communal kete of wāhine Māori, and whakapapa, resisting colonial constructs while equilibrating embodied realities influenced by Indigenous legacy and neurological diversity (Smith, 1999). Kaupapa Māori Research evolves into not just a practice but a revival, a platform where neurodiverse Māori wāhine may express, bear witness and be witnessed within whānau and tikanga, and therefore will be the underpinning of this thesis.

Neurodivergent Wāhine Māori: An Investigation of Intersectionality and Integrity

Māori wāhine journey through psychological characteristics that could challenge customary worldviews of conformity as they are not only wāhine in a male centric society but also Indigenous within a colonised country. However, within Mātauranga Māori, their wanderings may be considered cornerstone components in the many strands of self-perception transcending sole entwinement with physiology by weaving in whakapapa and wairua (spirituality) (Houkamau, 2010). Kaupapa Māori research includes tapestries that are copious with spiritual ideologies which shape existence and where neurodiverse qualities could be witnessed as either socially constructed concepts or as culturally esteemed virtues (Tupou et al., 2024).

This research evaluates whether neurodiversity in Māori wāhine is a fabric of shared beliefs and diagnostic criteria from the DSM-5 cast in motion by Western ethos, or if neurodivergent attributes are entrenched threads of ancestry etched into Māori metaphysical methodologies. Fundamentally, this study seeks to reflect upon expressions widely woven with neurodiversity (such as cognitive thinking, interpretation, or intellectual capacity) and how they weave together within Mātauranga Māori.

Neurodivergent conditions such as ADHD and ASD are frequently disregarded or overlooked among Māori (Bevan-Brown, 2004). For Māori wāhine, this absence or latency of diagnosis is further deepened by intertwining ethnic and gender-influenced preconceptions that hinder how indicators are observed within pedagogical and clinical institutions (Te Whare Ora - Health New Zealand, 2023). Western medical evaluation schemas can falter in considering culture to discern how attributes are articulated (Alarcon, 2009). For instance, interpretations around visual interaction, eyebrow motion (Gruber et al., 2016), and emotional communication in Māori communities may manifest heterogeneously from non-Māori in medical evaluations, provoking misperception of neurodivergent features.

During colonisation, Māori were beheld as emotional and oppositional specifically when evaluated juxtaposed to reigning Western social conventions (Holmes, 2021). This is intensified for Māori wāhine, who commonly experience prejudice born stereotypes culminating in being characterised as adversarial, indifferent, or reactive (Farnham, 2025), which could be correlated with psychological features rather than cultural attributes (Tempest, 2024). Additionally, countless neurodivergent wāhine “mask,” as discussed earlier, to fulfil social or whānau expectations, obscuring symptoms that may defer or deny diagnosis influencing witnesses to perceive their struggles as magnified or fabricated (Shen, 2025). Conversely, when masking is absent, their behaviours may be pathologized or penalised rather than being evaluated through a neurodivergent lens (Tempest, 2024). This can culminate into being stigmatised as problematic or noncompliant as opposed to someone necessitating assistance and support (Farnham, 2025).Wāhine Māori are frequently constrained by shaming stereotypes such as being aggressive or audacious, which are recurrent themes interwoven in colonial ideologies that undermine tino rangatiratanga and mana motuhake (self-determination) (Farnham, 2025; Hastie, 2025). Hastie (2025) also states that Māori wāhine raising tamariki (children) with autism must challenge Eurocentric pathologising frameworks and reclaim their

Indigenous wisdom specifically because prejudicial assumptions about Māori wāhine persist within clinical and societal domains.

Globally there are insufficient statistics on neurodivergent Indigenous females due to male dominated Eurocentric clinical criteria (Riches & North, 2024). For Indigenous women, the data is lower due to imperial biases in research, marginalisation and the institutionalised use of western-dominant methodologies that exclude Indigenous philosophies and gendered narratives (Marquez, 2022). The void in neurodiversity studies and public discourse regarding Māori wāhine proposes that the prevailing portrayal of neurodivergence continues to echo Western norms.

Consequently, neurodivergent characteristics presented by Māori wāhine could manifest beyond society's suppositions of what "neurodivergence" resembles, and their experiential realities could be refuted or misjudged. Inherent prejudice and institutional discrimination within education and health further impede access to assessment and assistance with Māori societies enduring persistent systemic disparities when receiving healthcare (Thompson, 2019). Māori wāhine frequently traverse treatments that are not culturally customized (Harris et al., 2025). This is amplified by gender-specific presumptions within medical environments that continue to cling to male experiences of neurodivergence (Craddock, 2024). Consequently, medical practitioners may mistake neurodivergent traits for psychological predicaments, post-traumatic stress, or social dysfunction, neglecting neurological divergences (Baig, 2024). These interwoven prejudgements can defer or obstruct diagnosis for Māori wāhine, delaying accessibility concerning early intervention and recognition.

The interwoven interactions of simultaneously embodying female, Māori and neurodivergent identities, construct distinct challenges that are rarely raised in dominant diagnostic or support structures (Taylor et al., 2024 pg. 2). In educational institutions, for instance, expressions like restlessness, emotional reactivity, or challenges with self-regulation may be perceived as misconduct as opposed to indicators of neurodivergence (Fielding et al., 2025). This can lead to employment disciplinary suspension, educational detachment, and extended ramifications on self-perception and self-confidence (Palmer, 2025). Additionally, Indigenous people are significantly excluded in neurodevelopmental studies (Hyett et al., 2018), implying that current diagnostic specifications typically do not consider the subjective realities of Māori wāhine. When therapeutic and social services do not integrate Kaupapa Māori paradigms, Māori can experience cultural alienation from the exact structures proposed to facilitate their necessities (Rameka, 2018).

The deprivation of pertinent and prompt clinical evaluation may also exhibit considerable impacts on psychological health and identify development (McIntosh, 2022). Many wāhine Māori internalize their adversities, accrediting them to individual shortcomings and interpreting them as a component of a neurological condition which may result in elevated incidences of anxiousness, depressive disorders, and whakamā (shame) (Lapsley et al., 2002). Conversely, obtaining a diagnosis that is both accurate and culturally contextualized can be validating and liberating. It can supply a framework for self-awareness, bridging individuals with facilitated communities, and forge access to relevant resources (Craddock, 2024).

Eurocentric systems of neuropsychological wellbeing and knowledge regularly fail to comprehend Māori ontologies, influencing further misconceptions. For example, responses that contemplate profound wairua sensitivity or a powerful affinity to te Ao Māori (the Māori world), may be discredited as the result of trauma or social barriers, devoid of recognition of concurrent cognitive disparities (Cabraja &

Junior Sophister, 2024). This exclusion of neurodivergence through a biased deficiency-driven approach might contribute to wāhine Māori not receiving relevant support, fortifying marginalisation (Meredith et al., 2025).

Mainstream society often misinterprets the wellbeing of wāhine Māori because of the lack of cultural sensitivity, intersectional comprehension, and inclusive clinical frameworks (Meredith et al., 2025). These erroneous beliefs can have significant consequences, consisting of late diagnoses, ineffective interventions, and perpetual societal and institutional bias (Cabraja & Junior Sophister, 2024). To successfully support wāhine Māori diagnosed as neurodivergent, medical services and educational organisations must include procedures that are both culturally respectful and neurodiversity-validating. This includes the advancement of Kaupapa Māori informed evaluation tools, skill development for professionals in cultural awareness and intersectionality, and collaborative strategies that actively engage whānau. By acknowledging and affirming the mana of neurodivergent wāhine Māori, support frameworks and academic development can progress toward equity, facilitating more comprehensive and enabling experiences inclusively.

Present Research Focus

This chapter explored the hegemonic narrative of neurodiversity that has historically been structured through a Western androcentric perspective (Tupou et al., 2021). This framing has often and continues to marginalise or misdiagnose neurodivergent wāhine Māori. Employing KMT, will contribute to resolving the critical void in established literature by elevating the embodied experiences of neurodivergent Māori wāhine, whose circumstances have been underrepresented within imperial diagnostic and research paradigms. This thesis attempts to elucidate the lived experiences of neurodivergent wāhine Māori, a population whose testimonies have been traditionally marginalised within both diagnostic and sociocultural discourse. Through comprehensive, qualitative interviews with neurodivergent wāhine Māori, this research prioritizes their quotidian circumstances, adversities, and perseverance, documenting complex revelations that quantitative methodologies independently cannot expose. By prioritising these narratives, the investigation provides a culturally informed interpretation of neurodivergence that is influenced by Māori epistemologies and principles. This study, woven within the threads of KMT, aims to elevate the expressions of neurodivergent Māori wāhine and weave outward, guiding more whakapapa aligned clinical practices, shaping policy that validates wāhine Māori lived realities, decolonising and reconstructing psychological paradigms to honour Indigenous epistemologies fortifying the woven cloak of Mātauranga Māori and collective restoration.

The following chapter is methodology, which explains the use of a Kaupapa Māori framework to support the study structure. Kaupapa Māori theory and Kaupapa Māori research principles are clarified, positioning the research within an Indigenous epistemic foundation that centres Māori epistemologies, identity, and practice. It discusses the application of narrative-based methodology, incorporating pūrākau as a traditional technique of knowledge gathering, and addresses ethical concerns and the function of the researcher while acknowledging that the thesis is filling a gap in literature.

Chapter Two: Method – A Kaupapa Māori Approach

Tinting the lens with Kaupapa Māori, illuminates the hue of this chapter. This philosophy is woven in to anchor the mana of the participants of this thesis, neurodivergent Māori wāhine. As the weavers of this research, these wāhine Māori have experienced struggles not exclusively on their journey to diagnosis, but also through nurturing neurodivergence as a crucial strand plaited into all fibres of their tapestry.

This chapter binds the methodological foundation for this thesis, which is firmly fastened within Kaupapa Māori Theory (KMT) and Kaupapa Māori Research (KMR). As a Māori researcher entwining the everyday patterns of neurodivergent wāhine Māori, I weave the path of this Kaupapa tethered to uplifting Māori experiences using tikanga and mātauranga.

Kaupapa Māori is not merely inquiry-based, it is a core decolonising tool that unpicks traditional threads of Eurocentric academic patterns to reweave Māori tapestries with tikanga (Mikahere-Hall, 2017). Anchored in this approach is the binding principle tino rangatiratanga (self-determination), interlacing research that is connection focused, mana-enhancing and fundamentally formative for those that enmesh with this Kaupapa (Lawton et al., 2013; Smith,1997).

The harnessing of narrative inquiry within Kaupapa Māori, reflects the bounty bestowed on storytelling as a culturally befitting and necessary practice. For Māori, narratives are required for transmitting tradition and embracing existence while sustaining ties to whakapapa and whenua (Ware et al., 2018). In this research, the narratives offered by neurodivergent wāhine are not threads to be unravelled, but rather an exploration of their hikoi (journey). Their pūrākau (stories), present textured awareness of how neurodivergence intersects with Māoritanga and ‘te mana o te wāhine’ (the prestige of a woman).

This chapter unfolds by detailing the dimensions of my method and mapping how KMT has rendered the research design while the next section encapsulating KMR and narrative exploration. It then flows into my decision to utilise narrative inquiry manifested as the pūrākau of neurodivergent wāhine Māori, unearthing a deep chasm in the existing literature (as outlined in Chapter One). Thereafter, I engage with case-based studies in KMR and explain how findings foraged from participants reaped through kōrero (talking), exposes echoed encounters of neurodivergent wāhine. In continuation, the next discussion emphasises the value of cultivating trust and connection through whanaungatanga and manaakitanga to compile and capture participants’ pūrākau. Next, I address the schema of analysis arrangement adopted in this thesis, portraying process whereby the participants kōrero were clarified and curated into a nuanced narrative through a Kaupapa Māori perspective. I then examine ethical considerations contained in this research related to cultural compliance, conscious consent, and responsibility of care when collaborating alongside wāhine Māori. Following that I reflect on the limitations of the research and the chapter then closes with a summary of the methodology of this thesis.

Kaupapa Māori Theory: The Trunk of Māori Research

As my fingers typed this chapter, the text embodied the shade they bear. It is in writing from a Kaupapa Māori perspective that they are free to tap my identity into an existence which I abysmally attempted to cover in a contemporary society that measures by façade. In comparison to the previous chapter, saturated with cited references, KMT and KMR encourages Māori to become the reference, where their pūrākau form the tools for data acquisition. Adopting qualitative research design allows each tangata Māori (Māori person) to collate their story using collective traditions that synthesise stories of their tīpuna (Pouwhare, 2016).

Upon reflection of own my pūrākau, I perceive trees as whanaunga, members of my bloodline, for they too are descendants of Papatūānuku with roots clinging to our tīpuna. Therefore, I mihi (pay tribute) to the Pōhutukawa, the wordless watcher who has long witnessed progressions preceding my existence and I invite them to be a decisive dimension of this research.

The Pōhutukawa (*Metrosideros excelsa*) is an Indigenous coastal perennial tree of Aotearoa, commonly described as the "New Zealand Christmas tree" owing to its striking red flowers that flourish in summer (de Lange, 2022). A Pōhutukawa tree anchors on tumultuous terrain and is frequently seen on rugged coastline, its exposed aerial roots resembling the beard of a wise kaumātua (elder). As pūrākau necessitates the usage of metaphors (Standing & Kahu, 2021), the Pōhutukawa metaphorically represents KMT, grounded in the fertile foundation of Mātauranga Māori (Smith, 2015). For visual context, I have included a photograph and explanation of metaphorical connections in Figure 1 (pg. 40). Its origins are cultivated by tīpuna wisdom and collective contestation, honouring the history of Māori perspectives in the realm before and after colonisation (Mahuika, 2008). KMT is a Māori ideological and epistemological system embedded in Māori principles born out of oppressive colonisation with the purpose to restore Māori identity, tino rangatiratanga, and epistemologies (Smith, 2003). It is also a relational and pedagogical revolution; a restoration of Māori conceptualisation contemporarily confined by colonial constructs (Smith, 2003).

The Cultivation of Kaupapa Māori Theory

Kaupapa Māori Theory emerged in the 1980s, when academics and activists such as Graham Smith solidified KMT as a countermeasure to colonial marginalisation in education and research (Smith, 1999). The notable characteristics of KMT include legitimising and validating Māori experiences, committing to restoring tikanga and te reo Māori acknowledging that they are crucial to Māori wellbeing (Lee, 2009). For Māori, their language expresses their persona, patrimony and philosophy and is not merely a means of communication. Within this reclamation is the resistance of dominant western epistemologies which have marginalised Māori and sustained racism (Reid et al., 2019). However, it is important to note that in the development of KMT, Graham Smith selectively utilised Western epistemologies in its design, which supported Māori objectives as opposed to prioritising Western paradigms. While firmly founded in te ao Māori, Smith and scholars such as Russell Bishop applied Western critical theory practices provided by academics Antonio Gramsci and Paulo Freire, to express transformative praxis, reflective consciousness, and control (Smith, 2017). Therefore, although KMT is embedded in Māori principles and goals, its initial development required engagement with Western knowledge, even though critical theory was not the leading epistemology (Martin et al., 2025; Rua et al., 2021; Smith, 1999, 2005).

Comparable to a tree trunk which is the foundation that grows offshoots, leaves, blossoms, and fruit, KMT supplies the fundamental framework for KMR (see Figure 1). It provides systemic stability securing the study by embedding identity establishing who formulates the lines of inquiry, manner of inquiry and matter of inquiry (Smith, 2012). In the absences of this conceptual foundation, research might tokenistically collaborate with Māori contributors perpetuating colonial frameworks

(Pihama, 2010). The KMT trunk operates as a vessel of sustenance, transmitting core principles such as tikanga and Māori worldview, drawn from the roots of whakapapa to the branches of the inquiry process, encompassing method, framework, and distribution (Cunningham, 2000; L.T. Smith, 2012) (see Figure 1). Without a robust trunk, this flow becomes disjointed or diminished. Nonetheless, KMT also supports strength and elasticity, like a trunk that sways without snapping, it enables research to adjust to societal and institutional dynamics while sustaining its ancestral authenticity (Pihama, 2010; Walker et al., 2006).

Kaupapa Māori theory facilitates branching and growth, sustaining a spectrum of studies across different disciplines such as education, wellbeing, and ecological studies (Smith, 2017). Although these branches may shift in shape, they remain related to the unified philosophical origin, sourcing strength from a collective foundation (Smith, 1999; Smith, 2003). Therefore, KMT strengthens and sustains studies that are revolutionary, Indigenous -led, and rooted in Mātauranga Māori.

The Roots of Kaupapa Māori Theory

Deconstructing the metaphoric trunk, reveals that KMT is not a hollow pillar, but a dynamic, multidimensional composition constructed requiring integrated facets that nourish and define Indigenous research. Roots are embedded in the ground of Mātauranga Māori, where cosmologies, epistemologies, relational and wairua-centred ideologies are the nutrients that generate growth. They are not external concepts but ancestral sources from which theory inherently arises (Smith, 1997) (see Figure 1).

The roots or whakapapa is the bloodline, flowing like sap that sustains a tree, it powers KMT's resistance to colonial control and its declaration of tino rangatiratanga. This ideologically charged mauri (lifeforce), strengthens research to confront dominant paradigms and implement colonial change (Smith, 1997) (see Figure 1).

Ingrained within the foundation of KMT are core guiding tenets and beliefs such as kotahitanga (unity), mana, manaakitanga, tino rangatiratanga and whanaungatanga, which are moral strata comparable to growth rings (see Figure 1), that reinforce identity and authenticity across generations (Smith, 1997). Mana demonstrates the dominion and dignity of participants'; manaakitanga promotes care, respect, and reciprocity; tino rangatiratanga defends Māori discretion over research directives and developments and whanaungatanga develops dependable researcher/participant relationships. These ideologies provide methodological directives from the designing of the research questions to the techniques adopted to identify, interpret, and impart insights. By targeting Māori doctrines and directives, KMT tenaciously tempers the taxing, objectifying and often detrimental designs demonstrative of early Western research approaches, producing research that dignifies Māori epistemologies, empowerment, and transformative practice. KMT protects Māori tenets and epistemologies, ensuring that research is tasked using techniques that are ethical, responsive, and relational to Māori. These kaupapa are not just metaphorical, they must be intentionally intertwined into academic approach, methodology, and in distribution of knowledge acquired (Lee, 2009; Smith, 1997).

The Fruits of Kaupapa Māori Theory

Despite the difficulties KMT confronts, the fortitude and lifeforce of the KMT trunk persists to nurture and preserve revolutionary research inquiry. As a solid and animated framework, KMT employs a Māori lens guaranteeing that investigations are significant to Māori, uplifts Māori communities and harmonises shared aspirations of tino rangatiratanga and social wellbeing (Curtis, 2016). As opposed to forcing external agendas, KMT provides room for queries to emerge from inside te ao Māori (Curtis, 2016).

In reference to implementation of KMT, research designs and methods are firmly aligned with tikanga Māori, integrating principles such as whanaungatanga, and manaakitanga (Smith, 2012), into the research journey. This embraces reciprocal and relational modes of interaction with collaborators, alongside a well-founded obligation to iwi, hapū and whānau (Hodgetts et al., 2022; Smith, 2012). The result of this inquiry reflects a core tenet of KMT, which positions research 'by and for Māori' as necessary for the betterment of communities through transformative practices instead of generating knowledge for knowledge's sake. I elaborate on the value of ensuring that research actively advances transformative outcomes within my methods chapter. KMT exists to support change, contribute to parity in education, improve Māori hauora, reawaken te reo Māori, and reinstate mana to Māori communities (Smith, 2017; Pihama et al., 2002).

Finally, Kaupapa Māori theory secures the core presence of Māori perspective and self-governance in knowledge generation (Curtis, 2016). It opposes the exclusion of Indigenous viewpoints which situates Māori as objects of study, and makes them active knowledge creators, authors, and primary researchers (Smith, 2012). Accordingly, KMT functions as both the foundation and mauri cultivating research that is tikanga rooted, politically aware and dedicated to Indigenous metamorphosis.

The Seeds of Kaupapa Māori Theory

From a solid trunk to branches that radiate into numerous institutions like schooling, healthcare, research, and lawmaking, all of which embody environments where Māori paradigms are reaching out to be reclaimed and recalibrated (Rameka, 2021). The aerial roots resembling kaumātua maintaining watch while the Pōhutukawa flowers spread seeds that embody the contemporary manifestation of tino rangatiratanga, budding decolonisation of methodologies, introducing whānau led movements such as Te Kohanga Reo and Kura Kaupapa Māori (Māori pre-schools and schools) (Tocker, 2015) (see Figure 1). However, like every tree it is resilient in its maturity, weathering adversities while remaining rooted in whakapapa (Mahuika, 2015). Consequently, KMT is dynamic through the ongoing transformation of cultural identity perpetually enhancing tino rangatiratanga.

Weathering Storms of Kaupapa Māori Theory

Pōhutukawa trees encounter complexities comparable to KMT which confronts several challenges in its function as the foundation of KMR. One of the key concerns is assimilation and appropriation, where KMT risks being eroded into a mimicked version of Kaupapa Māori devoid of its depth and radical intent. This vulnerability is emphasised by Smith (2012), who cautions that Kaupapa Māori could be stripped of its transformative Indigenous model and minimised to a performative version of Māoridom, forfeiting its liberatory potential. Smith (2012), states that Māori research, could be conceptualised, funded, and directed by researchers with singular focused ideologies with learnings in particular paradigms which do not include the totality of complexities within te ao Māori. Data collected for Māori research is for Māori communities and should not be directed into the expectations of the researcher or their funding institution.

The progression of bureaucratic expectations is another tension on the trunk, as funding organisations, universities, and policy guidelines often privilege Western methods, measures, and interpretations of validity (Pihama, 2017). These constraints can compel KMT to bend or warp into models that conform with Eurocentric systems, undermining its Indigenous integrity. Upholding unity within KMT is also precarious, particularly as branches (academic research) split into diverse academic domains such as education, hauora, or ecological studies. Researchers may engage with the foundational values of KMT in alternative ways, potentially causing splintering or dilution of the foundational tenets (Tauri, 2021).

Regardless of storms, the tree matures according to its own genetic code, embodying tino rangatiratanga and authority. Just as the tree shapes its innate form, KMT declares Indigenous mandate over all elements of research such as who conceptualises, guides, owns, and benefits from it (Lee, 2009).

Pōhutukawa: More Than Metaphor

Keeping with our Pōhutukawa, the trunk is but one aspect of the tree, but without it, the tree is unable to stand, strive, seek, or supply fruit. Kaupapa Māori theory is the trunk that is robustly rooted in Māori epistemologies and ontologies; decolonial and dynamic; sustaining growth to all the branches of research. It is foundational to KMR, as it gives a whakapapa-based perspective that is consistent, authentic, and empowering. For research to genuinely be Kaupapa Māori, it must continually connect to the trunk to source from the roots, maintain ethics, enact for Māori, challenge commodification, and multiply branches to expand and develop fruit (see Figure 1).

Through this, KMR respects ancestry, advances present Māori, and assists flourishing of future generations, just like a Pōhutukawa renewing its blossoms every summer after weathering winters. The intergenerational transmission of Kaupapa Māori knowledge is vital to its survival. Akin to how the trunk must transfer nutrients from the roots to the branches, the mātauranga ingrained in te ao Māori, must be conveyed to emerging researchers to guarantee that KMT remains anchored and authentic to its ancestral base. In the absence of this deliberate cultivation of Mātauranga Māori, there is a threat that the theoretical model will diminish depth losing its connection to whakapapa (Smith, 2012) (see Figure 1). Collectively, these embedded elements form a trunk that is resilient, ideologically conscious, tikanga based, and dynamic, capable of sustaining a thriving canopy of Māori led research.

