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**Breaking the Cycle: Wāhine Māori and Whānau
Narratives of Abstinence-based Recovery from
Substance Use Disorders.**

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Abstract

Addiction is a pressing and increasingly visible concern in Aotearoa. For Māori as Indigenous people, addiction can be understood within the context of colonialism, historical oppression and intergenerational trauma. The lack of representation of Māori women and whānau-centred models of care in the addiction recovery space extends its shadow into academia, as historically women have been studied from male perspectives within individualistic paradigms. My research aim was to gain insights into the experiences of Mana Wāhine in abstinence-based recovery from substance use disorders, as well as exploring and celebrating whānau perspectives across these journeys. To gain a deeper understanding of diverse recovery journeys, pūrākau methodologies including qualitative interviews were used to explore the lived experiences of four wāhine and seven whānau members. Māori cultural concepts such as caring (manaakitanga), leadership (rangatiratanga), unity (kotahitanga), history and place provide a basis for interpreting these stories. In presenting these interpretations, I have drawn on an analogy of a river and associated whakatauāki as a structuring device throughout to illustrate the synthesis of theories and recovery pūrākau rivers of lived-experience. The key findings that emerged from my analysis included: addiction as understood through whakapapa; habiti and spaces of care are significant in sustaining recovery within whānau; narrative re-storying and re-parenting supports healing whakapapa trauma; and genuine re-connection to culture can be established through recovery. This thesis demonstrates whānau innovation in breaking their own lived cycles of addiction. A cycle that has been portrayed in this study is that adverse childhood experiences lay the foundation of future addiction and that parenting without substances forces a person to confront their own childhood, which then compounds recovery efforts, as the emotions that are being confronted are the genesis of their dependency on substances. Understanding how whānau live their lives will not prevent people from drifting into addictive ways of being. It can however support researchers, service providers and policy makers to re-conceptualise and interpret how sustained recovery can be achieved within whānau systems and environments beyond the institution.

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Chapter 1: Introduction

“Kei te kōrero, he rongoā.”

There is healing within the sharing of stories which creates pathways of understanding for ourselves and others.

This study was inspired by my own relationship with addiction and recovery. The healing I experienced through being immersed in stories of recovery in diverse contexts served as the catalyst for initial conversations that evolved over years into this piece of research. As a woman myself I was initially hesitant to direct my focus toward wāhine. However, I found myself setting out to initiate dialogue, specifically with pou (role models/pillars) in the recovery world and my support system who walk before and alongside me, seeking guidance on where to begin. They unanimously affirmed that I could contribute something to this space. I will say that the incorporation of whānau (family) narratives was within my interest from the outset, as my understanding today is that recovery requires a collective approach to healing, and that whānau is a site of wellbeing (Pihama et al., 2015).

Indigenous health models reinforce the notion that Māori do not exist or heal in isolation of our families and wider communities (Barton & Wilson, 2008; Durie, 1998; Love, 2004; Murray, 2010; Pere, 1988, 1991; Pitama et al., 2007; Stevenson, 2018).

This work aspires to bring balance to the current addiction narrative surrounding our whānau by infusing it with stories that resonate with hope and healing. All the while, my overarching purpose remains to normalise recovery, normalise the decision to live without drugs and alcohol and normalise beginning again so that our tamariki (children) are given the opportunity to grow up free of the trauma that often accompanies substance abuse (Meulewaeter et al., 2019; Pride et al., 2021).

The lack of representation of wāhine Māori (Māori women) and whānau-centred models of care in the addiction recovery space extends its shadow into academia. As a Māori informed, and creative research project, I purposefully depart from conventional norms. A basis for this study, given that indigenous research approaches are based in and on relationships, is relational accountability, and the resultant language that speaks to these relationships guided my work (Hodgetts et al., 2022). Evidence shows that relational approaches to care and research can reduce inequities and disparities experienced by Indigenous peoples whose wellness has been disenfranchised in western-dominated systems (Graham & Masters-Awatere, 2020).

Through witnessing the many miraculous journeys of recovery from those who have travelled before me, I have been empowered to move out of shame and share my own. We have two sayings well-known in my community, the first is '*gifts of recovery.*' Recovery is a gift and a privilege, as many will never find it or keep it. My gift is the privilege of sharing these stories of hope with you, because I have found the second saying to be true, that '*we keep what we have by giving it away.*'

Re-studenting in Recovery

It is not my intention for this thesis to become about my story, however, it is important to acknowledge that this research journey has been a process of what my supervisors have termed *re-studenting*. I sought to be an artist and was a student of Graphic Design when I was forced to withdraw to be admitted to a rehabilitation centre at age 18. During this time, I encountered a psychiatrist who said that, if I were to recover, I would have potential in this field. As someone not at all passionate about health or the sciences I thought that psychology and psychiatry were the same thing. I transferred to psychology to better understand my struggles and 'fix myself', as many probably do. What I would find out was that learning more about the mind, did little for my wellbeing and confused me even more. I was still unable to stop using drugs and alcohol, despite all my efforts to reduce, manage and control my use.

Being a 'good student' has been part of my perceived identity for as long as I can remember. During university, substances became a way for me to manage the grief of a separated and dysfunctional family. I am not referring to the usual fun New Zealand university experience; I used alone in dark rooms, and I used, and used, and used until I was inebriated. Throughout this time this habit progressed in many embarrassing ways. I was unable to show up for classes, I used drugs on campus, slept on campus, I made a fool of myself, had to withdraw from semesters, and relied on stimulants to sit down and write. And the irony was that I received excellent grades. Even though my life was a train wreck, this one small detail reinforced the narrative that I needed substances to be the "good student" that I believed would help me be someone of worth in this world. I attributed my academic success to the use of drugs.

The cycle continued and at age 26 I found myself, again, at another rehabilitation centre, Higher Ground Papa Taumata (which I will refer to as Higher Ground going forward). I was 'challenged' on all the parts of my personality I thought made me, me. In particular, the aspects of my student-self; the perfectionism, intellectualisation and rationalisation of feelings. I had never been so confused in my life! I went through an identity crisis of sorts and realised that the traits I valued myself on, were keeping me isolated from everything

and everyone. At Higher Ground I was given the opportunity to process unresolved feelings from my family of origin, my whānau were able to share the impact that my addiction had on their lives. I will still be coming to terms with this for years to come. Finally, my whānau were able to stop fearing for my life and begin healing.



Figure 1: Higher Ground Papa Taumata on a clear Sunday morning, July 2024.

Higher Ground was the turning point. There, I decided that abstinence was the only way that worked for me. Through their programme I immersed myself into the 12-step fellowships and rekindled my ahikā (inner burning passion) for Te Ao Māori (Māori worldview) through the care and inspiration of Māori in recovery. Being abstinent from substances meant I could show up for myself and others. I fulfilled a lifelong dream of studying full immersion te reo Māori (Māori language), with hardly any written work, which

showed me how to relate to others, and I could just be myself. It was scary and overwhelming, but my thoughts finally made sense. I recovered another part of myself. I decided I would come back and give a master's a go to see through my pathway. However, returning to the stressful realities of the western academic institution triggered the desire to use, as I thought I couldn't write well clean (meaning abstinent from all substances). My supervisors challenged me on this belief and instead gave the process a name: *re-studenting*. They told me that I can write in the first person, and that I am reclaiming my ability to study without the support, and the hindrances of drugs. They encouraged me and told me