Kaupapa Māori Research: A Flourishing Pōhutukawa

If KMT is the trunk of the Pōhutukawa providing scaffolding and stability, then KMR are the branches providing examples of how acknowledging Māori epistemologies cultivates a flourishing Pōhutukawa. KMR stems from the fundamental tenets of KMT, strengthening the community through Mātauranga Māori concepts that tantalise transformation. KMR emphasises that research about Māori should be by Māori, for Māori, at each step from design to distribution (Tuhiwai Smith, 2012). However, Smith (2012) also states that although KMR provides a marked model to enhance the wellbeing for tangata whenua, it is noteworthy to acknowledge that not all Māori naturally align with the norms underpinning KMR. If all Māori researchers' conduct KMR, it risks merging Māori identities and neglects the notion that Māori communities nurture numerous cultural and political methodical positions. The word "Māori" itself can mask multiplicity, implying a monolithic worldview especially when Māori researchers mobilise with multiple methodological traditions, and have complex relationships with kaupapa Māori. An example of the disjointedness between some Māori and their culture is discussed by Elsdon Best, when his research on wāhine mā in the Tuhoe rohe (district), exposed that they considered themselves inferior to men, yet pre-colonisation, tāne and wāhine were respected equally (Best, 1934). Recognising this matrix is momentous as it maintains that Māori participation in research is not minimised to a singular mandated model. This preserves the nobility of KMR as a consciously founded, moral methodology rather than the main method mobilised solely based on ethnicity. The second core tenet is Mātauranga Māori, integrating Māori epistemologies, traditions and tikanga into strategy and significance (Haitana et al., 2020). These values are like leaves turning towards the sun to cultivate communal health and sustenance.

The Sap: Kaupapa Māori Research Principles

For this research I visualise KMR principles as sap surging within the tree, invisible but essential to nourishing and informing the branches (see Figure 1). These principles are the mauri of Kaupapa Māori Research and required to grow strong branches and are listed as follows:

Aroha ki te tangata (love of the people). This involves manaakitanga for the priorities of participants to temper trust and cultivate mutual respect by meeting on their terms traversing the space between community and researchers (Cram, 2019).

He kanohi ki te kanohi (face to face). This principle highlights the value of engaging with participants, remaining present, respected, and recognised within the community. It entails sustaining a steady presence, approaching each encounter with mana and integrity (Cram, 2019).

Titiro, whakarongo...kōrero (Look, listen...speak). This gives researchers the chance to contribute from a thoughtful place, cultivating space for all to participate. Silence is an integral part of the process paving reflection of relevant observations (Cram, 2019).

Manaaki ki te tangata (Care for the people). This principle centres on expressing hospitality, attentiveness, and kindness towards others. It entails supporting participants, especially those who feel unsettled in research settings, ensuring their requirements and concerns are heard and resolved while providing suitable support to facilitate full participation (Cram, 2019).

Kia tupato (Be careful). This underscores the significance of applying caution when comprehending a community's history and political situation, acknowledging that research is typically conducted by an ‘outsider’ even if the researcher originates from the community. This requires counsel from community leaders to assess the adequacy of research methods. This principle additionally necessitates implementing measures to protect the safety of both researchers and participants across the research process (Cram, 2019).

Kaua e takahia te mana o te tangata (do not trample on people's mana). Choose research approaches which authentically represent lived realities and enable ample time for participants to contribute genuinely. Also, ensure that researchers possess the fundamental competencies to connect considerately and competently with the community to preserve the integrity of the study (Cram, 2019).

Kia māhaki (Be humble). This accentuates the significance of being modest, refraining from flaunting expertise while also seeking deliberate methods to share it. This consists of researchers transparently admitting what information they lack, while also providing insights and support for communities to help implement research findings purposefully. This principle also requires responding to community wellbeing concerns and deliberately striving to enhance research in domains that correspond with those priorities (Cram, 2019).

The Branches: Extensions of Kaupapa Māori Research

Māori wisdom and research tenets can be theorised as branches of the Pōhutukawa tree (see Figure 1), each merging from the roots of whakapapa that nurture's identity in iwi, hapū and whānau. The branches are varied and individualised through life experience, but there are main scaffold branches which I will discuss. The leader branch is the extension of whakapapa accentuating ancestral links and relational stewardship, alerting researchers that Māori identity is stratified, situational and resists simplification to generalised labels or statistical divisions (Smith, 2015).

Te reo Māori creates an essential linguistic branch, supporting societal expertise, selfhood, and schooling while leading research procedures through bilingual materials and culturally relevant interaction (Smith, 2015). Tikanga Māori develops as another limb, embodying traditions, formalities, and evolving values that influence initiatives and ethical endowments. Researchers must participate with tikanga tactfully, acknowledging the authority of kaumātua and the dynamic depth of cultural custom (Smith, 2015). Rangatiratanga, the branch of self-determination, sustains autonomy, authority of resources and purposeful participation in research, guaranteeing that Māori are participatory decision-makers instead of inactive individuals (Smith, 2015), stipulating that KMR is to be conducted by Māori, with Māori and for Māori adopting a kanohi-ki-kanohi approach. Interwoven with this are Mana Wāhine and Mana Tāne**,** branches that emphasise gendered guidelines, equitable engagement, and the mindfulness of multifaceted collaborative connections (Smith, 2015).

Fruits of Kaupapa Māori Research

The fruits of KMR includes systemic reform reframing health research by retreating from blaming individuals and including systemic analysis (Pihama et al., 2002). It also contributes to cultural cultivation, legislative liaison, and the empowerment of Māori-led research (Carlson et al., 2017). Furthermore, KMR enhances whānau and iwi infrastructure, revives te reo Māori and tikanga while also reconstructing what is considered credible knowledge (Mikahere-Hall, 2017).

However, KMR continues to endure storms. Structural norms frequently privilege Eurocentric epistemologies, eroding Māori principles. Tokenism and insufficient resourcing can harm authenticity and accountability (Kidd et al., 2020). Jones et al. (2010) states the importance of the KMR principle, kia tupato (be cautious), for research within the field. The grafting of Māori and Western methods necessitates cautious, culturally safe cultivation, to resist epistemological hegemony or disparity (Jones et al., 2010). When rooted in kaupapa Māori theory, KMR regenerates resiliency. Its wellbeing relies on deep roots in intergenerational wisdom and relationship-based ethics (Rua et al., 2021). Like the Pōhutukawa thriving on the edge of typically inhospitable cliffs, KMR sustains not only Māori within a Eurocentric society but radiates to a wider reseeding of transformative justice to share wellbeing across Aotearoa (Mikahere-Hall, 2017).

Pūrākau: Tree of Origin and Outreach

The kupu (word) pūrākau, from the colonised Eurocentric point of view were considered myth or legend (Lee, 2009), however, dissection of the kupu components conveys a deeper doctrine steeped in metaphor. The translation of *pū* is origin, while *rākau* means tree, therefore, pūrākau are the roots from which the tree of knowledge springs forth cradling values, identity, and worldview (Lee, 2005). Pūrākau are the stories of creation and expansion of Māori culture and was an important source of knowledge before colonisation with oratory being the *cultus*[2] that recorded genealogies of tangata Māori and whenua (Lee, 2009). Pūrākau explained celestial bodies linking them to natural phenomena such as flora, fauna, forests, rivers, and oceans. Although once considered myths and legends, pūrākau are not just the plot of contemporary narrative but have sedimented layers of dynamic metaphors, tikanga, waiata (song), art and equally important interrelated responsibilities to protect them (Lee, 2009).

A fundamental factor of my own pūrākau as a Māori woman, is my kinship with nature. Pausing in the Kiriwhakapapa ngahere (forest), I maintain the metaphor

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[2] Cultus is the Latin word for a system or variety of religious worship.

by witnessing nature reflecting reality. I observe how introduced redwood trees have eclipsed Indigenous to dominate the canopy. Native trees of Aotearoa can mature over centuries forming dense, thick trunks (Kennedy, et al., 2023), while intertwining roots radiate outward to other trees forming networks for support during times of stress (Bader et al., 2019). The redwood, when rooted in their native northern part of the globe, is also typically slow to mature, building a strong trunk and rich history. However, when introduced to Aotearoa, the redwood adapted to richer soils and took advantage of volcanic fertile land to become the dominant tree in the forest (Jones et al., 2014). Similarly, Māori had their roots and branches of history overshadowed by an introduced canopy of social sciences and non-Māori academics who considered Indigenous data as folklore (Lee, 2009). The function of transforming pūrākau from myth to methodology is a possible pathway for academic arenas to decolonise and ascend Māori into the canopy so their worldviews can be illuminated by the sun's rays, essential for sturdy growth.

Pūrākau: Planting the Seed

Comparable to a seed that germinates beneath the soil, pūrākau were traditionally conveyed orally in hui (gatherings), typically from elders to youth by tohunga (Māori spiritual advisors) or storytellers (Pouwhare, 2016). Sprouting stories of knowledge included cosmological narratives beginning with Papatūānuku, her partner Ranginui (sky father) and how their children separated them to form land and sky (Pouwhare, 2016). Upon reflection, this could be considered the interrelation between ancestry, tikanga and ethics. Just as this chapter refers to natural metaphors encompassing nature, pūrākau is a tree both in structure and spirit co-constructed between researcher (listener) and participant (storyteller). Forests can be regarded as communities with trees positioned as guardians and the family tree or whakapapa articulating where branches broaden and roots dig deep.

At the planting of colonisation, pūrākau were collected through a western lens, often recorded by missionaries who perceived the stories as superstitious, anthropologists who believed they were myths, or authors that thought the oration was mythical rather than foundations of knowledge systems (Lee, 2009). Some pūrākau were manipulated to suit colonial chronicles, reducing Māori history to folklore entertainment, such as the legends of Maui, diminishing any epistemological dominion (Pouwhare, 2016). This is the result of the assumption that the written word is superior to the oral *cultis* which Māori adopted to retain and recall their history.

Since the beginning of British ships sailing onto the Pōhutukawa lined shores, pūrākau were considered as ethnographic artifacts rather than valid systems of knowledge necessary for scientific inquiry (Lee. 2009). Evocative of the planted seed that lies dormant under the fallen leaf litter from the canopy, its power remains hidden by all those that tread close, until the right conditions allow it to germinate and sprout.

Pūrākau: Sprouting in Kaupapa Māori Research

Since the late 20th century, Māori academics began adopting pūrākau as a method for collecting, investigating, and presenting data from Māori perspectives. This is a component of KMR, where research is conducted by Māori, with Māori and for Māori (Tuhiwai Smith, 2015), rooted and germinated through a Māori lens, acknowledging their epistemologies and values.

Narrative inquiry adopting pūrākau as a method, encapsulates all relational dimensions of Mātauranga Māori such as tikanga, wairua, and whakapapa where the participants, not just their lived experiences, are the data that is typically excluded in conventional research (Lee, 2009). In methodological terms, utilising pūrākau in research relies on oral narration conducted kanohi-ki-kanohi, through wananga (learning group settings) and in a culturally safe space that is respectful of the individuals and their expertise (Tuhiwai Smith, 2015). The main guiding principle of data gathering is to actively listen reciprocating validating lived experiences that are inclusive of relational dimensions (Ahuriri-Driscoll et al., 2007). Data analysis is typically metaphoric, thematic and in narrative requiring an ethical responsibility to honour the data and collection process (Standing & Kahu, 2021). Within this thesis, I endeavoured to pay tribute to the participants by authoring their stories respectfully as close as I could to their perspective, while being mindful of how written words reflect not just the participants, their whanau, hapū and iwi but also on Māori society as a collective.

Pūrākau: Promoting Growth

Contemporarily, pūrākau as a method has become central to many KMR projects (Lee, 2009). Much like a mature Pōhutukawa which has a wide rooting system, joining other trees and expanding into exposed roots, pūrākau provides collective stories to share. Pūrākau methods have been used in recent research such as the Tuahiwi kura case which developed pūrākau that was specific to Ngāi Tūāhuriri hapū to combat early literacy (Denston et al., 2022). In health and wellbeing, studies have shown that pūrākau-based healing such as mirimiri (Māori massage) and rongoā (Māori medicine) can assist the wellbeing of rangatahi Māori (Gemmell, 2020). Within the environmental sector, research such as ‘Pūrākau o te Ngahere’ investigated how Māori connected to ngahere and developed biosecurity measures to improve forest health (Erueti et al., 2023). Their example of using pūrākau knowledge was to prevent kauri dieback (a disease which attacks the roots of kauri trees leading to death), occurring mostly in the far north of Aotearoa. Ngāti Wai and Ngāti Hine, the iwi of that area, reiterated a pūrākau that the Tohorā (whale) and Kauri are siblings, children of Tāne Mahuta (Māori god of the forest) and that there are physical similarities between the whale skin and kauri bark. The iwi created a rongoa-based panipani (ointment) made of whale oil which when rubbed on the kauri created less gum leakage and improved bark growth (Ngatae, 2020).

There has also been interdisciplinary research conducted using pūrākau in narrative inquiry, art, phenomenology, and hui (meetings) to connect Mātauranga Māori with sciences, such as analysing stories of historical natural hazards for preventative action in the present and future (Holman-Wharehoka, 2024).

Pūrākau: Managing Growth

The representation and translation of pūrākau present ongoing challenges, especially in affirming that narratives are expressed with authenticity and not trivialised, exploited, or coerced into academic paradigms that risk reducing their allegorical and metaphysical dimensions (Cliffe-Tautari, 2020). Pūrākau are complementary to the fundamental values of KMT and the guiding principles of KMR only if research is conducted by Māori with Māori for Māori. Their direct rather than translated narratives cement the KMR principle of 'Kia Tupato' as there is less chance for harm. Moral concerns also emerge around authorship, consent, and the guardianship of stories, eliciting rigorous reflection regarding the researcher's position and who fundamentally benefits from the work (Tiakiwai, 2015). Moreover, pūrākau-based study continues to confront challenges to endorsement of non-Māori bodies, who frequently favour measurable and empirically based methodologies (Tuhiwai Smith, 2012). Also, the propagation of pūrākau evolve through modern media such as digital platforms, encouraging opportunities for engagement (Waitoa et al., 2015). However, this also conflicts around how much adjustment can occur before the narrative's complexity, metaphor and identity are jeopardised. The downside of social media is that it could be harmful to pūrākau, stripping them of their cultural context. For example, Māori customs adopt the KMR concept of 'kanohi ki kanohi' conversations. Pūrākau are typically conveyed by kaumatua and knowledge keepers 'eye to eye' providing proper tikanga to uphold mana, guarantee accuracy and endow insight (Tuhiwai Smith, 2015). On social media, pūrākau can be over-simplified, over minimised, overgeneralised, or distributed without consent, mis-stepping meaning. The blazing character of digital platforms also catalyses quick consumption instead of nurturing attentive listening and lucubration vital to Māori oratory. Consequently, social media can erode the intergenerational transmission of understanding and undermine the integrity of pūrākau affecting the KMR practice of 'kia tupato' (Tiakiwai, 2015). These tensions emphasise the necessity for continuous critical dialogue, moral discipline, and culturally rooted strategies in sustaining prospective growth of pūrākau in both research-based and artistic spheres.

Within KMR, pūrākau is the knowledge which grounds research to Māori epistemologies. This enables the branches of inquiry to grow to great heights; when pūrākau are nurtured with respect they will persist in being central to the generation, propagation, pruning and grafting of Mātauranga Māori.

Pūrākau: The Metaphor

Pūrākau is embedded in the sturdy Pōhutukawa, developed in the roots of whakapapa as the honoured histories of Māori expanding up into the leaves which represent differing research fields such as arts, identity, pedagogy, health, and ecology. The thick foliage provides cultural safety and protection of histories and when the leaves fall, provide nourishment to the roots creating a circle of knowledge. The roots store ancestral and contemporary pūrākau cultivating relational ties that connect

Māori not only with each other but also between participants and researchers. The blooms represent the promise of new growth as they carry the seed which brightens and expands into new Māori identities. The seeds of oral tradition have lain dormant in the forest litter but have been slowly germinating, rooted into the legacy of Papatūānuku and Ranginui (see Figure 1).

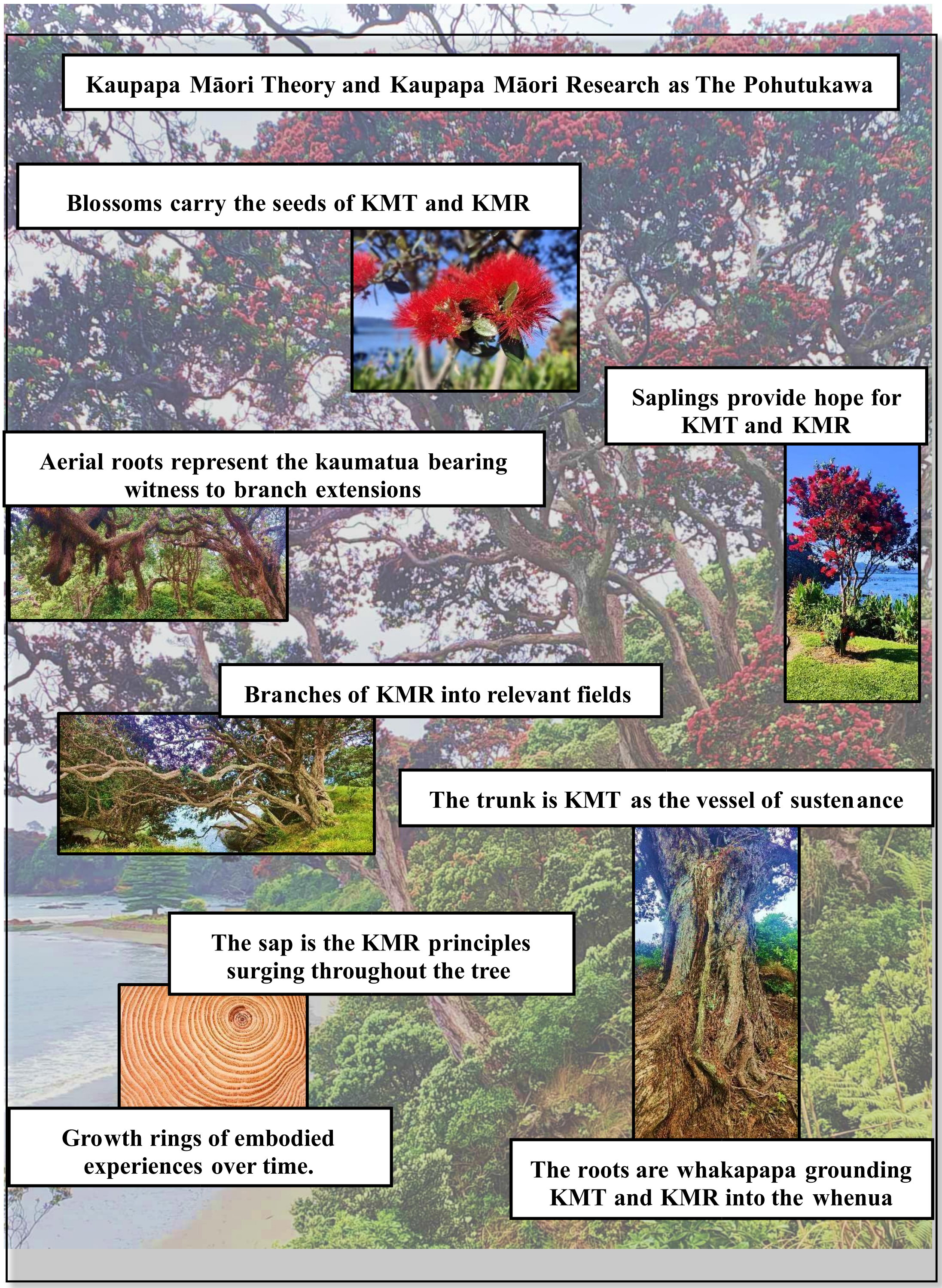
The stormy weather of colonisation has broken branches and even uprooted whole Māori ways of methodology. Pūrākau were ignored, suppressed, or manipulated by missionaries and colonisers and melded into their ideologies of science (Pouwhare, 2016). However, the Māori tap root survived nestled in whare (homes) where whanau continued communicating their stories through kōrero, waiata, haka (performing art) and visual art (Lee, 2009).

Contemporarily, there is new growth as saplings (see Figure 1) in Māori-led research and leadership become appreciated in sectors such as schools, health, and environmental management (Moewaka Barnes et al., 2021), gaining credibility by funding bodies, academia and utilised in policymaking (Kidman, 2014). The forest continues to expand as more researchers use KMR frameworks.

As the Pōhutukawa tree expands, it reveals interdependence. Its roots, trunk, branches, and blooms are part of the coastal ecology in the same way that pūrākau research is relational with the whenua, whakapapa, cosmology, community, and knowledge.

Figure 1

Kaupapa Māori Theory and Kaupapa Māori Research as a Pōhutukawa Tree



Note: Photographs and figure designed by the Author.

A Case-Based Kaupapa Māori Approach: Rooted in Narrative and Pūrākau

For this thesis, I collated case-based studies of three participants, each embodying rākau ora (tree of life), a thriving tree entrenched in the earth of Māori femininity and identity formation. The research was independently influenced by pūrākau and narrative inquiry, where the stories themselves fertilised the analysis. Each collaborator's pūrākau evolved from her whakapapa, branching outward through lived realities, struggles, and acts of resilience. Instead of extracting information, I nurtured each narrative just as a kaitiaki cultivates a tree, attuning to its roots, tracing connections of its development and respecting the gaps between its branches.

Through this methodology, analysis emerged organically, exposing the intertwined roots of tikanga, identity and differentiation. The narratives were permitted to stand as individual yet exhibited interrelated experiences within a ngahere of collective comprehension, validating pūrākau as an embodied practice through which wāhine Māori perspectives provide growth.

Case-based studies support KMR by rooting research within tikanga seeped societal and constitution contexts, providing enriched evaluation and operational outcomes (Mikahere-Hall, 2017). Recently, an evaluative case study of frontline healthcare institutions in Kaupapa Māori ecosystems exemplified how elements like intra-organisational aura, leveraged leadership and partnerships, specifically where case study analysis was side-by-side, influenced interpretation into how Māori participants' experienced healthcare delivery (Cullen et al., 2023). Likewise, the case study of a Māori kaumātua residential facility used mixed methods such as surveys, interviews, focus groups, co-designed with kaumātua, to uncover how Māori-led principles in design honoured health and social status, bridging beyond standard biomedical metrics (Oetzel et al., 2024). Additionally, the study, "A Kaupapa Māori

Informed Approach to Commissioning Mental Health and Addiction Services" (Ministry of Health, 2023, p. 12), demonstrated how case-based inquiry assisted by harmonising design planning practices with Māori beliefs, engaging community perspectives and recognising systemic agents for equality in mental healthcare.

Among the advantages of case-based studies are, the capacity to expose embodied knowledge, improve interpersonal trust, develop participatory practice, and create culturally relevant insight that policy and service providers can implement (Jones et al.,2010). However, case-based studies also encounter time-consuming entanglements through trust and relationship building, tensions with transferability and systemic pressures that force alignment with colonial concepts of integrity (Jones et al., 2010). For example, in the previously mentioned study in healthcare, locations differed by how external networks assisted them, while access to financial resources and institutional demands obstructed optimisation (Cullen et al., 2023).

To summarise, case-based approaches help Kaupapa Māori research remain rooted in Māori epistemologies and local priorities parallel with generating significant scholarship for health strategy, program process, and societal symmetry.

Weaving Stories: Creating Connections with Participants

For this thesis, the inclusion criteria and thus research rationale for participants were diagnosed neurodivergent wāhine Māori between the ages of 35-55 who could provide consent. I determined that participants required clinical diagnoses as there was a potentiality of recruiting people who believed they were neurodivergent but empirically were not, inducing invalid information. Intentionally selecting this age range captures a cohort with considerable life exposure, wisdom and understanding. Numerous wāhine in this bracket have acquired late diagnosis, indicating they have experienced much of their adult life lacking recognition of their neurodivergence, offering distinct insights into obstacles and capacities cultivated over time. Individuals in the age range tend to have developed coping strategies and reflections on interpersonal and cultural connections, which can enhance comprehension on neurodivergence within a Māori setting. Moreover, concentrating on this age set enables exploration of however intersectional influences, such as whanau obligations, cultural identity, and community participation influence neurodivergence in midlife, providing nuanced and mature insights that may not be visible when younger. This life stage integrates comprehensive insight, reflectivity and experience making it an ideal cohort for detailed narrative-based research.

Similarly in significance, participants had to identify as Māori, defined as a people with a shared sense of common Indigenous ancestry linked to the geographic position of Aotearoa (Kukutai, 2004). And lastly, they needed to be female from birth as it would reflect what it is to be wāhine in totality and complexity.

Ethics Approval

The Massey University Human Ethics Committee approved the ethics application on 26 June 2026, under approval number, OM2 25/35: Experiences of Neurodiversity in Māori Wāhine: An Exploration of Everyday Perspectives and Practices (Appendix H).

Recruitment

I placed advertisements (Appendix A) on online platforms and contacted other people directly. On 13 July 2025, I directly contacted someone who bases her social media content on being a neurodivergent Māori woman, however she did not reply. The same day I emailed ADHD NZ for permission to place my advert on their Facebook page and advertised on the Adults NZ Facebook page. As a member of the

Te Whānau-ā-Apanui Facebook page, I placed an advert there also, then on the 14 July 2025 I advertised on the AuDHD and Neurodivergent Support Community Facebook page. That day, I received an email from a potential participant and a message through Messenger from another who had both seen the advertisement on the Te Whānau-ā-Apanui page. On the 15 July 2025, I direct-messaged a potential participant who is an advocate for neurodivergent wāhine Māori on TikTok who consequently agreed to participate.

In my participant seeking journey, I noted that the inclusion criteria caused a limitation of participants which could indicate the inability to access diagnosis (Tupou et al., 2021). In conjunction with ethical research, participants were provided with concise information sheets (Appendix B) prior to our initial meeting, forms for consent to record (Appendix C) and consent form (Appendix D) were also included.

Research Design/Interviews

Data was collected using semi-structured interviews which utilised questions (Appendix E) but allowed participants to speak freely and weave connections. I travelled to each participant in their towns as KMR requires a kanohi-ki-kanohi approach (Kawharu et al., 2024).

Given that participants were neurodivergent I was flexible to rescheduling and creating sensory-friendly settings while keeping communication open (Francis, 2025). This relates to the KMR principle of 'Aroha ki te tangata' and equates to being understanding of a person's situation and extends into 'tino rangatiratanga' providing participants' with authority over the research. This manifested into participants being able to choose a time of day conducive to their personal schedules. To accommodate this, one participant was interviewed in their local library as they thought their home might have been too 'chaotic.' I arrived early to make sure the room was suited, had comfortable seating, and provided a conducive temperature. Regarding the two remaining participants, I conducted the interviews in their homes.

Before each interview, I confirmed they were all comfortable in their environment. I provided some sweets which reflected tikanga Māori which requires sharing food (Tapera et al., 2017) and created banter as we discussed the flavours and textures dispersing any nervous tension. In KMR, manifesting meaningful connections with participants including their whānau is essential. In the library setting, the participant brought her tamaiti (child), and we stopped accordingly if the tamaiti required attending to. With the interviews in participants homes, the same approach and interaction was applied.

As a mihi my participants, I gave each of them a koha of a $50 grocery voucher and a gift box of edible goodies from my rohe. We also performed karakia (prayer) before and after each interview to create intention and space for data gathering typically required in KMR interviews (Mikahere-Hall, 2017). Post interview, I followed up by sending the participants their transcribed interviews leaving it open for discussion, clarification and potential changes which aligns with the KMR tenet that research is to occur by Māori, for Māori and with Māori. When the transcribed interviews were considered suitable by both research and participant, I acquired authority to release the transcripts (Appendix F), this aligns with KMR which stipulates that research is to be co-designed.

Participant/Researcher relationships are anchored in manaakitanga, whanaungatanga and te ao Māori (Mikahere-Hall, 2017) to mobilise trust, tenacity and teamwork that activates authentic collaboration and culturally credible information collection. Recent studies such as ‘The wairua first brings you together:

Māori experiences of meaningful neurorehabilitation' (Wilson et al., 2021), explains how participants and their whānau embodied layers of connection that included spiritual, relational, and experiential which was fundamental to fulfilling engagement. Omitting these, exchanges feel transactional and trivial, tarnishing the impartial integrity and complexity of content which can be mitigated when using the KMR principle 'kia tupato,' where caution needs to be considered.

As an example, a pulmonary rehabilitation study with Māori participants (Levack et al., 2023), discovered that contributors felt culturally connected when researchers adopted intentional interactions, te reo Māori, whānau fusion and mutual principles, generating a more authentic collection and compilation of data. Conversely, when the study lacked these human components, participants' felt reticent or reluctant to continue. Additionally, in studies about speech-language therapy for Māori children (Kohere-Smiler et al., 2023), researchers that collaborated closely with whānau while treasuring tikanga and mātauranga, recorded results not only of innovative implantation of design but of participants' self-efficacy, sovereignty and belonging.

Cultivating connections disrupts the dominant designs formed by WEIRD (Western, Educated, Industrialised, Rich, and Democratic) psychology, as Māori participants are not solely subjects but are co-designers, empowered to influence inquiry, methods and meaning- making. Challenges consist of time and task demands as cultivating trust requires relationship building, kanohi-ki-kanohi meetings, administering accurate tikanga terms while coordinating constitutional criteria which prefer proficiency over partnership-oriented process. Nonetheless, fellowship is fundamentally what kindles KMR to be credible, culturally sensitive, socially responsible, and reformative. When researchers devote themselves to these dialogues, the outcomes optimise community congruence, agency, and research relevance (Cram. 2019).

Rooted Analysis: Unearthing Narratives of Neurodivergent Wāhine Māori

The pūrākau of individual contributors were explored employing a narrative approach based in Kaupapa Māori methodology. Every narrative was examined holistically, honouring the sequence, structure, and significance that participants expressed in their experiences. The analysis centred on how the wāhine formed their identities as neurodivergent Māori, including culturally crucial concepts such as wairua, whanaungatanga and mana. Pivotal moments and patterns were recognised within each account, emphasising both subjective experiences and culturally significant systems without simplifying narratives to abstract themes. Reflexivity was fundamental to the analysis, with deliberate attention to my positionality and participants were collaborated with to ensure that my interpretations accurately conveyed their perspectives. I shaped this on the KMR principle of 'kia māhaki,' where my personal perception and experience of neurodivergent wāhine Māori as an observer and possibly undiagnosed as neurodivergent, does not overshadow the narrative of the participant. This occurred by sending participants transcriptions of their interviews and following up to discuss any discrepancies. This method facilitated a nuanced, culturally contextualised comprehension of the participants lived realities.

Honour thy Mana: Ethical Responsibilities within Kaupapa Māori Research

Before the conduction of this research, I initiated a Human Ethics Application to the Massey University Ethics Committee who approved the research as high risk due to the sample population being considered vulnerable. The study was approved the ethics application on 26 June 2026, under approval number, OM2 25/35:

Experiences of Neurodiversity in Māori Wāhine: An Exploration of Everyday Perspectives and Practices. The ethical engagement in KMR mandates respecting root responsibilities as specified by the three P’s, Partnership, Participation and Protection, which have been framed by The Waitangi Tribunal from the articles of Te Tiriti o Waitangi and integrated into Aotearoa’s Research Code of Ethics (Hudson & Russell, 2009).

Partnership proposes that researchers report collaboratively with Māori stakeholders, including iwi, hapū and whānau during every phase of research, from concept to conveyance, with the aim of upholding Māori autonomy and authority while promoting ōritetanga (equity).

Participation includes impactful involvement of Māori as research associates, advisors, and active participants, enabling Indigenous insight into structuring questions, strategies, and interpretations. To promote rangatiratanga and mitigate a potentiality for ethical issues, I engaged with one of my supervisor’s, Dr Pita King, a senior advisor on Kaupapa Māori Research at Massey University.

Protection refers to kaitiakitanga (guardianship) over tikanga and data, guaranteeing that research responses are equitable and that potential cultural, spiritual, and social harms are mitigated or minimised (National Ethics Advisory Committee, 2023). To retain the safety of both participant and researcher I also implemented a research data management plan to maintain security of the data (Appendix G).

It should be noted that when collaborating with participants from a Kaupapa Māori perspective, it is typically expected for a participant to recite their whakapapa and divulge their identity. However, the ethics committee requires the anonymity of participants which conflicts with Māori ideologies.

Ethical exactions are essential to building trust, safeguarding validity of expertise, executing liability and defending ethical intervention. Without these obligations, research risks perpetuating harm, disempowerment, or distortion of Māori philosophies.

Stumped: Limitations

Limitations of this research are reflected in the small sample size acquired which could reflect the requirement of selecting from a specific community. I advertised on several Facebook pages and on a neurodiversity website but only three people contacted me that fitted my sample possibly indicating the limitations for Māori to have access to neurodivergent diagnosis in comparison with non-Māori (Tupou et al., 2021). Furthermore, differences in communication approaches and sensory needs across neurodivergent participants necessitated flexible frameworks that may have caused discrepancies in data collection. For example, some participants had whānau present which could have been a distraction and may have manipulated the data given. Also, because I conducted the research kanohi-ki-kanohi and participants lived hours away from my abode, if cancellations occurred, they needed to be in a timely respectful manner.

It should also be noted that there was a limitation for the participants when providing data for this research as their identities where to remain anonymous under this application. This contradicts a major component of being Māori which is the ability to cite their whakapapa and make connections through their identity (Houkamau, 2010).

Criticisms of Case-based Studies

According to Hodgetts and Stolte (2012), despite being commonly utilised, many clinicians hesitate to consider case-based research as a credible approach of data generation. Contributions of case studies frequently encounter scrutiny over the research design's reliance on individual participants or limited samples which could create potential researcher bias and restrict statistical validity. Although critics agree that case-studies are practical for revealing insights, they do not view it as robust or credible.

Societal research investigates interactions between humans (Hodgetts & Stolte, 2012). Science-based methods typically maintain separation between participants and researchers to ensure objectivity, while in contrast community focused and case-based researchers cultivate active interaction with participants in their everyday settings (Howarth, 2002). Both methods are significant but operate distinct frameworks and generate different results. While large-sample research is valuable for detecting societal trends, case-based inquiry records rich realities, generates unforeseen understanding, and shapes the development of community services and support structures (Hodgetts & Stolte, 2012).

Conclusion: From Root to Canopy

In conclusion, this research methodology is grounded in KMT, serving as a foundation from which the research germinates, rooting each direction in tikanga and collective principles. KMR foundations steer the branching trajectories of inquiry, safeguarding knowledge which arises in shapes that honour Māori epistemologies and experiences of neurodivergent wāhine Māori. This research takes the form of case-based studies, each cultivated through narrative inquiry of pūrākau, fostering the narratives themselves to sprout, branch outward and entwine with the contributions of collaborators. Relationships are cultivated with care, like saplings in the ngahere, fostering faith, mutuality, and relational responsibility. Analysis is navigated by tracing lineage and branches of respective narrative, observing pathways of progression and variation, while ethics functions like sunlight and water, upholding and nourishing honesty and the health of participants. Appreciating the limitations of this study, the methodology enables each story to exist as independent Pōhutukawa, unique, robust, and prosperous to enrich a shared canopy of knowledge.

The next chapter introduces the participants who share their pūrākau regarding their everyday experiences as neurodivergent Māori wāhine.

Chapter Three: Case Narratives

This chapter adopts a qualitative case study methodology to examine the everyday experiences of three neurodivergent Māori wāhine. Although there is an understanding that neurodivergent wāhine from differing cultures and ages have similar experiences, for the purpose for this research I will only be discussing the narratives of diagnosed neurodivergent Māori wāhine over 35. In accordance with KMR perspectives, out of respect for the participants and to honour their narratives, this chapter focuses on their stories which I will explore and unpack further in the next chapter of discussion.

In this chapter I will be prioritising participants' perspectives through pūrākau and narrative inquiry. Story-based approaches are utilised to centre participants lived realities permitting their testimonies which I endeavour to articulate in ways that represent their own interpretations, beliefs, and identities. I am not just replicating their story, but I am interpreting their interpretation. Pūrākau, as a Māori narrative framework, provides a culturally informed model that respects Mātauranga Māori and interconnected epistemologies while also disrupting western paradigms. By weaving participants' experiences with pūrākau, this research recognises storytelling as both a technique of data gathering and interpretation enabling an integrated insight of how gender, neurodivergence and Māori identity intertwine in everyday life. This approach identifies and explores intersectionality which supports the credibility of Indigenous epistemologies and situates the participants' not as research subjects, but as custodians of knowledge whose stories inform more inclusive and culturally attuned understandings of neurodivergent wāhine Māori.

Aroha

In a sitting room full of communicative canvases, Aroha's vehement voice permeates via pigment. She leans upon her table of creation and contemplates, "God if I could write directly on the walls of my house, I would you know." It is a stimulating space where reveries run like her awa, each current curated by whakapapa. Aroha was adopted by artists whose errant energy and creative compulsion reflected that of Māui-tikitiki-a-Taranga, the 'trickster demigod' whose wonder and wilfulness transformed the confines of te ao (the world). Aroha gradually grasped that her ceaseless creative compulsion which also existed in both her birth and adoptive parents, was beyond familial synchronicity, but a shared neuro-lineage, a whakapapa of neurodivergence. "All of them were creative in their own way," she reflects. "I think if we looked at the nature versus nurture thing, the creativity was the constant. I didn't even realise I was ADHD for a long time, it just felt normal."

In mapping her whakapapa, Aroha explains the gravitas of comprehending one's primordial lineage, the strands that entwine being, belonging and intention. Like Tāne Mahuta (Māori god of the forest), rising within the twelve heavens in pursuit of the baskets of knowledge, [3]Aroha pursues discernment of her ancestry to enhance her creative craft. "I've always wanted to know who I'm connected to," she explains. "As an artist, whakapapa deepens your work, it gives it layers. Without it, you're just painting noise. I don't paint pretty; I paint truth." Her art does not render serene superficial landscapes but are passionate proclamations, tempests tempered by Tangaroa (Māori god of the sea), challenging the audience to reflect, to resonate, to

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[3] Tāne Mahuta traversed through the twelve heavens (ngā Rangi tūhāhā) to acquire the three baskets of knowledge (ngā kete o te wānanga). The baskets possessed practical knowledge, ancestral wisdom, spiritual knowledge and were recovered to benefit the people. Tāne's expedition is regarded as a metaphor for the quest of learning, enlightenment and the obligations that accompany that knowledge which persists as a significant story within Mātauranga Māori.

recall. Embedded within, Aroha holds herself on the cliff edge which she describes as between brilliance and bedlam. An edge that she and her whānau have teetered on for generations. “We joke that in our family there’s a fine line between the clever ones and the ‘batshit’ crazy ones,” she laughs, “but that line is real, PhDs on one side, mental illness on the other. I reckon most of us are neurodivergent. It’s in the blood.”

When Aroha was clinically identified as having both ASD and ADHD (commonly described by those diagnosed as AuDHD), the realisation rose, like a taniwha emerging from the abyss, both unsettling and unshackling. The diagnosis became a key and a cage as it opened self-awareness but simultaneously bound her character to diagnostic definitions. “I cried,” she remembers. “It was grief for the person I wasn’t allowed to be growing up, to finally be understood and still be misunderstood in the same breath.”

Aroha’s relationship the neurodivergent medication mirrors her parley between dual domains, te ao Pākehā and te ao Māori, the clinical and the creative. When taking ‘atomoxetine,[4]’ Aroha experiences lucidity however she claims it also dampens drive, defining divides between “firing on all pistons” and the silencing of thought. She acknowledges that her virtuosic vitality and “audacity” is interwoven with her neurodivergence. “The autism gives me the hyper-focus and control, but the ADHD gives me the courage. Without it, I don’t think I’d have the guts to ask the hard questions.”

In dialogue, Aroha pondered how neurodiversity was perceived in the era of her tīpuna and considers neurodivergence as a perpetuation of hereditary patterns, not

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[4] Atomoxetine is prescribed medication defined as a selective norepinephrine reuptake inhibitor (SNRI) often prescribed to treat attention-deficit/hyperactivity disorder (ADHD), enhancing focus and decreasing hyperactivity and impulsivity. It elevates norepinephrine levels in the brain and can be incorporated into a multidisciplinary treatment regime (Hammerness et al., 2009).

a disorder and is wairua materialising in embodied consciousness. She visualises a world where distinction was discerned as taonga (gifts). For example, Aroha stated that pre-colonisation, Māori who had trouble sleeping could observe stars as navigators and those with relentless unbound energy became horticulturalists, innovators, and visionaries. “Before colonisation we would have been assigned to our gifts. Now, we’re forced into classrooms designed for the industrial revolution, spaces with no room for our rhythms.”

In this introspection lies an evocative evaluation of colonisations influence on Māori epistemologies and essence. Established Eurocentric epistemologies have claimed global dominance spanning societies, domains and history, privileging a unified paradigm of knowledge rooted in impartiality and generalisability. These measures have constrained understanding, validation and have reinforced hegemonic systems of power, becoming entrenched through colonisation and western-based law, to impact societies and research (Seuffert, 1997; Scott et al.,2025).

When contemplating her academic advancement, Aroha laughs at her personal paradoxes. Previously disdainful of student support she now perceives her past as a continuum of masked moments, what she refers to as being “the best bullshit artist under the sun.” Her experience highlights behaviour of ‘masking’ where neurodivergent individuals inhibit their innate ways of thinking and existence to navigate a neurotypical world (Shen, 2025). Aroha’s past tertiary education applications were chaotic which she now views as visible constellations of an ADHD maelstrom. She remembers the mamae (pain) of misunderstanding perpetuated by her mentors and supervisors, who failed to discern neurodivergent nuances in her mahi (work). Their assertion of linearity echoed another imperial imposition to constrain Māori intellect, organic and oscillating, into an inflexible institutional boundary. To navigate external imperial impositions, Aroha cultivated tikanga within her scholarly mahi. Her wananga space, echoes the harmonious hum of a wharenui[5], vibrant with mauri, kōrero and wairua. Aroha continues, “When I’ve got an art deadline, my friend comes over to weave. She just sits there so I’ve got the company.” ‘Body doubling’ is loosely explained as utilising a ‘companion’ to help an individual accomplish tasks, even though the ‘companions’ typically ‘shadow’ and are not actively involved in the task (Eagle et al., 2024). Aroha continues explaining her requirement to only study with those who are neurodivergent. “I can’t study with neurotypicals, they're too linear. I think in big, fat concepts. I need to see it all laid out.”

Aroha’s ‘writing space,’ is a separate room with a whiteboard and is described as wāhi tapu (sacred space). It is revered domain, reserved for the practice of cerebral and visionary birthing. “People can sit in my art space, but not my writing space. That’s tapu.” According to Sachdev (1989), an individual, location, object or action can be viewed as tapu, indicating it is separated from the common and positioned within the domains of the sacred. The level of tapu can differ depending on character and context. Notably, tapu is not consistently interpreted as beneficial in everyday terms and may also characterise conditions connected with death, sickness, or impurity. Best (1930) categorised tapu as the difference sacred and impure along with clean and unclean. For Aroha, acknowledging her workspace as ‘tapu’ indicates the sacredness she requires to create.

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[5] The wharenui is a meeting place for Māori which encapsulates everything in te ao Māori seeped in Mātauranga Māori and organised with tikanga. For Māori, the building and the land it is on is more than physical, it is spiritual.

Aroha reflects on her nostalgic knowledge of normalcy, her fervent focus, creative ceremonies, and social suffering are now redefined as manifestations of neurodivergence. Presently she welcomes them as facets of her mauri, crafting her as a ‘seasoned’ Māori woman advancing through a PhD. Her passage through the intellectual realm has been volatile, stamped with sometimes considered genius, at other times marginalised. Although Aroha was expelled from art school, she graduated early from another embodying the paradox of the prodigious and misunderstood. Like Māui, she transcends boundaries, perpetually pursuing uncharted challenges. “I talked my way into my master’s [degree]with just a portfolio,” she grins. “Now I’ve found my ‘super topic,’ something that keeps me angry enough to finish the work,” referring to her journey of becoming a political artist fuelled by the actions of the current government.

Aroha’s anger, she asserts, is generative, a fire in perpetual flame. Her neurodivergent nimbus fuels her activism and quickens her critique of colonised constructs of cognition. “My ADHD gives me audacity; my autism gives me obsession. Together they make me push buttons and that’s exactly what I want my art to do.” Within her whānau, reactions to Aroha’s diagnosis have been diverse. Some invalidate it as a ‘trendy Pākehā thing,” while some reach out to her for counsel as they notice neurodivergence characteristics in their tamariki. For Aroha, intergenerational mamae and misconception are inextricably interlaced with Māori encounters of expressions. Colonisation and being marginalised from one's culture caused ongoing trauma which contributed to adverse health and mental wellbeing for Indigenous populations (McLachlan et al., 2025). “Everything they did to me, the ‘growlings,’ the punishments, was just because people didn’t know how to deal with what was our phenotype. We were crushed to fit, made palatable.” Aroha’s art has become an act of insurgence, a ‘protest against palatability.’ For her, it is the revival of mana motuhake and tino rangatiratanga regardless of consequence. “That’s why I make the work I make because I don’t have to be nice. I’d rather make something real, even if it makes me broke.”

Aroha anchors neurodivergence within a Māori metaphysical framework. She delineates a differentiation between religion, as a structure of control and spirituality, as embodied knowledge. “Neurotypicals need religion, we [neurodivergent individuals] live in wairua. We’re feeling it, firing it up from our brains right through to our spirits.” In this philosophical stance, Aroha believes that neurodivergent minds are aligned with Māreikura (spiritual Māori goddess) or tohunga, those whose amplified awareness allows them to roam realms of sentience and spirit. She comprehended her neurodivergence not as a disorder but as a sacred inheritance. In the DSM-5 (American Psychiatric Association [APA], 2013), ASD and ADHD are categorised as neurodevelopmental disorders, identified by traits which influence conduct and cognition that diverge form standard development and start early in life. They are regarded as ‘disorders’ because the diagnostic criteria necessitates that the attributes result in clinically relevant limitations in occupation, education, relationships, and everyday functioning, as opposed to merely representing difference (APA, 2013). However, Aroha disagrees with the clinical framing of ASD and ADHD considering them as a ‘phenotype,’ an innate expression of human heterogeneity within her lineage. “I’ve tried really hard not to refer to it as condition, it’s a phenotype. It’s what we are. Changing the language around is important. It’s not a disorder.” Through this recontextualising, Aroha anchors neurodivergence within a Māori cosmological context as a dynamic pulse woven into her whānau family tree and intertwined with her artistry, activism, and spirituality.

Aroha paralleled her perceptions of self with tohunga whose heightened sensitivity, ceremonial discipline and instinctive insight, forged their fellowship with overt and covert forces. Her depiction disclosed how she positions neurodivergence in both embodied and spiritual spheres, Aroha explains:

> *You're looking for pattern recognition and signs that nobody else looks for. You're looking for, in terms of the ASD, the ritual in terms of preparation and intention with karakia as opposed to the ADHD side of it, which is just experiencing it in its fullness, in the moment.*

This statement crystallises Aroha's contention that neurodivergence, when observed through a Māori lens, can be reimagined as an expansion of tohungatanga (expertise), a vessel of intuiting, interpreting, and interacting with the world by harnessing ancient wisdom and relational richness. Aroha considers neurodivergence as a perpetuation of hereditary patterns and is wairua materialising in embodied consciousness.

Aroha's humour accentuated her kōrero with cutting cultural critique. Meditating on intergenerational attitudes to speech and subjectivity, she recollected a time she was using the word 'native' in a governance hui and witnessed her peers' flinch. "They were horrified," she explained. "I said native, not the other N word, what's the problem? Then I realised, 'oh, generationally, okay, you're all old, you think 'native' is an insult. We think 'native' is hilarious. Calm down, people.'" This humour, both trenchant and reflective, exposes how Aroha wields irony as a weapon, wounding and uncovering the brittleness of colonial decorum while also reclaiming agency to kōrero in self-defined dialect.

Creativity is Aroha's main medium to mobilise her message which she describes as "polemic, political and critical." She incites banter between whakapapa and the systemic schemas that have endeavoured to entrap her. Aroha's installations and sculptures became tangible metaphors for Māori milieus, synergising satire, spirituality, and activism. She characterised a collection of her provocative pieces, situating patriarchy, and power within iwi realms.

Although Aroha aspires to gaze upon her creativity in local galleries, she states they “will not take it up because it’s offensive to the iwi and it’s meant to be that way.” She believes her work intentionally exposes the shadowed strata of colonialism and patriarchy, opposing opprobrious and brittle beliefs. Her art highlights how layered the legacy of colonisation has burrowed, vitalising violence through patriarchy. Her latest pieces evoke the complicity within these systems and sparks scrutiny of historical and cultural accountability. “Oh yeah, I’m definitely fucking exiled after this,” chuckling as she talks about herself, “you're going into the cultural desert love.”

Via evocative expression, Aroha exposes the paradoxes programmed within Māori patriarchy and bureaucratic bindings. Her practice resists composition of comfort, rather, it mobilises as a mirror, a manifestation of Hinekauorohia (Māori goddess of sacred waters and reflection), reflecting the buried bruises of colonisation and centralised control.

For Aroha, artistic vision and neurodivergence are intertwined energies. She clarified that ADHD provided her ‘audacity’ while ASD delivered direction and discipline. When Aroha initiated taking ADHD medication as directed by clinicians to help with her neurodivergence, Aroha observed her creative process diminishing, her cognition clouded. She spoke of needing to ‘fire on all pistons’ an actualised account of her neurodivergent cadence that echoes with the representation of volcanic imagery, fire, eruption, and rebirth.

Her bond to Atua wāhine intensified these perspectives, anchoring art amid cosmological ancestries. She addressed Hine-nui-te-po (Māori goddess of the underworld), as “the end and the continuation,” a custodian of metamorphosis and acceptance and Hinetītama (dawn maiden), who Aroha described as ‘a shattered mirror,’ an emblem of shattered trust and robust reflection. These ‘Atua’ she elucidated, were not distant mythological entities but are responsive and actively steering her visionary and transcendent practice. “They’re not myth to me; they’re framework I move through. Hine-nui-te-pō says, ‘Go do whatever shit it is you need to do to work yourself out. I’ll be right here waiting when you die. I’ve got this.’ And Hinetītama, she’s a shattered mirror. She’ll always reflect light, but she’ll never go back to what she was.” It is within these metaphors that Aroha synchronises her personal process of diagnosis, awakening and transformation with the rhythmic tales of Atua wāhine, descent into understanding and restoration to self. Her artistic method thus evolves into both therapy and ceremony; a realm where her neurodivergence, whakapapa and wairua harmonise without hierarchy.

Aroha also conveyed how she pursues spaces that support her neurodivergent self. She illustrated her involvement with organisations where “ND people are normal,” articulating that such societies sanction her to unmask and are fundamental to her flourishing. Another vital element that Aroha utilises for spiritual nourishment and healing is wai (water), which she personifies as her “reset.” “Water is memory. It’s what holds me. When I’m overloaded, I go to the water, she resets me.” Water as both embodied and ethereal sustenance, symbolised equilibrium, a cooling counterpart to the ahi (fire) of her psyche. Through this connection, Aroha described neurodivergence not as disorder, but as flow: tides of direction and drain, innovation and pause, continuously in communication with the elements. For Māori, wai is used as a vessel for cleansing and is viewed as taonga (scared entity), as it embodies its own inherent worth, whakapapa and nourishing force. Comprehending wai as taonga affirms its ancestral roots and its essential purpose as the source or ora (life), supporting ecosystems, societies, and all expressions of existence (Hikuroa & Luthberg, 2022). Symbolically, wai is a medium of spiritual cleansing and renewal that provides spiritual well-being via te taha wairua (the spiritual dimension). Practically, wai also sustains te taha tinana (physical well-being), since 80 percent of the human body consists of wai and is essential for survival (Broughton, 2008). For Aroha, as a neurodivergent wāhine Māori, her relationship with wai goes beyond a physical necessity, she also needs wai to support her spiritually.

Aroha's introspections of diagnosis unmasked a stratified emotional environment, part release, part reverie, part reclamation. She spoke of comprehending conclusively why she traversed the world uniquely, but also of grieving the years she spent masking. Aroha had spent her lifetime trying to understand why she felt unconventional. "Dove into psychology as much as possible to figure out what I was, not if there was anything wrong with me, I just knew I was different." She described the moment when her doctor explained why she was difficult to diagnose. "Because it's the lifestyle that you have built around you, hides it brilliantly…the fact you are an academic and an artist, so you can go with the ebbs and flows of it like you can. You can react to it and live authentically with it, and you don't even have to mask it." Aroha's reaction to diagnosis was not one of clinical compliance but of spiritual illumination. A homecoming.

Lastly, Aroha anchored her neurodivergence within a comprehensive decolonial analysis. For her, wāhine Māori who are neurodivergent provoke both patriarchal and colonial systems via their vigour and resistance to conform. She expressed, “We as ND wāhine Māori need to stop being all ‘pick-me’ and prioritising the patriarchy in our own spaces. We need some serious ‘decol’ in those spaces.”

Her declaration is both a spiritual and political claim, a call to create settings that respect the multiplicity of Māori modes of existence. Aroha’s final reflection carried her kaupapa to the beginning, declaring neurodivergence as a place of both inherited continuity and current understanding. “I don’t think neurodivergence is colonisation. It’s just great that we finally have a scientific explanation for why we do some of the shit that we do. It doesn’t all have to be about your iwi, sometimes it’s just about how your brain works.”

In this summation, Aroha synthesises science and whakapapa, bridging realms in a uniquely kaupapa Māori method. Her story repositions neurodivergence as an ancestral taonga. It is a reminder that the practices of perceiving, experiencing, and creating are not deviations from the norm, but manifestations of the multifarious mauri that intrinsically composes te ao Māori.

Mere

Mere was born under the same stars which guided her tīpuna to Aotearoa. Her being was sparked from two contrasting yet convergent realms. One tendril threaded by her Croation mother, whose force projected the perpetuity of old European unions, the other threaded by her Māori father, whose hymns echo in the domain of Ranginui (Māori god of the sky). “I consider myself from here,” Mere said while pointing to the ground, alluding to the ancestral whenua which enfolds her awa and tributaries,’ representing her whakapapa fusing lineage across eons. Mere’s perception cements her connection to whenua, which for many Māori goes beyond the physical realm (Lockhart et al., 2019). Her essence has therefore been rooted alongside legends in whenua itself, where every stride taken traced the thriving manifestation of her tīpuna.

For Mere, the navigation of self-understanding mirrors waka traversing across oceans, attuning to tides, tempests and the uncharted. Her journey typifies both trail-finding and transformation, a search for truth tethered within her traditional tribal and personal contexts.

When Mere decided to obtain a formal diagnosis, it was an act of resilience and resolution, like stepping into the awa but reliant on its direction. The resolve was not only for her own recovery but to represent self-advocacy for her whānau. “I wanted to show my brother it could be done,” she revealed, reviewing the Māori concept of tuākana-tēina (mentor-student), teaching whānau through shared experiences. Mere decided to talk to her doctor about the possibility of being neurodivergent. “I told my doctor, because she’s a wonderful doctor,” she said with gratitude, recognising trust that allowed vulnerability as commonly Māori have become suspicious of contemporary healthcare (Tupou et al., 2021).

Mere’s crusade toward diagnosis was neither simple nor swift. It evolved as a cumulative calculation contrary to a singular event of epiphany. The diagnosis of her whānau was the catalyst for her own “It's hard to get the right diagnosis,” Mere clarified, contemplating the constraints confronted by her brother and others whose challenges were confused by society as defiance instead of distress. Over time, she endured comparable burdens in silence until her own child’s circumstances corresponded with her own. “I knew something was going on,” she claimed, explaining how maternal instinct became the conduit for exploring understanding, not just for herself, but for future generations.

Realisation of her neurodivergence cultivated Mere’s revelation and resolution. When Mere’s diagnosis was reached, it was both painful and liberating. “I cried for hours,” she stated. Reprieve and grief intertwined as she reconciled with the realisation of a life spent rehearsing normalcy. “I grieved the energy I spent pretending.” The act of masking, the sustained struggle to sculpt herself into society’s restricted rules, had caused substantial suffering. With the diagnosis came relief but also sorrow for the self she placed in the shadows. According to Craddock (2024), undiagnosed ADHD and ASD for a woman can be deeply disorientating and traumatising, characterised by years of suffering. However simultaneously, Mere felt like she had discovered light after eons of darkness. “I was relieved because it's like I finally understand who I am.” She reflected, remembering both the remoteness and the release that was reached with realisation. “I do think being neurodivergent... you're a different kind of thing.” The diagnosis became a route, a way to acknowledge the realm where she once hovered in the shadows and resonates with the feelings of relief that Aroha experienced.

Accessing diagnosis was not without challenge. According to Tupou et al., (2021), there are several obstacles that Māori contend with when accessing neurodivergent diagnosis which includes funding and resource constraints and a reluctance to seek treatment. For Mere, it was the financial barriers that deterred her. She recalled, “Before, I was like, I can't afford that…I didn’t care enough to make it a priority.” It was only when her new job’s health insurance made the process possible that she proceeded. “Once I realised that most of it would be covered, I was like, okay, I’ll do it then,” she said, highlighting the intersection of economic reality and self-determination.

For Mere, diagnosis was the dawning, a discovery of self. It was both subjective and systemic, a salvaging of selfhood within systems that often stigmatise differences. Her testimony typifies the shifting symbiosis between Māori and neurodivergent systems, each sustaining the significance of diversity, dependency, and societal strength. Mere traverses' life not as a derivative of her diagnosis, but as an author of ascension, one who trusts the totality of her mind. She remembers, "I watched this like TikTok. It literally was like; you're in the gifted class; you are always told that you had potential but talk too much. All of these things…and I was like, it's me." Social media has become a tool which has created a platform for self-diagnosis (at times incorrectly) and understanding of one's characteristics (Eagle & Ringland, 2023).

Patterns that once resembled chaos began to form relevance. "I feel deeply. So, I feel everything," she recounted, recognising what she once regarded as a flaw is now remarkable resilience. Resting beneath a surface of exhaustion, Mere recognised empathy, renewal, and connection. Like Aroha's personal narrative, for years, Mere had masked to fulfil the expectations of society. "I slipped into whatever each side of the family needed me to be at the time," she remembered. However, with the revelation of diagnosis came a sense of resolve, a resignation that her reasoning and responses were not failures, but variations of her individuality. "I kind of understood myself a bit more and all the pressure and stuff I put on myself to be normal, felt like, well I don't need to do that. There's a reason why I am the way I am." she recalls.

Mere's diagnosis was not a label of limitation but a key that unlocked new pathways of understanding. In many ways, it connected her to te ao Māori, which cherishes individuality, creativity, and spirituality. To epithet her neurodivergence enabled Mere to reclaim her mana, her personal power long concealed by colonised constructs which preferred conformity over credibility. This execution became an element of whakapapa wananga, the embodiment of knowledge gathering through contemplation, where ancestral wisdom meets consciousness. Mere reflects, "I feel like I am quite connected to my ancestors. I like, have always really aligned myself with my gut and my intuition."

From an early age, Mere understood that her consciousness swayed to a song silent to others. There was subdued, steadfast contrast that shaped her individuality. "I think that's come in a lot more in the later stages of life as I've stopped pretending to be the version everyone wants me to be," she contemplates, charting a chapter of considerable self-awareness. For much of her saga, Mere sustained a mask sculpted by supposition, showcasing to satisfy the conventions of whānau, work and community. Through the steady shrugging off her shroud, did she start to scrutinise her 'self.'

Mere's Māori mythos framed by whakapapa, created a 'thought scape' in which emotional expression held transcendent significance typically tamed by restraint. As a child, she was both tended to and truncated by these traditional tenets. "I grew up with all of my cousins" she continued, "I never really had any friends outside of my family for a very long time. I'd have them at school, but they never came back to my home, kind of thing." Mere stated, tracing how the collective texture of her whānau thrived as both a temple and tributary of tension. Within this rich tale of belonging, tremors transpired. Mere's father's relationship with alcohol, tested the tranquillity of her whānau. Navigating these tangles required tenacity inherited from her tīpuna and as a necessity to 'fit in,' triggered concealment, of her 'true-self,' an inner trapping of vulnerability which tempered her emotional tapestry. "I never really wanted to bring anyone back home because it was never always a safe place and not something that I would want people in school to know that I grew up with." Mere recalls. "I still loved that life with my cousins and things; I just had two very separate lives. Oh yes, I had my, at school, outside school world and then my Māori family life.” Growing up, Mere felt she had to separate the various aspects of her life and dwelled in a duality. People who are neurodivergent, find it more productive to ‘compartmentalise’ areas of their lives to counteract feeling overwhelmed (French, 2025).

Embodying both Croation and Māori descent, Mere often tended a transitional space between terrains, transient within her own iwi. “I'm very pale,” she testified, recalling the torment of being perceived as ‘not Māori enough.’ Mere states, “I don't look Māori, I have always felt like I was disconnected even though I was connected, because I don't feel brown enough…And so, giving back to my iwi, my hapū, is selfish in a way because it helps with my reconnection.” Such trials traced turbulence between belonging, embodiment, and legitimacy. Her disconnection was tailored by a torn whānau dynamic and by her father’s own misalignment with Mātauranga Māori, a testament of colonisation and tragedy. “Because my dad doesn’t speak te reo, or he lost that part of him, we kind of almost like, even though we were there all the time, we’re almost detached from that. So, that had a big impact on how I felt being Māori.” Mere’s parents separated and while her mother was the ‘constant’ in her life, her father’s absence left a tangled sense of truncation. As a youth, Mere identified her parents using a moral binary, “Dad, Māori, alcoholic bad. Mum, white, kind to me, good.” Upon reflection, she recognised this as a rumination of colonial rationales that rendered Māori masculinity through reductive renditions. Reconciliation with her father enabled her to regard him not as a representation of failure but as a human being refined by relational and historical forces. “He did the best he could. And once that reconnection with my father happened, it also happened. I could cross everything off for me.” This ritual of ‘re-humanisation’ marked a relevant reference in her decolonial road roving to a more reconciled recognition of self.

In the greater mosaic of existence, some beings are mottled with muted forms of majesty, mimicking the understated mana of ancestral deities, whose mastery often lay in mystery rather than magnificence. Mere's life models this reticent resilience, a sustained mediation between the mazes of her internal milieu and mindfulness of her cultural cosmogony. For Mere, living close to her marae and whānau cultivated contentment. Mentored in conditions where 'poor' marked more than monetary state, she mastered the merit of moderation and security. "I don't value being rich as such, but I do value being financially secure…I'm probably the most financially secure I've ever been in my life. And yet I live in the hood here and I have a house that is like, falling around me, but I have everything I need because I never really needed much to start off with," she reflected.

Mere shares this stage of her life as shifting through surges of revelation. It was not a singular spark, but a sequence of discovery. The susurrations of her sentience, the rushes of resolve, the spiralling sentiments, the vivid responses, simplified within a label. "Once you start figuring out who you are, you become more open to understanding what that really means," she stated. In surrendering to her neurodivergence, Mere felt serenity that came from not the label itself, but from realisation that she was never broken, but unique.

Mere believed she was defined by many lenses, each constructed by criteria, and constraints of her community. Contemplating on how her neurodivergence compliments the comprehensive collage of her Māori citizenship, Mere mentions both the challenge and the captivation of being different. "The closer I've gotten to my culture, the more I realise the unravelling of my brain, of who I am," she states, "and it's been about finding out more about who I am." In her Māori whānau, emotion was dampened by toughness. However, Mere never aligned with those thresholds. "I cry a lot…and that's very normal for me," she stated, laughing at her vulnerability. What some discerned as debility, she knew as authenticity, a figure of fortitude fixed in truth. This candid confession was not mediocrity, but mana wāhine in motion. A legacy from her tīpuna who transferred sensitivity and strength, and inferred passion to protect. "I'm very protective," she added. "In defence of my family and friends…oh yeah, you watch out." Her humour hides courageous devotion, the wairua of a warrior who drives advocacy. Mere's capability to communicate for her community, to challenge discrimination directly, derives from this congruent ancestral current, a concentrated consciousness that justice, devotion, and protection are connecting cords of leadership.

Mere's advocacy transcends beyond her sacred sphere. Through commitment to her iwi, Mere became a tenacious torchbearer for empowerment and equity. Through her transformation from undiagnosed to understanding of her individuality, she gained confidence in her purpose. In her role with a local Ahu Whenua Trust (Māori land trust), Mere characterises her contribution with celebration, "We built 14 houses…we help them with KiwiSaver…after eight years they [the clients] should have a deposit so they can buy their own home." These endeavours, effective yet powerfully parabolic, embody the expressive power of Tāne Mahuta, the god who carved the earliest humans from the trees of the forest. Like Tāne, Mere is etching new passages, empowering Māori to extract what exploitation eroded. However, even as Mere constructs connections in her careers and te ao Māori she continues to chart the challenges of whānau expectation. Her choice not to drink alcohol continues to be a point of conflict. "Half my family thinks that I'm a snob and that I think I'm better than them," she commented, contemplating on how boundaries can be confused as judgement. According to Vollstadt-Klein et al., (2020), people with ADHD are more likely to have diminished inhibition when drinking alcohol and if they are comorbid with AUD (Alcohol Use Disorder), are more likely to relapse. For Mere, abstaining from alcohol is not benevolent superiority but survival, a way to conserve her calm and capture command over predisposed patterns of pain. “I realised that I know alcohol does not make my ADHD better, it makes it way worse,” she notes, her voice maintaining both mirth and sagacity. Mere wields wordless knowledge. The reverberation of thoughts, intensity of reactions, ripples of creativity and restlessness all shaped her reality, but remained nameless until her diagnosis.

Mere’s comprehension of expression was crafted not entirely by tikanga and whakapapa but also enhanced by conceptual and perpetual constructs by which she encountered the cosmos. Neurodivergence, initially a confounding conception, came forth as both contrast and a gift, a clear channel of conceptualisation and being that elicited expansive empathy and critical reflection. Mere recalls, “I think the really good parts of me and what I think is super parts of my ADHD is my creativity and critical thinking and that I think outside of the box because my brain just works in ways that other people's brains don't.” This consciousness consequently enabled Mere to emerge as an advocate for those whose experiences were comparably marginalised. However, Mere’s course contrasted from classic expeditions as she came to cognise her own neurodivergence as a component of identity which became core to her own self-perception.

Friends and relatives see Mere as efficient and engaged. Regardless, few acknowledge the neurodivergence that fuels her. “People would say, ‘No you don’t have it,’” she recounted, relating to her ADHD result, much like the experience Aroha had from her whanau with her diagnosis. Mere continues, “But I knew. I was just good at pretending.” The mastery of masking, to exhibit equanimity while her mind machinated, was both a resilient resource and element of exhaustion. Those closest to her recognised the returns of her radiance, not the expense. Her rampant resourcefulness, while respected, were also rejected by older whānau who held no neologisms of neurodivergence. Mere ponders, “I'm the organiser of our family. I'm the person that gets stuff done because that's who I am.” However, her whānau also consider some of her traits as deficits. “I do think that my family think I talk too much. They don't really like that. I don't care.”

Mere’s father, although unable to conceptualise her cognitive characteristics, embraces here entirely accepting her as, “no different” after her diagnosis. Connecting them is an ethereal, mutual understanding, an acceptance exempt of exhaustive understanding. “If they don’t know what it is,” Mere says, “they won’t know what to call it. But when they understand, when they accept, their perspective changes.” The tenuity of tangible recognition has sparked tension. “Not everyone travels through the trenches of their soul and questions every choice they make,” Mere explains, testifying to the rigidity between her own retrospective reality and the more trivial transactions of others. However, instead of recognising this as a restriction, Mere regards it as resource for rapport. Through her ruminations, she registers that tangles often transpire not from treachery, but from a lack of transparency and terminology. This comprehension captures not just her own evolution, but her conviction in ako (learning), collaborative education for whānau and community.

Mere’s duty to her community and marae has developed into a means to mend a moat, to decode her distinct journey into collective strength. The marae was once a space of dormant detachment but is now central to her declaration of devotion. Through beneficence and advocacy, Mere declares her domain among her hapū, defining her diversity in contribution. “I've made myself be part of the marae committee now because I understand my strengths are in organisation and administration." Mere states. Tended in the wāhi tapu of Māori traditions, Mere reflects on her desire to acquire knowledge of her tīpuna as that wisdom fades, "I think a portion of my job is…recovering stories from our kaumātua… because they get lost…I would give anything to have talked to my great grandfather … what does the father of my koro look like…what does his mother look like?"

Mere's circle now characterises her as someone who shifts between strata, synchronising them rather than selecting one over the other. She chronicles this calibrating act as 'compartmentalising,' separating her Māori and non-Māori identities into 'little boxes' that support her to steer both with sincerity. This separation is not segregation but a strategy for survival in settings not structured for her. "I'm sick of this system," she confessed. "I struggled in the bank because that system is not made for Māori." Her stress speaks to the sustained challenges of trying to thrive within collectives constructed by colonial logic, where Māori customs conflict consistently. Still, Mere sustains strolling in separate spheres with purpose. Her strategy on parenting conveys this cohesion. "I think about how I need to raise them strong in their values," she continues, "If they chase their values first, then the work will come." For Mere, identity is not a challenge to conquer but a cornerstone to secure. Her leadership, whether on the marae, at home, or in the boardroom, is steered by the same standards, authenticity, advocacy, and aroha.

Mere's story, as captured through the scopes of her whānau and friends, is one of contradiction and control, a cadence between consent and contest, individuality, and intersection. "Being Māori, is a perfect environment to really understand who you are," she explains. Though not all comprehend her path, Mere hopes that they view her as living sincerely centered in tīpuna sagacity, "I feel like we're very like our ancestors [Māori lineage] probably were incredibly emotionally aware. And then we went through this process of getting rid of it. Disconnected…and we're only just getting back to being reconnected.”

This mission toward self-recognition was melded in mayhem. It materialised through the nullification of her parent’s nuptial union, the mapping of her whakapapa and the clarity which manifested from noting her neurodivergence. Mere reflects on self-medicating with alcohol, coffee, and food, “I am a pursuer of all things pleasure, obviously because of the like dopamine hit that you get from,” Mere chuckles. According to Mertens (2024), those with neurological conditions who have reduced dopamine receptors, are more susceptible to the quick fix of ultra processed foods and impulsivity. This moment of mindfulness was more than mental mapping, it was a reclamation of moderation, a mystical migration. Like Hine-nui-te-pō, Mere navigated the night of self-doubt only to rematerialize into illumination of renewal. Her navigation was not about morphing but about mastering her march into mindfulness.

Through researching her neurodivergence, Mere reveals a richer sense of self. The more she studies her neurodivergence, the more she registers its significant synergy to her Māori self. “Maybe I am neurodivergent so I can understand aspects of my Māori culture that I wouldn’t have understood if I wasn’t.” she pontificates, sensing how her specialised road of reasoning strengthens her to resonate with her culture on a spiritual realm. It is as if her neurodivergence is a gift that reorients her more strongly with the ancestral science stored within her whakapapa. “Once you get diagnosed,” Mere says smiling, “it's like, oh, hi friend, I see you.” This realisation, of recognising herself and others, has stimulated a society of like-minded souls. “I have a lot of neurodivergent friends,” she shares. “And the ones I feel most connected to are my Māori neurodivergent friends. We understand things on another level that other people don’t.” This solidarity is both spiritual and strategic, structured on symbiotic understanding and transcending simple stories.

When queried whether neurodivergence is a colonial construct, Mere does not refrain. “No,” she says resolutely, “It's not a construct, it's something that was distorted by colonisation.” To her, neurodivergence is not a colonising constraint but a resonance of ancestral acumen, a repetition of characteristics once celebrated within Māori realms. “I do think a lot of Māori people, and Māori wāhine in particular, are really connected spiritually and have an open perspective…being neurodivergent enables that sometimes,” she clarifies. What colonial systems classed as a disorder, she recognises as a composition of conscious connection, a sensitivity to the spiritual and natural realms that her tīpuna would have respected.

Pre-colonisation, I don’t think people like me would’ve been seen as broken,” Mere reflects. “We all had our place, our purpose.” However, she believes her homelife denied her the understanding of what those places might be especially regarding wairua. Mere states, “I wasn't raised in that way. I think if I was like raised in a way where I was around people who are more spiritually aligned…gone out to expand my spiritual knowledge, my family is the opposite of that, so I don't see it that way because that's not how I was raised.” Colonisation negated this nexus. Western religion, education, and medicine considered difference as deviation, neutralising multifaceted mystical understandings with measurable models that often-marginalised Māori from their methodologies (Tan et al., 2023), which could have affected her views on prescription medicine. Mere states in reference to medicating her neurodivergent traits “I don't know how I feel about medication yet; I don't want to lose the sparkly part of myself if I were to go on medication or something like that,” For Mere, seizing her self-identity as a neurodivergent wāhine Māori is not an act of subversion but of salvage. It is about summoning stories once remembered that spectrum of theory and temperament thought as significant to Māori existence. “I feel like our ancestors were probably incredibly emotionally aware,” she muses, “We’ve lost that connection, but we’re slowly finding our way back.” “We’re only just getting back to being reconnected,” she speculates, speaking to a broader societal transformation parallelled with personal peace.

Musing on the nexus between neurodivergence and Māori norms, Mere notes, “I think about it now, and I realise that the more I understand my neurodivergence and my culture, they’re aligning.” The matrix of neurodivergence, Mere recognises is evolving. “It gives it a purpose,” Mere states, honouring her neurodivergent traits and Māori heritage imparting a heuristic hope, a gift she humbly hones.

Mere’s ‘audacity’ supplies strength to function fully, to stand stoutly in one’s truth, even when society commands calm. “I think it’s really important that we stop thinking about the systems that are created already and start making our own, we are different,” she states, her voice steady. For Mere, this is not a rebellion for its own cause, but a claim of sovereignty, a signal to contest constructs that have classified Māori experience. Mere’s struggle is straightforward and significant, to reestablish regimes centred not in colonial constructs but in ancestral principles of manaakitanga, whakapapa and tino rangatiratanga.

Mere’s courage continues not completely in her communication, but in the commitments she constructs daily. “We have the capacity to actually do these things ourselves,” she claims, her cadence conveying both tenacity and trust in communal courage. It is a trace of her tīpuna who crafted contexts from darkness and light, who separated the earth and sky so that life could cultivate. Like them, Mere comprehends that transfiguration commences with the conviction to conceive creatively, to thwart the thresholds imposed by others and reclaim her mana. Mere smiles, “I do really believe…I drive the charge in my life,”

Her minutiae of national networks and mainstream mediocrity come from the same space of motivation. “We have to be careful as strong wāhine,” she reflects. “People say it's manipulation, but I'm not manipulating anyone. I'm influencing people. I'm planting the seed.” Her missives reveal both method and magnanimity, an attitude that materialises through discussion. “It's hard,” she acknowledges, “but I’ll work hard for those who can learn and understand. If they can't, I'm not wasting my time. It's not my job to make them enlightened.” This perception was a product of accepting her differences and not needing to explain herself.

Meres concept of the government is cemented in contemplative cynicism. “They’re not really interested in helping,” she states candidly, her testimony transmitting the tension of comprehension and contemplation. She perceives current constructs as coercive, individualistic, and compartmentalised from the collective of Māori communities. “We need to work together as a…big team instead of focussing on trying to get rich,” she comments, campaigning for a return to whānau-centred tenets and a community that cultivates wairua that connects Māori. For Mere, government policies commonly convey a colonial mindset that condemns Māori knowledge, spirituality, and triumphs. Government policies and strategies emerge within and are influenced by societal, historical, cultural, political, and fiscal frameworks and associations, which have developed throughout history via persistent, colonial enterprise (Love, 2002). Mere had rarely sought a role within the political realm, but she came to realise that Māori must recover their connection contained by it, that communicating is critical, even when the community chorus has remained restrained by fear, “the climate is very strained. And I used to never say anything…I'm not one of those crazy ones who…gets involved in these sorts of things. But the problem is that we don't get involved, because we don't like seeing ourselves as being on the outskirt's kind of thing." However, Mere's propensity for advocacy was stronger than her susceptibilities, "I don't care if people have opinions that are different to mine but do it with respect and don't do it tearing down a whole group of people just because of the colour of their skin or where they come from."

Mere's ruminations extend beyond the relational to the systemic. She reflects how education and health regimes mirror colonial frameworks that often reduce Māori epistemologies. This is explained by Ritchie (2016) who states that throughout the years from the beginning of colonisation and into the contemporary era, Indigenous epistemologies have been consistently marginalised by academic institutions, rendered invisible, invalidated, considered inferior and regarded as mere historical remnants. "School is a colonial concept," Mere observed, "yet Māori have learned to adapt, to use education not to conform, but to empower." This realisation informed her evolving responsibility as an advocate for others, respectfully navigating the connections of culture, neurodivergence and kinship.

Mere's neurodivergent diagnosis is more than tailored; it is a spring of stamina and a tool for advocacy. It has steered her to traverse untrodden territories, within herself and in the spacious sphere. Mere believes she in charge of her life which is a testament of autonomy that traces the tenure of a teacher traversing into the uncharted with sensitivity and steadfastness. Her existence, like a transmuting landscape, throws tensions that she tailors into opportunities to overhaul and weave what is believable beyond the targets of mainstream milieu. This specific standpoint has made Mere a spirited supporter. Observing rangatahi, she recalls reverberations of her own suffering and senses the potential for progression. “We’re [Māori] evolving,” she speculates, stating a swelling recognition of neurodivergent characteristics among youth, a steady emergence like a dawning day. Her service is more than shaping space for herself but for those who follow. “The younger generation are definitely open [to neurodivergence], and I think that’s because we are having children that are experiencing these difficulties and we’re opening our eyes to who we are because we see ourselves in them,” Mere states.

Mere’s leadership develops from credibility, not compliance. By cherishing her diversity, she crosses into domains of discomfort, coaching others who may struggle to convey their convictions. In doing so, she becomes a discoverer of both depth and divinity, characterising new contexts of discernment, deconstructing divisions, and lighting a course for those who desire to be considered and commemorated. Although Mere has excelled in the mainstream corporate world she still struggles with her role as a leader, “Seeing my place as a leader, being raised as a leader, but I don’t have the place as a leader in Māori society…my place is to be behind someone else,” Mere reflects revealing her role on the marae, “we’re in the back, we’re making the kai, doing the dishes.” Her previous comment of being able to lead in a board room and advocate for Māori, contradicts her position on the marae where her family are ringawera (kitchen helpers), typically considered the backbone of a marae but are not involved in the discussions at the front of the marae.

The task of burying one’s true self tailoring to colonised and traditional thresholds, has been a tremendous burden for Mere. “The energy it takes to do that is immense,” she states. Wāhine can traverse life by masking their cognitive differences, imitating neurotypical behaviours to meet social norms, which entails a significant burden at considerable psychological cost. Masking one’s characteristics may cause distress and fatigue, while failing to mask completely, can result in social misunderstanding, judgement, or emotional struggle. For those undiagnosed, the absence of understanding of their experiences, coupled with societal disregard exacerbates perceptions of alienation, uncertainty, and internalised inadequacy (Craddock, 2024). “Having all your masks is actually exhausting and until I got rid of them, I didn’t know that was the case.” Mere states and embraces the brilliance of unmasking, of tossing aside the tiers that no longer benefit her. The battle to appear ‘typical,’ to tame the basic essence of her being, had left her drained of the life force tasked to tend her brilliance and temperament. On several levels, Mere’s unmasking signifies the salvaging of mana that serves every soul. By legitimising her neurodivergence, Mere seizes her power no longer shackled by strict colonial standards of ‘normal.’

Amidst unmasking, Mere mobilised the hidden. Her motivation, momentum, and candour, once mistaken as malformations, became mandatory traits of advocacy. “I just say what others won’t,” she testifies with merriment. This boldness, once labelled as ‘bossy,’ Mere now considers as the tenacious energy necessary to challenge travesty. Her neurodivergent traits provide not only a unique mindset but also the mettle to muster unapologetically in her truth. Research indicates that relative to neurotypical individuals, neurodivergent people possess increased intensities of justice sensitivity, in which they have an intense inclination to recognise and rectify injustices and are deeply attuned to when conditions are unfair (Guy-Evans, 2025).

For Mere, neurodiversity and spirituality are non-divisible, joining a mutual, multifaceted mosaic of perception and understanding. There is a mindful melody in the nature she navigates te ao, a mellow memory that whispers the wisdom of her tīpuna as she ponders on the neurodivergent traits of her whānau, creativity and tenacity. “Some of the most beautiful parts of my family…come from the neurodiverse,” Mere muses, her voice nuanced with reverence. “That’s what makes them beautiful. That’s what makes them creative. That’s what makes them good at all the things that they are good at.” Like Atua who traverse realms, Mere navigates nimbly between milieus, mentored by her inner voice, her tīpuna and the whenua itself. Here spirituality does not materialise separate from her neurodiversity, it is meshed into the material of her nucleus. Mere views experiences as multidimensional, each niche mirroring the mutuality of all manifestations. “All the values being Māori incorporate is very holistic…it's all of you…it's not just my physical wellbeing, it's my spiritual welling, my mental wellbeing, like all of it.” These aspects of wellbeing for Mere, reflect with the Te Whare Tapa Whā model (Durie, 1985). Neurodiversity, Mere maintains, is not a mistake to be mitigated but a meaningful mirror of numinous nature. Pre-colonisation, Māori had a non-judgemental perspective of differing traits and if noticed as children, they would be guided on how to use their gifts and not shamed for them (Rameka et al., 2024).

Meres reconnection with Māori ritualism has been transitional in her return to tribal traditions. At a spiritual retreat she attended, Mere received resonant truth and tranquillity through meditation, waiata and karakia. Through this transcendent territory, her restless mind, which was typically tireless in motion, reached repose. The rituals rooted her, constructing a road between cognitive and spiritual realities. Mere’s relationship with kapa haka and waiata creates respite and recovery. “Waiata calms me. It makes me feel good. I feel uplifted,” she recounts, reiterating the spiritual and emotional replenishment that these practices provide. Observing her tamariki perform kapa haka generates “goosebumps” replenishing her with transcendent tranquillity, reaffirming her relationship to te ao Māori.

Mere theorises Māori spirituality as a portal to life's resonant revelations, a revered realm where neurodivergence is not just recognised but respected. "I think we hold reverence in Māori culture because we are the portal to life," she reveals, highlighting the historically holistic responsibility of wāhine Māori. In this radiance, her neurodivergence is a taonga, a rich reframing to understand the universe, a connection between the tangible and the sacred, the transparent and the transcendent which has a more holistic gaze in comparison to the traditional DSM-5's view of neurodivergence being disorders which create everyday limitations of one's life (APA, 2013).

At present, Mere resembles a tree, firmly grounded in whenua, courageous amid the changing currents of civilisation. Her culture is not something she channels, it is a creative charge that sustains her. "I am both," she asserts, "I am Māori and neurodivergent. The more I understand both, the clearer it becomes that they are connected." This contrast does not fragment her core but weaves it into wholeness. Mere's life represents a relentless act of renewed resistance, a reckoning between systemic restriction and cultural rooting. She refuses to relinquish to external forces, instead prefers to render her own narrative. Realising this, Mere represents a recognisably Māori regime of resilience, one rooted in whenua, raised by whakapapa and supported by the resolute rationale of her tīpuna.

Moana

Moana's story commences with the strands of her whakapapa, intergenerationally weaving through whenua and moana confronting challenges and rousing resilience. Her life is contextualised by an intersectionality of realities, the inherited wisdom of her ancestors and the contemporary conditions of navigating a colonised community.

Moana expresses life experiences as ephemeral, forged by a military whānau shifting across oceans and lands, between cultures and conventions. Just like Mere, Moana's dad is Māori, and her mum is Pākehā. "We moved a lot, lived overseas, there wasn't a lot of opportunity to stay connected." For Moana, being connected refers to her ancestral ties to her whakapapa and whenua. Across time, she shouldered that separation silently, unsure how to steady herself suspended between spaces. It was when she was residing overseas that 'home beckoned.' I realised I was disconnected, very disconnected," she said. "So, we started coming back each year, going around the coast, spending decent time there, reconnecting with people and place." These annual hikoi back to Aotearoa became her anchor, a reclamation of whakapapa mirroring voyages of Māui, who ventured beyond hindering horizons to discover dormant dogma. Like Māui who pushed boundaries, Moana seeks to salvage knowledge that colonial surges shattered. She believes that Māori spirituality offers another approach for learning variations. "I really like how the Atua are…the spiritual manifestation of physical traits," she explained. "That whole thing of…there's a place for everybody. Being [neurodivergent] is just another part of being Māori."

Moana was diagnosed with ADHD in adulthood, although she acknowledges that her characteristics have been longstanding and evident. Her determination and durability have long been visible to others, but being a high achiever kept her neurodivergent traits hidden. "I had known for about ten years that I was probably [neurodivergent]," she explained, "but there weren't really the avenues to get diagnosed back then." When Moana was completing an ADHD assessment in her thirties, she was attending medical school and revelations were revealed. "I ticked eleven out of twelve boxes…riddled with it." The diagnosis, she stated, upended everything. "It was like putting on a pair of glasses after not being able to see.

Suddenly, everything made sense.” For years, she had ruminated on her challenges with concentration, organisation, and self-control, believing that they were flaws.” I used to cry to my sister,” she remembered, “Why am I so different? Why can't I remember to pay parking tickets? Why can't I hold down a job for more than a year and a half?” With the ADHD diagnosis, it alleviated an anchor of affliction. “There’s nothing wrong with me. I’m just different. I’m just designed differently,” she stated. “That realisation took the pressure off, the constant pressure I’d unknowingly been living under.”

Moana’s diagnosis was not conclusively clinical. It reconceptualised her relationship with herself, her role, and her whānau. “When I got my diagnosis, I realised, I’m not broken. I’m just wired for a different world.” The changes cascaded into her connections. “Even my husband understood differently after that. We’d been together for 18 years and it wasn’t that I was crazy or moody, I was overstimulated, dysregulated.” Parenthood prolonged those predicaments. “Having children brought it all to the surface. I love them, but I found it hard to cope with constant touch and noise. That’s when I started thinking maybe it's not just ADHD, maybe there's a touch of the ‘tism’ too.” Recent research findings by Gonzalez et al. (2024), suggests that autistic mothers experiencing sensory processing challenges are especially likely to encounter elevated anxiety and stress, stemming from amplified sensory reactivity and difficulties in regulating sensory overload. Furthermore, autistic mothers have an increased risk of developing prenatal or postnatal depression and more generally, a significant percentage of mothers, irrespective of whether they have a clinical autism diagnosis, describe living with psychological conditions such as personality disorders or anxiety (Gonzalez et al., 2024). However, Moana’s propensity to get overwhelmed around her children contrasts with her social profession in the medical field, therefore context may play a role in her interactions with others.

Moana also contemplated the cross-generational consequences of neurodivergence. She remarks that her mother is ‘probably autistic’ and recites a raw experience. “If she isn’t autistic, I’d be very surprised.” Moana continues to reference a book called ‘Emotionally Immature Parents’ to explain her experience. “Being raised by an autistic mother is…there’s an aspect of not being able to communicate her emotions and so that was really difficult.” Moana recalled a conversation she had with her mother. “The last time I spoke to her there was a big ‘hoo-ha’ and I said to her…when you get counselling, when you get some sort of understanding of the impact of dysregulation on me…you can’t have my kids being excluded, exposed to that because it fucked me up…when you can do some work around that, then we can have a relationship.” Her revelation recapitulates an understanding of relational and reactive neurodivergence, particularly in the context of transferred trauma and familial disconnection. Neurodivergent mothers who have not been diagnosed, do not understand their characteristics and therefore often feel like failures as they cannot conform to societal pressures which can manifest as guilt (Murray, 2025).

Moana discerns her diagnosis not as individual circumstance but as a perspective by which one can critique colonial constructs. “Medical compliance,” she argued, “is a colonial project.” The Eurocentric model under WEIRD psychology she states, seeks to classify, correct and conform, while Māori frameworks such as Te Whare Tapa Whā (Durie, 1985) convey something more comprehensive. An awareness of wairua, convergence and complexity as being intrinsic components of creation. “If we were pre-colonisation,” Moana says, “these traits wouldn’t have been called disorders. They’d have been seen as ‘gifts’ and as a way of connecting differently with the world." Moana proposes that Māori approaches to divergence were interwoven rather than labelled. "There wasn't actually a requirement for a label because there was nothing to treat. It was a case of, well, you're good at this, yeah, let's make this work for you. And the systems were really well set up so that different people were able to contribute." Neurodivergence, she reveals, is not revolutionary, it is reinterpreted through the reflection of colonisation, which reinforced, regulated, and medicalised reactions of disparity. "I find it much easier to be unmasked in a Māori environment at it feels like being at home."

Within her whānau, Moana captured how neurodivergence crossed with classical Māori comprehension. Family chronicles, cultural cognition, and life lessons have converged to sculpt Moana's identity. She understands her responsibilities which simultaneously evoke explorer and caretaker, plaiting personal ambition with relational responsibility. "I feel like the hunter…or like the ones that go out and explore, the explorers," she said, ruminating on how pre-colonial settlements may have allocated roles attuned with traits. Moana comprehends her role as being simultaneously supporter and seeker, combining personal drive with collaborative commitment and care. Comparing herself to a hunter or explorer, she contemplates how pre-colonial communities have assigned responsibilities congruent with capabilities. Her considerations on raising her children concentrate on contributed and character-driven actions. "My husband is their constant, like he's always there, he's always doing cool stuff with them…[If] my daughter needs something, she knows she can go to dad. She knows that he will look after her just as much as I will." Moana believes that this captures pre-colonial collaborative child-rearing practices, clarifying that commitment and care for tamariki are distributed according to traits connecting a collective rather than fostering a controlled hierarchy. Pre-colonisation, Māori tāne were actively involved with child rearing, caring, and nurturing. As soon as the children were weaned, the tāne would put them on their back and take them to experience their tribal duties (Rameka et al., 2024). Moana continues considering precolonial paradigms. “I wonder if the elders, you know, or the Tohunga…what traits they could see that would help the collective.” Her experiences evidence of how neurodivergence can cultivate channels for leadership, advocacy and advancement, cemented in cultural and ecological expertise.

Moana’s identity illustrates the interplay of tikanga, wairua, neurodivergence and colonial confines. By mobilising Māori modes, she transposes traits often pathologised under colonial constructs to become taonga for both self and whānau. Her history highlights the value of adventure, authenticity as core to constitution, cultural cohesion, and personal prosperity. “I’ve got so many things I want to do…and if I’m going to do them, I need to be as authentic as possible.

Occupationally, Moana has traversed many lifetimes, working in sectors which reflect her desire for excitement and adventure but landed as a doctor. “I like to work in emergency,” she laughs, “I think I’m uniquely programmed for medicine.” Her wit masks a life of restless quest, of seeking surroundings that summon adaptability, acuity, and focus. “I couldn’t do anything else,” she admits. “Most people don’t want to make life or death decisions. But I can't do anything else. This is literally what I’m built for.” Moana’s recollections on her professional life reinforce alignment between neurodivergence and ‘risky’ roles, giving an example of her father who she feels could also be neurodivergent. “He was the most at home on shaky ground when everybody else was unable to understand and focus…and that’s why I'm in emergency medicine, because I’m like 100 percent, that’s such an ADHD thing to do.” Research on neurodivergent professionals working in emergency departments emphasises both competencies and challenges to be navigated. Participants stressed that their perseverance and unique abilities such as creativity, ingenuity, analytical thinking and sensitivity, are especially beneficial in dynamic, procedure-driven clinical environments. However, many also disclosed a heightened sense of fairness rooted in ethical clarity and literal interpretation which often contributed to moral distress, occupational fatigue, and workplace conflict (Chisnall-Kalouniviti, 2025).

Moana's decision to receive her moko kauae (traditional female facial tattoo), testified to this integration of identity, tradition and neurodivergence. "That's how I arrived at the conclusion…as a whole person." Although thriving in a clinical setting, by getting her moko kauae, Moana has integrated te ao Māori into her workplace, her pūrākau proudly displayed on her face. Moana's moko kauae provides a unique pathway to connect with Māori patients. Fundamentally, for practitioners to use pūrākau authentically with Māori patients, they must participate with a contemplative approach with a knowledge of the atua while connecting to taha wairua (Cherrington, 2003).

Moana has a polyglot perspective which echoes her expansive lens of life, a wayfarer's wanderlust, and willingness to roam diverse terrains much like Māui voyaging into unchartered territories however, rediscovering te reo Māori has not been simple. Moana's experience with te reo, exemplifies dual cultural and neurodivergent characteristics. She states, "I feel a massive amount of embarrassment that I can't be as eloquent in Māori." She reflects on how her children's generation differentiates from her own inexperience with te ao Māori. She motions towards her daughter and says, "These guys do karakia all the time and they're actually really staunch." Here, she expresses both self-awareness and the ongoing journey of reclaiming cultural knowledge. She stipulates, "I speak Māori intermediately, I guess, and I speak Irish, Gaelic and English…Once you learn one language, the third, fourth, fifth, sixth is easier." Studies show that it is common for neurodivergent individuals to master more than one language (Crockford et al., 2025). Moana details her learning styles and mentality as explorative. "The idea of scientific inquiry, observing things like our maramataka [Māori calendar] …the way that we observed the world, and we explained these things…I actually think it's got a lot to do with scientific inquiry." In this statement, Moana categorises neurodivergence as an extension of curiosity and comprehension instead of chaos, comparing it to the kaupapa Māori tenet of learning through observation. Stewart (2007) notes how Māori gained knowledge through observing.

Moana grew up cognizant of her uniqueness, although the lexicon to label it, landed later, contributing clarity but also prompting contemplation on decades of masking. Her consciousness was both personal and customary. She recognises her contrasts and configures them as both a strength and a stressor. "I'm [neurodivergent], like I just cannot answer you." Moana acknowledges that she requires time to cognitively collect information. "If you ask me a question like, what do you think about this patient and what structures do you think might be important involved, then we can sit down and have a conversation. Give me a little bit of time and I'll be fine." Moana emphasises the essentiality of enabling her psychological processes contrary to pathologising them, reflecting a richer understanding of her cognitive characterisation.

To help with Aroha's studies she decided to take medication for her ADHD which assisted not only with concentration and motivation, "that getting started part that always felt impossible," but also for emotional regulation. "Before, I'd have to psych myself up for hours to start studying. After medication, I could just get up and do it. I wasn't fighting myself all the time." The difference was profound. "Before, I was working so, so, so hard and getting A's. Afterwards, I was working half as much and getting A pluses." Sometimes taking medication, although beneficial can be considered as a 'quick fix' rather than getting structured continuous support (Ostaszewska, 2024).

Despite systemic struggles, Moana reclaimed autonomy, electing to express genuinely, unmask and empower. "I did psychiatry [as part of her studies] and the lady that I was working with, the psychiatrist, on the last day of placement, she goes, you're very blunt. I said, oh yeah, that's a feature, not a bug" For Moana, cherishing her neurodivergent qualities was inseparable from chasing chief objectives, fulfilling the fundamental needs of her whānau, and advocating for her extended community. "I just didn't…still don't have the energy. All of my energy goes into the things that I'm pursuing…raising my family, being a good mum, doing well at work."

Although content with her life, Moana raised concerns about comprehensive cultural constraints of capitalism and colonialism, often challenged Māori principles and neurodivergent creeds. "I feel like, actually… being neurotypical…it's actually a result of things like 200 years of capitalism…repressing anything that's not straight, white, wealthy, male." She recounted her own professional exchanges where neurodivergence created turbulence. "The amount of friction that I cause…because I'm not playing [by] your rules…because the systems [are] still stacked against me."

Moana's perspective on the government of Aotearoa and their policies projects her provocation with public narrative around Māori. She exclaims, "You're already up against this barrier of like, oh well, we're not going to do anything, cause Māori don't take their medications anyway…or they don't want their children to be vaccinated because they don't really care about their kids…They're protecting their children from an abusive system.” Her analysis reframes pushback against public health programs as a form of cultural preservation, showing her potential to pilot complex polemics while remaining dedicated to community safety.

In Moana’s professional perimeter, her personal experience sharpened her patience for others. She became an advocate for Māori health parity, for neurodivergent peers and patients, for those pragmatically interpreted or prejudged by the system. “One of my skills is bitching at the government,” she laughed. “I bitched at them for two years on behalf of a public health organisation. It was so fun.” Behind the mask of humour is principle, an ideology that the process, purpose-built around existing paradigms, fails those who process and perceive differently.

Moana also describes devotion toward tamariki and whānau, deep-seated in cultural demands. “It's our tiny responsibility to look after our kids [referring to all children generally] …we’re expected to advocate for everyone.” She recognises the need for a comprehensive social commitment for community health. “I want to do the best for all my patients, but particularly Māori wāhine, particularly Māori neurodiverse wāhine.” Moana’s audacity is repeatedly acknowledged, both by herself and through her narration. “I think there’s an expectation for us to be outspoken and advocate for our people.” She defines herself as an advocate not only for herself and tamariki but for the whole community, negating the exploratory agency of a navigator mapping new paths for others. “It's also our responsibility to look after our kids, but we’re expected to advocate for everyone and be the loud, angry, brown woman in the corner.” This external perception of Māori wāhine has been described by all three participants.

Moana persistently repositioned divergence as powerful. “It's only a disorder because we don’t do what’s expected…we’re challenging authority all the time and advocating for our people all the time," she stated. This view placed her advocacy and curiosity as being socially priceless, culturally positioned and personally productive.

In the perspective of Māori principles, Moana's neurodivergence was predominantly viewed positively. "You have to be pretty far out there for it…to be an issue." Even when patterns of life choices provoked perplexity, Moana explained, it was often a reaction to colonisation. "The fact that I'm so pale and I have my moko kauae, and I don't speak te reo…that was kind of a like a little bit of shock for some of our people." The inability to speak the Māori language juxtaposes against her ability to speak other languages however she confides that she hasn't had the chance to learn it yet. Moana scrutinises that sometimes she doesn't feel 'Māori enough.' Being fair-skinned and not being fluent in te reo, she felt judged. "That's been a really interesting journey for me…because there was a lot of belief that I wasn't 'Māori enough' because I didn't speak te reo as fluently as I should. And then I spent a lot of time sitting with that and going, well, actually it's my birthright and I want to do it," standing up against those who criticised her choice for getting a moko kauae. Even so, Moana also contemplated whether she had been impulsive. "I don't know if it was impulsive ADHD but probably would've regretted it [if it was]." Moana believes there are times where Māori can be excluded within their own culture. When Māori are not raised in te ao Māori, when they want to connect, they often feel whakamā and experience a sense of 'not being Māori enough' (Fox et al., 2022).

Moana's heritage sculpted her sense of self. "I do think that I collect skills as a hobby and the skills are pretty broad…I feel like maybe our whakapapa selected for those traits…neurodiversity is actually the norm for Māori people." Moana believes that traits which contemporary science might specify as ADHD such as sensitivity, curiosity and adaptability in te ao Māori, would have been historically highly regarded providing security, self-preservation, and stability. In this light, Moana feels that her specialness would be sustained rather than shifted. For Moana, encapsulating the essence of Māori and neurodivergent are tethered threads in her identity. Her mind thrives on transformation and exploration, tirelessly connecting thoughts across fields. Moana states, “They’re pretty inseparable because they exist in me as a whole person,” believing that neurodiversity and being Māori are interconnected. “There's a high chance that you’ll be [neurodivergent] if you're Māori.”

In summary, Moana structures her sense of self as inseparable from both her cultural and neurodivergence heritage. “Being Māori, being neurodivergent…it's kind of the same thing…you can't really separate it out.” Her story supports a holistic standpoint where cognitive spectrum, spirality and societal knowledge synchronise, summarising the metaphorical explorer, sailing and surveying uncharted territories of knowledge, self-identity, and care. In continuation of these pūrākau, I will go into more depth about their context and meaning into the next chapter of discussion.

Chapter Four: Discussion

This chapter contextualises the complex experiences of participants of this thesis whose navigations negotiate paradox, like trees tailoring to a ngahere formed by both ancestral roots and colonial currents. Drawing from participants pūrākau, I initially explore how children and whānau function as agents for formal diagnosis followed by discussion as to why diagnosis provided both relief and grief. The chapter then moves on to consider how resources have remained constrained and clinical frameworks frequently omit Kaupapa Māori principles. Following this I discuss why masking, alienation and challenged identities are a result of colonial legacies, and how unmasking, stemming from exhaustion, standardly commences in safe communal spaces with kindred kind. Attention is then given to precolonial practices of utilising individual skills for the betterment of the iwi, followed by the reasons why participants inclination for advocacy and leadership emphasises enduring values, fairness, and resilience to benefit not just their whānau, hapū and iwi, but all of society.

Children and Whānau: Catalysts to Diagnosis

From this research I discovered it is typically through observations of one's children and whānau that catalyses diagnosis of neurodivergence. It was through Mere deciding to be an example for her reluctant undiagnosed brother that she sought diagnosis. The other participants also identified neurodivergent traits in their whānau such as Aroha who considers both her adopted and biological parents as neurodivergent, while Moana has observed her own traits in her neurodivergent children. In the ecology of Māori societal development, it is seldom the clinical perspective that activates comprehension, instead, it is through intimate everyday observation by whānau members who recognise when a child matures uniquely (Rameka, 2015). Whānau notice the patterns of focus, expression, and emotion like reading the growth rings of a tree, arrangements amassing gradually, each phase deepening complexity (Rameka, 2015). These familial findings can root neurodivergence within societal soil, where divergence is first encountered as embodied existence before it is labelled at diagnosis. Consequently, tamariki are like saplings which can transform the surrounding forest, encouraging their whānau to challenge conventional assumptions about development, efficiency, and endurance. Just like the participants who knew that their child did not fit societal norms, upon reflection came a realisation that perhaps they didn't either. A neurodivergent Māori child and their modes of processing and reacting to the world reveal the constraints of monocultural standards, showing that learning is not linear but interconnected and heterogeneous (Hetaraka et al., 2023). When instigated by whānau, diagnosis can be conceptualised not as a display of classification but as a reaction to provide environments for a child to thrive, like Moana seeking optimal outcomes for her child by seeking resources and appropriate schooling for her neurodivergent children. The diagnostic procedure becomes comparable to nurturing a grove where pruning is substituted with support and uniqueness and is identified as a variation and not a flaw.

In this interpretation, whānau and children do not only open avenues to diagnosis but reshape its significance. Children prompt a reconceptualising of neurodivergence as an innate embodiment of human multiplicity, one that has consistently persisted within the ngahere, but has only recently been recognised. Neurodivergent wāhine Māori māmā (mothers) typically succumb to the barriers in obtaining diagnosis (Tupou et al., 2024) but will ‘fight’ institutions and advocate for their children. It is through advocacy, nurturing and narrative-sharing, that whānau can establish that neurodivergent experiences are not destabilising, but enrichening for the broader ecosystem of community and wisdom (Riwai-Couch, 2021).

Grief and Relief of Diagnosis

The participants stated they had expressed emotional responses upon learning they were neurodivergent. Delayed neurodivergent diagnosis can echo both sorrow and solace as it does not solely affect an individual but any wellness or illness, reflects on their whānau, hapū and iwi (Reweti, 2022).

Over the years for the participants, their exploration of existence, patterns of concentration, communication and community engagement were frequently misunderstood and bound by Pākehā-centric expectations that concealed uniqueness. Diagnoses were focused on the external manifestations of males and missed internalised female traits of neurodiversity (Lai et al., 2015). Aroha grieved the person she was not allowed to be Moana was relieved that she could comprehend her identity, while Mere was both relieved and sad as she thought she had been ‘gaslighting’ herself when considering diagnosis, oscillating in believing and denying she was neurodivergent. However, upon diagnosis, Mere felt sorrow for the effort and energy it took to just survive.

This persistent misalignment represents a tree whose development has been overshadowed by an imposing canopy and where grief amasses in the growth rings of embodied experience, signalling the friction between intrinsic aptitude and social standard. Holden and Kobayashi-Wood (2025) states that women diagnosed as adults with ADHD, grieve a life that would have been different if diagnosed earlier. For Aroha there is a lamenting for lost possibilities, for instances when whānau support, insight and interpersonal knowledge could not fully reconcile differences and for the fatigue from negotiating domains where uniqueness was pathologized rather than validated. Aroha explains a moment when her cousin refused to understand her diagnosis, so she told her that they had nothing to talk about anymore.

Amidst this grief lies relief revealed as sunlight penetrating the tree canopy, exposing contours of individuality which always existed but was hidden. The diagnosis becomes a realm of recovery, enabling a wāhine to position her neurodivergence within whakapapa, affirming that her distinctiveness is not a deficit but an expression of inherited multiplicity and persistence.

In this interconnected system, neurodivergence is incorporated as an inherent variation within an ecosystem of individual and whānau experience, a power that transforms relationships rather than disrupts them. According to Payne (2025), neurodivergent women struggle negotiating interactions with other people, not knowing if they were giving too much energy or not enough. However, when the participants of this study received a diagnosis, it gave them permission to embrace their characteristics. Moana stated that she was always self-aware of taking up too much space and being too much, but she now considers her traits as a gift.

Grief and relief interweave as root support structuring self-awareness. The late diagnosis, although emerging after years of misinterpretation of self, by self and others, provides the possibility to enhance tino rangatiratanga using personal narrative to fortify whānau-centred support and to ground them in a manner that respects uniqueness as experienced pre-colonisation (Rameka et al., 2024). However, if Māori can decolonise their expectations of their people, neurodivergent Māori wāhine would not need to experience the grief of a late diagnosis, they would not feel like they must mask to fit in, and their unique characteristics could be utilised by whānau, hapū and iwi.

In a decolonised society, neurodivergent wāhine Māori would be conceptualised as capable and reformative actors whose unconventional leadership is rooted in integrity (Seers & Hogg, 2023), profound compassion (Hume et al., 2021), creativity and ethically driven authority that prioritises integrity, discourse, and collective transformation (Robdale, 2024; Noon et al., 2002). The alienation caused from pathologising neurodivergent Māori wāhine using Western diagnoses, has affected the collective mana of tāngata whenua. It is only through institutions decolonising those concepts and reframing neurodivergent traits as skills like pre-European Māori communities did, then mana may be restored.

Lack of Funding and Accessibility for Diagnosis

Although recent diagnostic guidelines have tried to make diagnoses of ADHD more accessible utilising trained doctors and nurses, it is not publicly funded (Ministry of Health, 2025). The institutional underfunding of neurodivergence evaluation and assistance in Aotearoa exposes significant structural constraints that disproportionately impact wāhine Māori (Tupou et al., 2025). This commonly defers awareness until adulthood as evident with my participants. Mere only got diagnosed because her work supplied insurance so she could afford it, while Aroha was guided to an affordable organisation through personal contacts. In a Kaupapa Māori approach, whānau, whakapapa and interpersonal wellbeing are pivotal to comprehending individuality, development, and diversity (Reweti, 2022). Yet the processes to prompt diagnosis remain resource-limited, leaving whānau to traverse a fragmented framework that prioritises Eurocentric, conventional models over culturally informed practices (Tupou et al., 2025). This deficiency of financing can again be conceptualised as a ngahere where the dominant canopy impedes the illumination of sunlight upon new growth, instigating malnourishment and developmental stunting. Early assessment depends on the vigilance of whānau who monitor the subtle sequences of social engagement across an individual's lifespan (Reweti, 2022). However, when institutions, community programs and diagnostic facilities are systemically underfunded, these familial observations cannot transfer into formal diagnosis, and the system fails to facilitate culturally sensitive evaluation pathways (Tupou et al., 2025).

Deliberate resourcing is therefore fundamental to cultivate an ecosystem in which wāhine Māori can access an early, culturally aligned diagnosis. Financing must assist whānau-centred support, community education and the advancement of diagnostic avenues that esteem Māori epistemologies (Tupou et al., 2025). Funding is more than assistance; it is an investment. When resourced effectively, the community can expand and flourish (Reweti, 2022). It is through the sunlight reaching the forest floor that saplings thrive and the interdependent roots of whānau, wisdom and identity are strengthened. Without significant investment the ecosystem remains unbalanced, some trees dwarfed and stunted weakening the whole collective. Confronting these disparities is not only a concern of healthcare policy but an ethical responsibility ensuring that wāhine Māori are empowered to access diagnoses that are culturally responsive, opportune, and continuous for both wāhine and whānau wellbeing.

Experiences of Medication

Diagnosis is a requirement for accessing medication (Ministry of Health, 2024), yet systemic disparities, inadequately funded programs and Eurocentric medical structures often impede this process for Māori (Tupou et al., 2025). Utilising a kaupapa Māori approach, where whakapapa and whānau are essential to wellbeing (Ripikoi, 2015), pharmaceutical treatment may impact not only the individual but the communal ecosystem. As a collective, when one member is unwell, or requires treatment, the interrelatedness of whanau individuals affects a society, similar to the 'Te Whare Tapa Whā model' (Durie, 1985), that requires all pillars to stand strong, and also like trees that graft their roots to other trees for support during storms (Alcalá-Pajarese al., 2025). According to institutional clinicians, when available, therapeutic, and pharmaceutical medicine can regulate focus, manage energy and assist individuality (Ministry of Health, 2024), like rays of sunlight reaching the seedlings to foster growth and environments that were formerly shaded. Moana found clarity when medicated which helped in her quest to become a doctor. However, this modern requirement to induce conformity contradicts pre-colonisation Māori perception of neurodivergence, where neurodivergent traits among Indigenous were embraced not tamed (Shen, 2025). Aroha explains that she feels that medication dampens her creativity. As an artist this hinders her traits and skills, which would have been embraced in a pre-European Māori society. For Mere, she lacks confidence and trust that being medicated would be productive for her. Contemporarily when considering individual traits as a disruption to societal norms with a western propensity to rectify difference, there are still obstacles such as cost, waitlists, and inconsistency (Tupou et al., 2025), which can leave some wāhine Māori struggling with perceived imprisoned potential, possibly instigating psychological harm. These conditions stress the necessity for Māori aligned, whānau focused pathways that merge monitoring and clinical mentorship, cultivating contexts in which neurodivergent wāhine Māori can have easy access to diagnosis and appropriate medication and/or holistic healthcare to flourish rooted in the ngahere of whānau and ancestral knowledge.

Neurodivergence is a Pākehā Thing

Neurodivergence is commonly constructed with western epistemologies, presented as a medical or psychological grouping originating from Eurocentric medicine, supporting diagnostic measures, conventional evaluations, and self-focused concepts of divergence (Nair et al., 2024). Under this perspective, cognitive and behavioural ranges are situated as anomalies from normative assumptions, concealing connected, cultural, and ancestral settings which consistently mentored Māori perception of cognitive development, conduct and concept (Tupou et al., 2021). Among older Māori, this western interpretation can be received with scepticism or absolute denial, embodying both a cautious cultural epistemology and the continuing legacy of colonisation, which has traditionally pathologised Māori divergence while enforcing external measures (Edmonds et al., 2024). Mere was told by whānau that she wasn't neurodivergent after her diagnosis, while Aroha was told that it is a 'Pākehā thing.' The very label 'neurodivergence' may elicit 'whakamā,' an entrenched sense of shame and embarrassment, especially when expressed in whānau domains where interdependence, mana, and communal wellbeing are foundational. This friction can be conceptualised in the ngahere where imported species -foreign constructs and clinical categories - grew rapidly to restructure the canopy, while native seedlings or ancestral knowledge and tikanga battle for sunlight, their growth impeded yet persistent.

The experiences of whakamā can be comprehended as a shaded lower canopy of the forest, where capability is constrained by cultural conflict, yet can be altered through relational interaction, culturally aligned education and whānau support. It is by decolonising and remembering that neurodivergence is an indispensable strand of the forest and is not an intrusive species, whānau, hapū, and iwi can cultivate communities in which unique personalities, knowledge acquisition and wellbeing can thrive, celebrating both ancestral expertise and contemporary revelations. Like Mere stated, those who do not understand neurodiversity, need to find the tools and terminology to accept and engage with their neurodivergent whānau. This could be in the form of wananga, or information pamphlets placed within the rohe.

Blacksheep

The participants experienced degrees of disconnection from their whānau due to their neurodivergent traits. Moana felt disconnected from her parents as her mother has neurodivergent characteristics dysregulating her childhood which she refuses to acknowledge. Aroha felt her childhood was stunted when living with neurotypical whānau after her parents had split. They didn’t understand her neurodivergent traits and she felt like the movie character Harry Potter, hidden in a tiny room excluded from family activities. Acknowledging that neurodivergence was not a deficit before the colonisation of Aotearoa, the discussion of neurodivergent wāhine Māori feeling different from their whānau reflects the effect of colonisation and conformity, where tangata Māori potentially comprehend neurodivergence through a western perspective as being a flaw or a clinical disorder (Black et al., 2024). Because of this, neurodivergent wāhine Māori like the participants, may feel like they exist as the 'black sheep' amongst their whānau, traversing the tension between communal obligations and the unique modes their minds understand, analyse, and engage with the world. In Māori settings, whānau is both a provider of support and a space where social standards are strengthened (Reweti, 2022). However, deviation from predicted behaviours, either in dialogue, perceptual processing or socialisation can cause indirect and sometimes direct isolation or misinterpretation (Pavopoulou et al., 2025). Neurodivergent wāhine Māori may experience exclusion not because of absence of potential but because of rigid familial patterns, practices, and interpersonal systems. The 'nonconformity' neurodivergent trait is often most heightened and noticeable when cultural expectations converge with neurodivergent attributes, necessitating continuous negotiation of inclusion, independence, and mana wāhine. A reflection of 'the audacity,' trait which the participants shared when advocating for others and their communities.

Using a Kaupapa Māori framework, interpreting these experiences involves important reflection to the relational and integrative elements of identity. The participants have cultivated adaptability within whānau relationships, fostering frameworks to engage purposefully while adapting to the unique modes they process and express knowledge. These approaches might encompass intentional engagement in social ceremonies, like Moana receiving her moko kauae, or confiding in appropriate allies or seeking avenues for enhancing collective existence. All the participants have developed friendships and networks which enhanced their neurodiversity. While divergence may generate feelings of exclusion, of being interpreted as different, it additionally arranges these wāhine to provide observations, perspectives and analytical approaches that enrich the extensive whānau. Moana has a desire to become a rural doctor for her iwi while Mere wants to continue her quest to better the financial experiences of her hapū. Their existence confronts rigid perspectives of roles and conduct, evidencing that compliance to collective expectations does not correspond with authenticity or ability.

Being neurodivergent within Māori whānau entails navigating numerous tiers, the intersectionality of identity, as wāhine, as Māori and as an intellectual variant whose encounters are frequently misunderstood or minimised within the culture of their whānau, hapū or iwi. From this research it indicates that whānau reactions range from adaptation to assistance to marginalisation, representing both multigenerational obligations and wider societal stresses. Kaupapa Māori philosophies highlight the value of validating multiple manifestations of identity, acknowledging that wellbeing and inclusion are interpersonal and culturally rooted (Tupou et al., 2025). By decolonising from western paradigms and prioritising the experiences of neurodivergent wāhine Māori, research can reveal how diversity is navigated within collective frameworks, how independence and collaboration coexist, and how adaptability arises. Creating awareness within the rohe or neurodivergent wāhine Māori through wananga, information sheets or online exposure, creates a normalisation of traits which in pre-colonised times, were considered as taonga.

Not Māori Enough

Both Mere and Moana feel that their physical appearance, upbringing or acculturation can be interpreted as ‘not Māori enough,’ from internal and external communities. Doubts of belonging infiltrated their experience, engendering friction between personal identity and societal recognition. These wāhine often traverse a multifaceted terrain where whakapapa, cultural understanding and embodied experience interact with societal perceptions of ethnicity, generating a sustained sense of estrangement. Amidst whānau and broader Māori populations, measures of cultural credibility, fluency in te reo, understanding tikanga, or visible affiliation to marae can magnify uncertainty when these qualities are irregularly refined or recognised (Te Huia, 2015). This incongruence is intensified by overarching imperial residues, where the favouring of European standards and style, shapes interpretations of who is 'truly' Māori. However, for Moana she counteracted that uncertainty by placing her culture on her face for all to see and acknowledge in the form of a moko kauae, the traditional chin tattoo which Māori wāhine wore to identify their cultural heritage. Her resistance cements her identity as a Māori, and although she has a fair complexion, she no longer must explain to others who she is.

Rooted in a Kaupapa Māori perspective, identity is interconnected and embodied, not merely inherited or exhibited (Reweti, 2022), therefore, the pressure perceived by neurodivergent wāhine illuminates the obligation to contemplate as fluid, negotiated and ethnically embedded. The process of navigating this transitional space necessitates resilience and resourcefulness as wāhine construct strategies to contribute purposefully in whānau existence while respecting their unique articulations of Māori-ness. Some strengthen associations through deliberate engagement with cultural traditions, like Moana receiving her moko kauae and both Mere and Aroha moving closer to their marae, but they have also bridged between primarily Pākehā and Māori contexts, conveying values, learning, and commitments across the domains. Moana and Mere achieved this by living in the duality of both Pākehā and Māori parents. Each decision, ritual or practice of learning becomes a strand in the intricate weaving of identity where legitimacy is not evaluated solely by compliance but by connection, contemplation, and reciprocity.

These encounters illuminate the layered interplay between interaction, individuality and external acceptance revealing how neurodivergence is not deficient but different (Adamo, 2025). Being interpreted as 'not Māori enough' can elicit critical reflection on privilege, whakapapa, and relational responsibility, while disclosing the capacity to connect awareness between collectives (Grennell-Hawke & Tudor, 2018). Kaupapa Māori paradigms prioritise these considerations, highlighting that individuality and mana are communally preserved however directly navigated (Rameka, 2021). Thereby, validates the multiplicity of Māori manifestations and the recognition of wāhine whose affiliation may be experienced more in emotion, action, and intention rather than within instant acceptance by others.

As a result, neurodivergent wāhine Māori disrupt reductive definitions of cultural connectedness, exposing that authenticity is a dynamic discipline instead of static state. In comparison to forests in flux, sense of self matures in complex canopies, deriving fortitude from roots, branches, and filtered sunlight. Their existence emphasises that Māoritanga is not exclusively visible, but practiced, perceived, and nurtured. A reciprocal, evolving journey that affirms diversity, encourages endurance, and reconceptualises the boundaries of self, whānau and community. It is through neurodivergent wāhine Māori not just advocating for others but by advocating for themselves that external opinions will bear no weight, and no one will be able to make her feel 'not Māori enough.'

Connection without Acceptance

The participants commonly occupy a paradoxical terrain where comfort in te ao Māori also required continuous masking and self-regulation (Hull et al., 2020), often being labelled as being ‘too much,’ Within whānau, marae settings and cultural ceremonies, these wāhine might experience a sense of inclusion that corresponds with their skills, duties and whakapapa, yet the cognitive and perceptual variations that structure their engagement can necessitate adjustment to satisfy collective requirements. Their neurodivergent traits were allowed but only within the realms expressed by elders. For Mere, although she is in managerial positions on Māori committees, on the marae she is relegated to the kitchen. Masking transforms into a restrained practice, a conscious choreography of language, gesture and awareness, performed to align with interpersonal cadences while preserving authenticity (Shen A, 2025). During these occasions, the neurodivergent wāhine Māori mind reconciles between internal experience and external expression, converting neurodivergent epistemologies into culturally understandable configurations. Like Mere knowing she has broad knowledge and can waiata but is content to dry dishes in the marae kitchen rather than perform in the front of the marae. She must maintain her delegated position to retain membership.

The strain between being acknowledged and being understood uncovers the stratified complexity of Māori individuality as both connected and enacted. Security emerges from the synergy of shared speech, tikanga and societal purpose, yet it is moderated via awareness that divergence, regardless of intensity, could evoke confusion or correction. Like young plants in the ngahere, these wāhine flourish in sheltered domains, sourcing strength from roots of whakapapa while projecting branches prudently towards exposed light. Every engagement entails a deliberate calibration, a charting of when to disclose divergence and when to comply, generating ongoing interaction between visibility and masking (Shen, 2025).

This navigation is not merely performative; it is an arena of adaptability and innovative analytical work. Typically, Indigenous neurodivergent women cultivate strategies to contribute meaningfully without undermining their identity, fusing intentional masking with sincere connection (Shen, 2025). Collective customs, whānau centered work and traditional engagement function simultaneously as both spheres of integration and practices in managed modification. While masking, there can be a loss and consequence, however there is also mastery: the refinement of recognition, rhythm and compassion that facilitates connection to thrive despite cognitive disparities (Shen, 2025).

From a Kaupapa Māori lens, this process clarifies the interconnected and integrated facets of identity (Rewiti, 2022). Vitality, inclusion, and mana are maintained through mediation, modification, and mutual exchange, exemplifying that existence in Māori realms is concurrently corporeal, psychological, and neurological (Rewiti, 2022). The paradox of masking within familiarity demonstrates that belonging is not always uncomplicated or uninterrupted (Shen, 2025), however it confirms the continual vibrancy of Māoritanga when directed with deliberativeness. Like the ngahere persistently regenerating autonomously, the participants of this research have learned to bend and sway while rooted, revealing that inclusion is not a static state but a dynamic process, mediated in the interaction between self and whānau.

For the participants,' they have accepted their roles within whānau, iwi and hapū, however their extraordinary traits are being underutilised. It is through decolonising roles in contemporary Māori settings, where neurodivergent wāhine Māori can use their unique skills in innovative thinking, heightened sensitivity, creativity, and integrity (Shen, 2025), to progress their communities in ways that neurotypical people would not be able to do.

Breaking Free from the Mask

Later in life, neurodivergent wāhine Māori decide that the perpetual practice of masking ceases alignment with the patterns of their embodiment, cognitions and wairua. For Aroha came a realisation that as she got older it was harder to mask and she was less tolerant of people. As a younger student she could mask easily and currently she finds it harder to focus however, Aroha has realised that she no longer wants to mask. The determination to de-mask for the participants of this study has developed from the drive to restore intellectual and emotional strength previously exerted in preserving legibility, and to channel it toward genuine involvement in the social systems that sustain Māori identity. Maturing meets with neurodivergence to expose that comfort and connectedness are not exclusively activities of conformity, but of deliberate participation with the principles, protocols and practices that reflect with the sense of self.

For the participants, unmasking was driven by a lifetime of amassed awareness, exposure and cultural mastery which offers the assurance to affirm existence without excessively adapting behaviour. They realised the constraints of concealment, although masking previously provided security and social integration, it also imposed silence and limited the transmission of distinctive and instinctive insights influenced by cognitive diversity. Mere said that masking was exhausting but she didn’t realise how much so until she unmasked. For her, the decision to demask is an affirmation that participation with whānau and collective can coexist with atypicality and that visibility does not have to jeopardise mana or interpersonal cohesion. Additionally, it is a reaction to transforming intergenerational interactions, where cohorts or younger whānau members can supply spaces of inclusion that were previously inaccessible. Mere noted that the younger people in her whānau are more accepting of the neurodivergent labels.

Unmasking permits these wāhine to contribute more comprehensively with Māori practices, ceremonies, and social activities, no longer screening every gesture or statement for interpreted suitability. It aids mental health and wellbeing, decreasing apprehension associated with continual monitoring and facilitating a more fluid relationship between cognition, communication, and action (Shen, 2025). From a Kaupapa Māori stance, unmasking exemplifies a connected courage, the readiness to be perceived in totality, to allow the roots of whakapapa and the branches of embodied experience sustain one's existence in the world. Reminiscent of ngahere restoring light after years of shade, neurodivergent wāhine Māori in later life, grow into environments of visibility, cultivating their own development while deepening the ecosystem of whānau and community. Unmasking is consequently not a minimal practice of personal expression, it is a conscious cultivation of authenticity, adaptability, and exchange (Shen, 2025), endorsing that neurodivergence, when valued, strengthens instead of weakens the dynamism of Māori interdependent lives.

In a world that requires decolonisation from Eurocentric ideologies to enhance the wellbeing of Māori, it is neurodivergent Māori women in their unmasking, which have inadvertently commenced decolonising. The unmasked wāhine pushes boundaries and speaks in spaces where she once was silent. She is reenergising old paradigms to remember the ancient ones where she was once a valued member.

Pre-colonised Māori: Determination of Roles

Prior to colonisation, Māori identity was indivisible from contribution. The merit of an individual was quantified through the tangible and intangible talents they provided to their whānau, hapū and iwi (Jenkins & Harte, 2011). Expertise such as weaving, fishing, gardening or oration were not solely practical, they were undertakings that upheld the wellness and consistency of communal living (Jenkins & Harte, 2011). Mana was gained not through ranks of inflexible labels but via involvement, nurturing and the methods one fortified networks (Martin, 2010). Each person's individuality was identified in the interplay of capacities, character, and perspective. While roles evolved conforming to demand, season, and circumstance. In current times this could be characterised as neurodivergence and was another channel of contribution, recognised for the innovated interpretations it offered and the critical thinking it empowered within collective obstacles. In the same way, the ngahere prospers with a subcanopy of plants, fungi and epiphytes that do not conform with the imposing trees overhead, whānau ecosystems relied on a range of proficiencies and perception to evolve, experiment and succeed.

Each participant considered what their roles would have been if they lived in pre-European times. Neurodivergent Māori, possessing their unique approaches of reasoning, perceiving, and processing, could network without necessitating assimilation into a specific structure of skill. Their attention to detail, pattern perception or innovative initiatives could supplement shared labour, whether in noticing seasonal variations, inventing instruments, or conveying ancestral wisdom in methods that inspired insight and interactions. Contribution to the community would have been circumstantial rather than consistent and participation was practical. The emphasis was on what one could contribute, not on whether one conformed to a predetermined position or label. A whanau's health relied on the prospering of each, and every participant while resilience was a cultural requirement as opposed to an unusual undertaking.

From a Kaupapa Māori stance, this emphasises how pre-colonial societal systems appreciated purpose over labelling. Neurodivergent epistemologies would have been woven into an interdependent weave, much like vines that tendril between trunks or streams that change to conform to the contours of the terrain. Individuality was expressed via activity, observation, conveying instead of conforming to mandatory classifications (Rewiti, 2022). The ngahere itself chronicles that continuity and growth need diversity, durability, and reciprocity like societal structure, which adopted divergence as a supply of strength instead of an indicator of inadequacy. Comprehending this paradigm repositions contemporary perceptions of neurodivergent wāhine Māori. It is through decolonisation that it is recognised that the significance of these wāhine resides not in standardisation to extrinsic characterisations but in the indispensable contributions they provide to the societal canopy of whānau, hapū and iwi. Normalising neurodivergent characteristics within Māori communities rather than having Māori women feeling whakamā about their diagnosis, provides the whole society with extraordinary skills from minds that see the world in a unique way.

Birds of a Feather

The participants found a sense of sanctuary and synchrony in other neurodivergent people, particularly Māori, and were pulled to places where their modes of thinking, experiencing and existence are reflected and recognised. Aroha stated she preferred the company of neurodivergent people over neurotypical, and Mere discussed how her best friends were neurodivergent. In these interdependent clusters, communication circulates with simplicity, unencumbered by the unceasing completion for decoding or masking that neurotypical environments often impose (Shen. 2025). Like assemblages of plants in a dense ngahere, they establish their own intimate ecologies, sheltered, shielded, yet vivid where vitality is perceived and validity thrives. Within these systems, diversity is not pathologised or covered but celebrated and every woman's particular patterns of awareness, ingenuity and insight become origins of communal capability. These places promote reciprocal recognition, the validation that cognitive diversity is a talent, a resource and a manifestation of mana that preserves not only personal wellbeing but the interdependent weave of whānau and community.

The partiality for each other's companionship is not mere evasion of neurotypical norms, but a conscious cultivation of habitats where interaction is valuable and mutuality is instinctive. Customs, narration, and mutual effort are encountered without the conflict of constant calibration, granting neurodivergent wāhine Māori to contribute completely to modes that reverberate with their intrinsic cadences. Dialogues develop like rivers through the ngahere, wandering and mediative, meeting intervals, digressions, and intense insights rather than complying with linear orthodox expectations. In this interactive ecology, social vitality is revived rather than exhausted, while trust is constructed on the appreciation of difference as supportive rather than adversarial.

Using a Kaupapa Māori approach, these exchanges exemplify the primacy of interactive wholeness and the implementation of shared selfhood via association rather than adherence (Reweti, 2022). Selecting the fellowship of other neurodivergent people is a gesture of cultural congruence. It honours whakapapa, shared encounters, and the implicit knowledge of negotiating the world uniquely. These congregations become dynamic networks, like interwoven roots beneath the forest floor, stabilising each other while facilitating expansion, exploration, and the emergence of novel notions. They represent recognition that identity is not entirely enacted through extensive societal acceptance but through relational recognition and mutual participation. Thereby, neurodivergent wāhine Māori can jointly maintain a canopy of inclusion, where diversity is creative, resilience is encouraged and each wāhine's contribution strengthens the wellbeing of the community. The ngahere with its tiered complexity and connectedness, reflects thriving within these webs, supplying a lyrical illustration for comprehension of how again cognitive deviation is not a deficit but a fundamental filament in the fabric of Māori existence. Like 'birds of a feather flock together,' there is a propensity for neurodivergent people to 'find each other in a crowd,' and prefer the company of other neurodivergent individuals (Crompton et al., 2020). According to participants, this is because a collective of neurodivergent wāhine Māori can strengthen each other's mauri and wairua. Through wananga and kōrero, this gathering could also enhance and strengthen each person's traits to benefit all whānau, hapū and iwi by sharing ideas, advocating, and leading for the betterment of the collective.

Sense of Justice and Fairness

Through discussions with the participants, it was noted that neurodivergent wāhine Māori can manifest an acute awareness of justice and fairness, rooted in both whakapapa, and encountered experiences. Aroha's art reflects the justice she seeks and although provocative, an alarmed reaction is what she desires. Moana is constantly advocating for the safety of her cohort and patients. While Mere strives to help tangata Māori become financially literate so they can thrive in this world. From a Kaupapa Māori philosophy, this responsiveness emerges not simply from cognitive uniqueness but from an interactive ethic that esteems the flourishing of whānau, hapū and iwi superseding individual interest (Rewiti, 2022). Like streams etching channels through the terrain of the ngahere, their sense of morality moves through social exchanges, observing asymmetries that others may bypass while advocating for rebalancing of alignment. They discern when accountabilities are disproportionately distributed, when expressions are suppressed or when customs are circumvented and consciousness is often combined with a subtle determination of mutuality and responsibility. Ollington (2025) states that because neurodivergent women have experienced being undervalued or misunderstood, they are more sensitive to unfairness, therefore their sense of justice is interactive rather than rule based. It develops from the continuous compromise of honour, assistance and acknowledgement as opposed to compliance to conceptual rules (Kapp, 2016).

Their encounter of cognitive distinctiveness often magnifies this perspective as arrangements of reasoning that address nuances, systems and relationships support the discovery of disparities throughout strata of societal life. For the participants, they spoke out when nobody did. Therefore, neurodivergent wāhine Māori may notice subtle shifts in energy, unfairness in the public space, the isolation of specific whānau members or the degradation of tikanga, initiating interventions and rebalance. From a Māori perspective when transferring these characteristics to a Māori setting with whānau and community, they can habitually function as guardians of social integrity, confirming that contributions are recognised, mana is maintained and the collective cover of whānau existence remains enriched. The ngahere itself exemplifies this attentiveness. The trees do not thrive in seclusion and neither does all the other living beings under the canopy. Each component is contingent on harmony and reciprocal reinforcement for the ecosystem to prosper.

This virtuous perspective of neurodivergent wāhine Māori is additionally influenced by historical and contemporary consciousness of injustices inflicted through colonisation, system bias, and the privileging of Eurocentric norms (Tupou et al., 2025). Their vigilance may not just be conceptual moralising but a rooted response to the experienced realities, a determination that social stewardship is obligated to uphold, even if authority needs to be challenged. In honouring fairness and justice, these wāhine encourage environments where divergence is validated and valued, where neurological variation strengthens shared wisdom and where each deed contributes to the prosperity of the whānau. Like seedlings pushing through dirt to attain light, their assertion on equity enables communities to grow more resilient, confirming that justice is not only a tenet, but a dynamic process ingrained in the cycles of Māori experience. In Māori communities neurodivergent Māori women could be valued members of Māori boards and trusts where their 'sense of fairness' and 'audacity' maintains authenticity, validity, and reliability for the collective.

Advocacy

The participants have proven that neurodivergent wāhine Māori commonly arise as advocates and leaders due to their exposures to nonconformity, nurture amplified awareness of communal dynamics, accountability, and ethical practice. Moana is considering becoming a union delegate but is apprehensive about how it would reflect on her as an individual, while Aroha refers to her advocacy as 'the audacity,' Using a Kaupapa Māori viewpoint, governance is indivisible from service. It is not about claiming command but about securing the vitality, validation, and participation of all members of whānau, hapū and iwi (Rewiti, 2022). Neurodivergent processing provides a particular ability to identify system inequities, discern deficiencies in communication and predict priorities that others may miss (Kapp, 2016). These abilities allow neurodivergent wāhine to mediate intentionally, reconciling individual and collective expectations, while protecting cultural integrity.

Stewardship is therefore exercised collaboratively via deliberate scrutiny, sensitivity, and support in contrast to hierarchical dominance or prominence.

Advocacy appears as an organic extension of embodied encounters. The participants have allocated extensive elements of their lives manoeuvring collective conventions, masking cognitive or perceptual deviations, and negotiating settings that were not structured for their modes of existence. Aroha would appreciate seeing her work in mainstream galleries to promote her advocacy, but she believes it is too reactive to be accepted. This recurring commitment develops mastery in communication, interpretation of information and dispute mediation which are fundamental leadership skills. Their responses are initiative-taking, tackling relational or institutional issues before they intensify and cultivating contexts that enable engagement and belonging. Mere discovered her skill with numbers was able to help others, particularly those in her rohe. As opposed to conventional authority approaches which privilege provisional power, neurodivergent wāhine Māori often guide utilising influence and mentorship while empowering others to apply autonomy with culturally aligned approaches.

Their advocacy is also influenced by an intense recognition of historical and contemporary injustices. Comprehension of colonisation, embedded bias and exclusion experiences, enables neurodivergent wāhine Māori to prioritise justice, fairness, and shared welfare amid judgement. Leadership functions as an instrument to preserve relational tikanga coherence, guaranteeing that tikanga and collective commitments are honoured while establishing environments that embrace cognitive plurality.

Lastly, neurodivergent wāhine Māori commonly combine planned perception with interpersonal intelligence. Their capability to contain multiple lenses simultaneously, predict outcomes and retain concentration on extended outcomes, and fortifies collective problem-solving. The participants have foresight in addressing things that are about to occur, like Moana, who has learned from past experiences has become extremely safety conscious. Although she equates this to PTSD, she is continually observing possible issues and ways of mitigating them not just for her, but those around her. This integration of empathy, expertise and responsibility situates them to guide in modes that are simultaneously culturally consistent and reactive to contemporary challenges. Leadership and advocacy, consequently, are not detached functions but enacted practices, rooted in relational responsibility, mental diversity, and a dedication to preserving the welfare of whānau, hapū and iwi. For this reason, these wāhine would be beneficial as leaders to their people.

Summary

This chapter has analysed the multifaceted and conflicting experiences of neurodivergent wāhine Māori, positioning these narratives within whānau connections, colonial history, and contemporary clinical frameworks. Like trees thriving within the ngahere moulded by both ancestral roots and imposed ideologies, participants experiences reveal resilience, restriction, and accommodation.

Children and whānau frequently have become catalysts for diagnosis, exposing neurodivergence via interpersonal obligation rather than personal self-identification (Rameka, 2015). Clinical diagnosis has been perceived with both grief and relief. Relief in the affirmation and terminology it supplied, and grief for the years lacking comprehension, assistance, and awareness. These findings were amplified by insufficient availability to diagnostic resources and avenues that remain predominately rooted in Eurocentric biomedical frameworks (Tupou et al., 2025).

While pharmacological treatment was portrayed as beneficial within the right settings, participants described it could be a hindrance to their creativity concluding that clinical methods often omitted Kaupapa Māori philosophies and historical interpretations of differences. Among certain older Māori communities, neurodivergence was regarded as a colonial classification, resulting in the participants to conceal their diagnosis to sustain inclusion. This masking added to feeling alienated from whānau, particularly the participants who were fair-skinned, and felt 'too Pākehā to be Māori' despite having knowledge of their whakapapa (Te Huia, 2015).

Participants articulated a paradoxical feeling of being safe in Māori settings, but only when the neurodivergent label was obscured (Black et al., 2024). Over time for the participants, this strain evolved into processes of unmasking, especially within connections with other neurodivergent wāhine Māori, where mutual understanding encouraged bonding and validation (Shen, 2025). Before colonisation, Māori communities acknowledged diversity via participation and contribution instead of diagnosis, allocating responsibilities relative to skills and collective requirement (Jenkins & Hart, 2011). This viewpoint differs markedly with contemporary deficit-based models.

There is an inclination for neurodivergent wāhine Māori to develop a robust obligation to justice, advocacy, and leadership, demonstrating enduring collective principles (Kapp, 2016). As the ngahere depends on diverse growth to become resilient, so too does Māori wellness rely on recognising neurodivergence as an essential, respected presence instead of divergence. Re-focusing Kaupapa Māori methods provides pathways toward inclusion, equity, and collective vitality.

The ideologies of Māori communities evolve as kaumātua leave this realm instigating a ‘changing of the guard.’ With neurodivergent Māori wāhine becoming more active within their whānau, hapū and iwi due to ‘audacity,’ ‘sense of justice.’ or ‘advocacy,’ it is expected that neurodiversity will be acknowledged and accepted. Furthermore, utilising a pre-colonised perspective of not considering neurodiversity as a label, but to define beneficial skills, has the potentiality to enhance the hauora of all Māori.

Chapter Five: Conclusion

This chapter reflects on the importance of this research as I realised there is a gap in the existing literature, particularly within Kaupapa Māori research settings. This thesis examined the embodied experiences of neurodivergent wāhine Māori, contextualising their identities within both current circumstances, and pre-colonial Māori perspectives. Before colonisation, Māori social structures identified a broad spectrum of forms of existing, thinking, and participating. Where diversity was not pathologised but commonly comprehended through collective responsibility. The imposition of imperial systems, including Western clinical paradigms and problem focused interpretations of difference, has undermined these perspectives, leading to the oppression of neurodivergent wāhine Māori with the erasure of their unique capabilities. This has been additionally intensified by institutional barriers to diagnosis including economic constraints and entrenched entanglements within some Māori milieus that neurodivergence is a "Pākehā concept," as opposed to a valid variant of Māori landscape. It is only by decolonising from the Eurocentric framework and acknowledging Māori epistemologies that neurodivergent Māori wāhine can be fully understood and their traits utilised for the betterment of their whānau, hapū and iwi.

Acknowledging neurodivergent nuances early on is a vital venture toward healing and equity. Early recognition, whether through formal assessment of culturally informed identification, has the capacity to assist neurodivergent Māori kōtiro mā (girls) in forming an affirming sense of identity, grounding in mana rather than whakamā. While present diagnostic processes are often unattainable, this study emphasises the necessity for methods that are affordable and culturally informed in Mātauranga Māori. These approaches contest colonised discourses and generate opportunity for neurodivergence to be recognised not as a shortcoming, but as an inherent and valuable manifestation of human variation within Māori movements.

Notably, this thesis asserts that neurodivergent wāhine Māori provide unique and necessary assets to whānau, hapū, and iwi such as a resilient sense of equity, a firm ethical deliberation, and an ability to recognise imbalance to facilitate fairness and wellbeing. Additionally, the potential to think divergently from neurotypical conventions supports innovation, responsiveness, and creativity. When neurodivergent ideologies are accepted instead of suppressed, Māori communities are more effectively situated to evolve effectively and flourish like a well-nourished Pōhutukawa tree. Restoring the pre-European principles of belonging and communal resilience presents a pathway toward respecting neurodivergent wāhine Māori not only as individuals, but as essential contributors that participate in the developing destiny of their people.

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Appendices

Appendix A

Advertisement

TE KUNENGA KI PŪREHUROA
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TE KURA PŪKENGA TANGATA
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Advertisement for Participants: Research Study on Neurodiversity and Māori Women

Are you a Neurodivergent Māori woman aged 35-55 ?

We are seeking participants for a research study exploring the intersectionality of neurodiversity and Māori Women. This research aims to understand how neurodivergent traits (such as those associated with ADHD, autism, etc.) are perceived within Māori culture.

We are looking for?

- Māori women between the ages of 35-55 diagnosed as neurodivergent (e.g., ADHD, autism, or other neurodevelopmental conditions)
- Māori women who are willing to share their personal experiences and perspectives on neurodiversity
- Participants who are open to discussing cultural and spiritual aspects of Māori identity and wellness

What's involved?

- A couple of one- on -one interviews with the researcher (approximately 60-90 Minutes)
- Sharing your personal experiences related to neurodiversity and Māori culture
- Your participation will be confidential, and you may withdraw at any time without any consequences

Why participate?

- Help create a more culturally sensitive understanding of neurodiversity in Māori women
- Contribute to a study that challenges Western views of neurodivergence and promotes a more inclusive view of Māori wellness
- Support the development of culturally informed approaches to neurodivergent wellness and community care

Interested?

If you would like to learn more or express your interest in participating, please contact Tangiwai Haney at [redacted]@massey.ac.nz. All information will be kept confidential, and participation is entirely voluntary.

We look forward to hearing from you and learning from your experiences!

Massey University | Tangiwai Haney | Email: [redacted]@massey.ac.nz

Appendix B

Information Sheet

TE KUNENGA
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Participant Information Sheet

Title of Study Experiences of Neurodiversity in Māori Women: An Exploration of Everyday Perspectives and Practices

Principal Researcher Tangiwai Haney

Institution Massey University

Contact Information [redacted]@massey.ac.nz

Introduction

You are being invited to participate in a research study exploring the intersectionality of neurodiversity and Māori culture, specifically in Māori women. This study aims to explore how neurodivergent traits, such as those associated with ADHD, autism, and other neurodevelopmental conditions, are perceived within Māori culture and how they relate to broader cultural perspectives on wellbeing. Your participation is valuable in helping to expand the understanding of neurodiversity within the Māori community, and we are seeking your insights and experiences.

Aim of the Research

This research aims to explore the lived experiences of Māori women who are neurodivergent (i.e., individuals with traits associated with ADHD, autism, etc.) and examine how these experiences intersect with Māori cultural and spiritual views. The study will focus on how neurodivergent traits are understood within Māori culture, comparing these views with Western scientific frameworks that often perceive such traits as deficits. By gathering these perspectives, we hope to provide a culturally sensitive understanding of neurodiversity that challenges Western viewpoints and promotes a more inclusive view of Māori women's wellness.

What Participation Involves

If you choose to participate in this study, you will be asked to take part in two one-on-one interviews with the researcher. During the interview, you will be invited to share your personal experiences and insights related to neurodiversity and Māori culture. The interview will last approximately 60-90 minutes, and it may be audio recorded for transcription and analysis purposes. In accordance with Kaupapa Māori Principles a kaputi will be provided.

There are no major risks associated with participating in this study. However, some participants may find the discussion of personal experiences and cultural identity to be emotionally challenging. You may stop the interview at any time if you feel uncomfortable.

Confidentiality and Ethical Considerations

All information collected in this study will remain confidential and anonymous. Any identifying details will be removed or altered in the final report and publications. Data will be securely stored, and only the research team will have access to it.

Your participation is voluntary, and you may withdraw from the study at any point without explanation. If you choose to withdraw, any data already collected from you will be destroyed.

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 25/35. 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

Voluntary Participation

Participation in this study is entirely voluntary. You have the right to withdraw from the study at any time without consequence, and you are not obliged to answer any questions that make you uncomfortable. Your decision to participate or not will not affect your relationship with the researcher or the institution in any way.

Contact Information

If you have any questions or concerns about the study, please feel free to contact the principal investigator:
Researcher: Tangiwai Haney
Email: [redacted]@massey.ac.nz
If you have any questions or concerns about the ethical aspects of this study, you may contact the Ethics Committee at:
Ethics Committee: Ohu Matatika 2
Contact Details: humanethics2@massey.ac.nz

Conclusion

Your participation in this study will be an important contribution to understanding the intersectionality of neurodiversity and Māori culture. By sharing your experiences, you will help provide a richer, more nuanced understanding of neurodivergence in Māori women, which may lead to more inclusive approaches to wellness and support. We sincerely appreciate your consideration of this opportunity.

Appendix C

Consent to Record

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Consent for Audio Recording of Interview

Purpose of the Recording

I would like to inform you that I will be recording our conversation today to ensure that I capture all the details accurately for transcription and analysis purposes. The recording will be used exclusively for this research project.

Use of the Recording

The recordings will be used only for the purposes of this study and will be analysed in detail to contribute to the findings of the research.

Confidentiality

Please be assured that all recordings will remain confidential. The recordings will be securely stored, and only the research team will have access to them. They will not be shared with anyone outside of the research team.

Right to Withdraw

Your participation in the study is entirely voluntary, and you have the right to withdraw your consent for the recording at any time during or after the interview, without any penalty or consequence. If you choose to withdraw your consent, any recordings made up until that point will be deleted.

Participant Consent

In addition to the verbal consent we have already discussed, I will ask you to sign a consent form that specifically covers your agreement to the audio recording of our discussion.

By signing below, you are providing your consent for the interview to be recorded, knowing that it will be used solely for research purposes and handled with the utmost confidentiality.

Participant's Name: ___________________________

Participant's Signature: ________________________

Date: _____________________

Researcher's Name: ___________________________

Researcher's Signature: _______________________

Date: _____________________

Appendix D

Consent Form

TE KUNENGA KI PŪREHUROA
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UNIVERSITY OF NEW ZEALAND

TE KURA PŪKENGA TANGATA
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Consent Form

Title of Study: *Experiences of Neurodiversity in Māori Women: An Exploration of Everyday Perspectives and Practices*

Principal Researcher: Tangiwai Haney

Institution: Massey University

Email: [redacted]@massey.ac.nz

Please read the following statements carefully and tick each box to indicate your consent:

* I have read and understood the Participant Information Sheet for this study.
* I have had the opportunity to ask questions and have received satisfactory answers.
* I understand that my participation is voluntary and that I may withdraw from the study at any time without giving a reason and without any consequences.
* I understand that the interview will be audio recorded (with my consent) and that the recording will be used solely for research and analysis purposes.
* I understand that all data collected will be kept confidential, securely stored, and used only by the research team.
* I understand that any identifying information will be removed or anonymised in the final report or any publications resulting from this research.
* I understand that I may choose not to answer any question if I feel uncomfortable.
* I consent to my participation in this research study.

Participant Name (printed): ____

Participant Signature: ____

Date: ________________________

Researcher Name: Tangiwai Haney

Researcher Signature: ____

Date: ________________________

Appendix E

Interview Guide

TE KUNENGA
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Interview Guide: Exploring Neurodivergence and Māori Women

Introduction:

1. **Welcome and Overview**
    - Thank the participant for agreeing to take part in the study.
    - Explain the purpose of the study: To explore the experiences of neurodivergent Māori women and how neurodivergence intersects with Māori culture and spirituality.
    - Assure them of confidentiality and remind them that they can withdraw at any time.
    - Mention the duration of the interview and the structure.
2. **Consent:**
    - Go through the consent form, confirming understanding and obtaining written or verbal consent.
    - Confirm participant's comfort level, ensuring they are at ease with the location and format.

Part 1: Personal Background & Experience (Settling In)

1. **Introduction to Participant's Life:**
    - Can you tell me a bit about yourself? (Background, family, etc.)
    - How do you identify in terms of your Māori heritage?
2. **Neurodivergence:**
    - How were you first diagnosed with neurodivergence (e.g., ADHD, autism, dyslexia)?
    - How did you feel when you first received the diagnosis? Did you relate to the terms used in the diagnosis?

Part 2: Neurodivergence & Māori Culture

1. **Connection Between Neurodivergence & Māori Identity:**
    - How do you think your neurodivergent traits interact with your Māori identity?
    - Do you think Māori cultural perspectives offer any unique insights into neurodivergence?
2. **Cultural Significance of Neurodivergence:**
    - In Māori culture, do you feel that your neurodivergent traits are viewed positively or negatively? Why?
    - Are there aspects of Māori spirituality or values that you think align with your neurodivergent traits?
3. **Māori Spirituality & Neurodivergence:**
    - How do you feel that neurodivergence may be seen from a spiritual or cultural perspective in Māori society?
    - Are there spiritual roles or characteristics in Māori traditions that resonate with your neurodivergent traits?

Part 3: Social and Cultural Experience

1. **Support from Whānau & Community:**
    - How has your whānau (family) supported you with your neurodivergence, if at all?
    - Have you faced any challenges or stigma in your community because of your neurodivergence?
2. **Navigating Western and Māori Worlds:**
    - Have you experienced any tension between Western medical views of neurodivergence and Māori cultural views?
    - How do you balance these perspectives in your daily life?
3. **Cultural Practices:**
    - Are there specific Māori cultural practices, teachings, or values that have helped you navigate your neurodivergence?

Part 4: Reflection on the Research & Experiences

1. **Empowerment and Identity:**
    - How do you feel about your neurodivergence now, after reflecting on your Māori identity?
    - In what ways do you feel empowered or supported as a neurodivergent Māori woman?
2. **Suggestions for Change:**
    - What changes do you think could be made in Māori communities or health services to better support neurodivergent Māori women?

Part 5: Conclusion

1. **Wrap-Up:**
    - Thank them for sharing their experiences and insights.
    - Ask if there's anything else they'd like to share that we haven't covered.
    - Reassure them of their rights and the confidentiality of the research.
2. **Final Questions/Clarifications:**
    - Is there anything about this interview process you'd like to clarify or discuss further?
    - Offer them the opportunity to ask any questions they may have.
3. **Closing:**
    - Thank them again for participating and remind them of the next steps in the research.
    - Ensure they know how to contact you if they have any questions after the interview.

Interview Notes (For Researcher Use):

- **Tone:** Maintain a respectful, culturally sensitive approach throughout.
- **Flexibility:** Allow the participant to elaborate on their responses and share personal stories.
- **Sensitivity:** If any sensitive topics arise (e.g., stigma, challenges), provide an empathetic listening space and acknowledge their feelings. Provide them with the support form for additional support if required.

Appendix F

Authority to Release Transcripts

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AND SOCIAL SCIENCES

Experiences of Neurodiversity in Māori Women: An Exploration of Everyday Perspectives and Practices

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

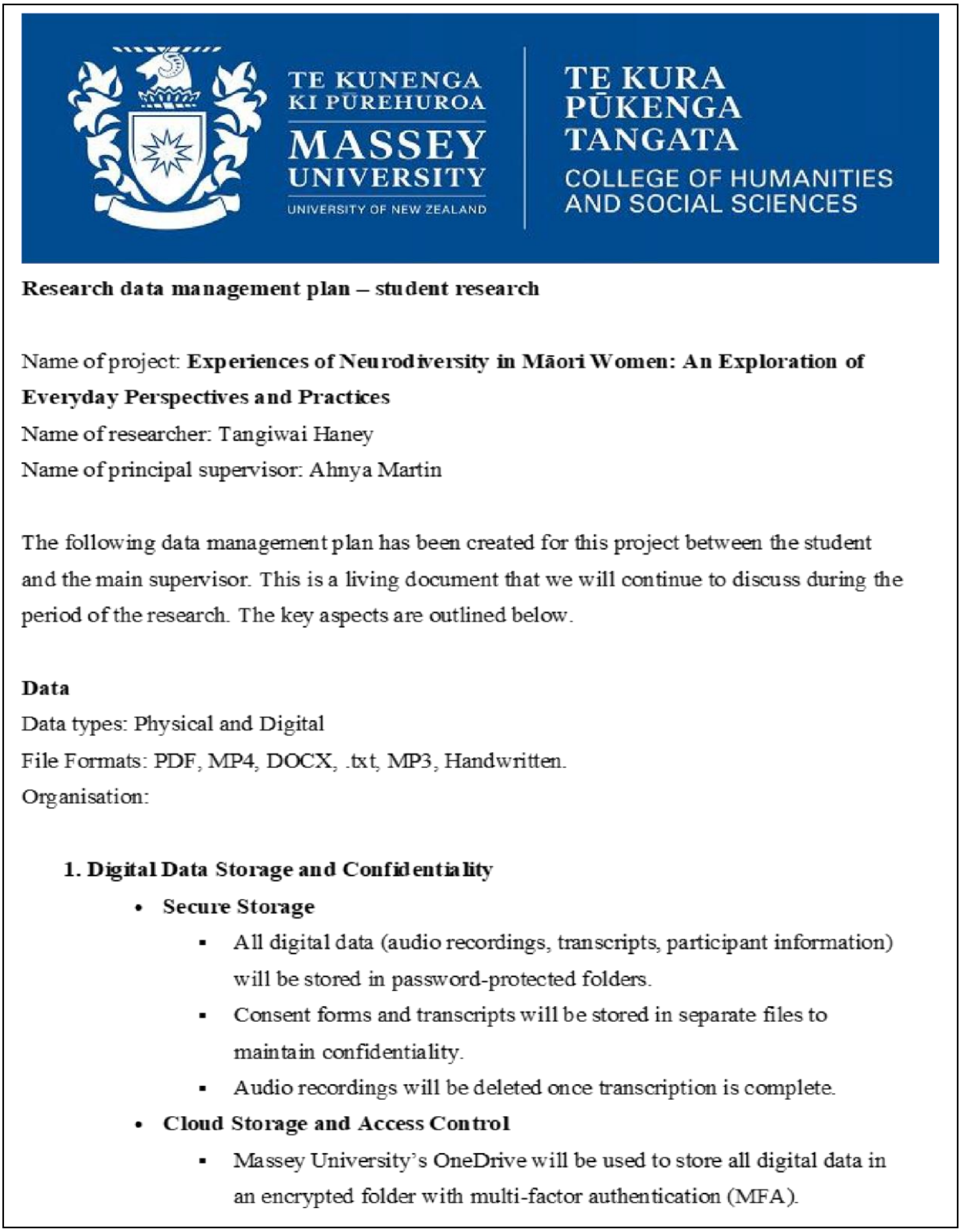
I agree that if you do not hear from me two weeks after the date of receiving the transcript, you will deem the transcript approved and it will be used in the research.

Signature: .... **Date:** ....

Full Name - printed ....

Appendix G

Research Data Management Plan



TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY UNIVERSITY OF NEW ZEALAND

TE KURA PŪKENGA TANGATA COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Research data management plan – student research

Name of project: **Experiences of Neurodiversity in Māori Women: An Exploration of Everyday Perspectives and Practices**
Name of researcher: Tangiwai Haney
Name of principal supervisor: Ahnya Martin

The following data management plan has been created for this project between the student and the main supervisor. This is a living document that we will continue to discuss during the period of the research. The key aspects are outlined below.

Data
Data types: Physical and Digital
File Formats: PDF, MP4, DOCX, .txt, MP3, Handwritten.
Organisation:

1. **Digital Data Storage and Confidentiality**
    - **Secure Storage**
        - All digital data (audio recordings, transcripts, participant information) will be stored in password-protected folders.
        - Consent forms and transcripts will be stored in separate files to maintain confidentiality.
        - Audio recordings will be deleted once transcription is complete.
    - **Cloud Storage and Access Control**
        - Massey University's OneDrive will be used to store all digital data in an encrypted folder with multi-factor authentication (MFA).

  - Access to the data will be restricted to the primary researcher and academic supervisors.
  - Data will be transferred to the supervisor upon completion of the research and stored securely for a minimum of five years, in line with Massey University policy.
- **Data Separation and Risk Minimisation**
  - Raw data (e.g., participant codes and pseudonyms) will be stored separately from the main dataset in a secure, encrypted research database.
  - This separation reduces the risk of participant identification.
- **Data Transfer**
  - All files will be transferred via Massey University email accounts and marked as confidential to ensure end-to-end encryption.
  - Supervisors will only access de-identified data during the research period via secure platforms such as Microsoft Teams.
  - Upon project completion, final data will be transferred to institutional storage (e.g., Ahyna) using secure, encrypted methods. Supervisors will not retain access after this transfer.
- **Physical Data Handling**
  - Any physical documents (e.g., signed consent forms) will be scanned and securely digitised.
  - Original physical copies will be destroyed using approved methods once digital copies are verified.
- **Data Backup and Retention**
  - Backup copies of all digital data will be maintained through Massey University's OneDrive system.
  - All data will be retained and managed in accordance with Massey University's Research Data Management Policy and MUHEC ethical guidelines.
- **Confidentiality Assurance**
  - All data handling procedures are designed to ensure participant confidentiality, secure storage, and ethical management throughout the research process.

Policies that apply

Massey University data management policy and FAIR and CARE data principles. And Massey code of ethics.

Data ownership

Data is owned by the student and the supervisor.

Access to all data will be between student and supervisor via OneDrive.

Data sovereignty is important – while the data is used by the student for research purposes, it is important to discuss obligations to communities that we have used for data collection e.g. chronic illness groups, Māori, organisations that might have shared the advertisement

Data management practices

Secure storage and backup

All recorded data (interview recording) is kept digitally on Massey One-Drive. This will be shared with my supervisor. The data will be referenced according to the title of the project. Backup of data will be done daily.

Access, confidentiality and security

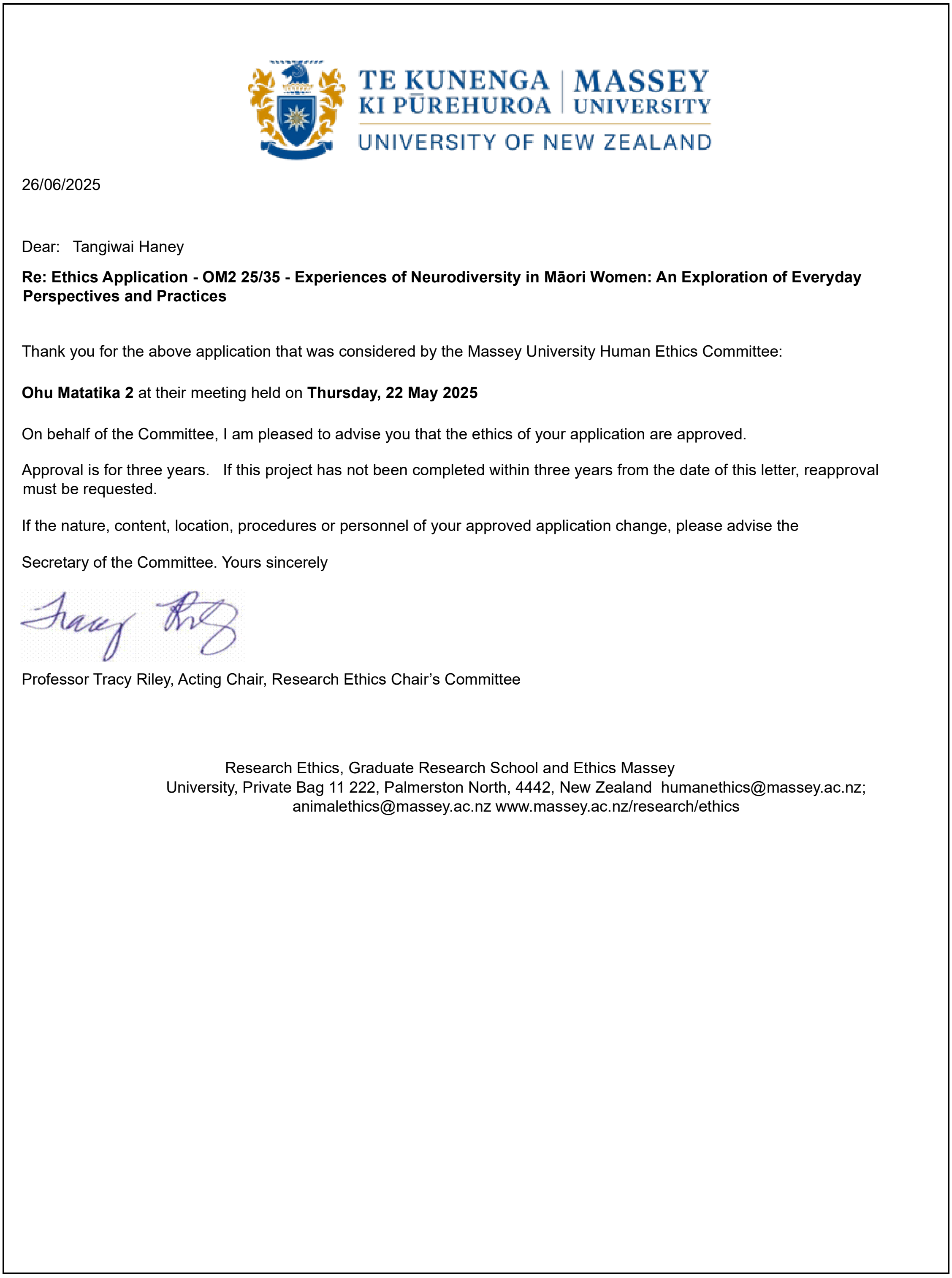
1. **Access to Data**
    - Lead Researcher: I, the lead researcher, will have full access to raw (e.g., interview transcripts) and anonymized data (e.g., aggregated findings), ensuring data security and ethical compliance.
    - Supervisors and Advisors: Academic supervisors (Ahnya Martin, Pita King, Sharon Crooks) will access anonymized data for research review and guidance.
2. **Access to Consent Forms**
    - Lead Researcher: I will handle and securely store consent forms in locked locations, maintaining responsibility for this data.
    - Supervisors and Advisors: Supervisors may access consent forms to ensure ethical compliance and participant consent, stored on Massey OneDrive for easy access by authorized personnel.

Sharing and preserving data

All paper copies of consent forms will be promptly digitised and shared with my supervisor via shared One Drive and will be stored by my supervisor. Once my project has been completed and my thesis submitted for examination, data will be kept for 5 years; then securely destroyed or returned. Early deletion on request.

Appendix H

Ethics Approval Letter



TE KUNENGA KI PŪREHUROA | MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

26/06/2025

Dear: Tangiwai Haney

Re: Ethics Application - OM2 25/35 - Experiences of Neurodiversity in Māori Women: An Exploration of Everyday Perspectives and Practices

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

Ohu Matatika 2 at their meeting held on **Thursday, 22 May 2025**

On behalf of the Committee, I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the

Secretary of the Committee. Yours sincerely

Professor Tracy Riley, Acting Chair, Research Ethics Chair's Committee

Research Ethics, Graduate Research School and Ethics Massey
University, Private Bag 11 222, Palmerston North, 4442, New Zealand humanethics@massey.ac.nz;
animalethics@massey.ac.nz www.massey.ac.nz/research/ethics

Glossary

Aotearoa	New Zealand
atua	deity
awa	river
hapū	sub-Tribe
hauora	wellbeing
Hinekauorohia	Atua of sacred waters
Hine-nui-te-pō	Atua of the underworld
Hinetītama	Dawn maiden
hui	gathering, meeting
iwi	tribe
kaumātua	elder or elder’s
kaupapa	fundamental principle
kia tupato	be careful
kōrero	talk, discussion
kotahitanga	unity
kōtiro	girl
kōtiro mā	girls
mahi	work
māmā	mother
mamae	pain
mana	authority.
Māori	Indigenous people of New Zealand
manaakitanga	helping, hospitality
marae	the focal meeting place for Māori communities
māreikura	goddess
mātauranga	knowledge system
mātauranga Māori	Māori knowledge system

Māui	Demigod known as a trickster and adventurer
mauri	life force
ngahere	forest
ora	life
Pākehā	non-Māori
panipani	ointment
Papatūānuku	Goddess of the earth
pūrākau	stories
rangatiratanga	sovereignty, self-determination
Ranginui	God of the sky
reo	language
ringawera	workers behind the scenes
rongoā	Māori medicine
tamariki	children
tāne	man
Tāne Mahuta	God of the forest
tangata	people
tangata whenua	people of the land (indigenous to Aotearoa)
taonga	treasure
tapu	sacred
te reo Māori	the Māori language
tēina	junior relative
tikanga	custom
tino rangatiratanga	autonomy
tohorā	whale
tuākana	senior relative
wāhi	place
wāhi tapu	sacred place

wāhine	woman
wāhine mā	women
wai	water
waiata	song
wairua	spirit
waka	transportation
wananga	space to receive higher learning
whakamā	embarrassed, shy
whakapapa	genealogy
whānau	gamily
whanaungatanga	building relationships
wharenui	meeting house
whenua	land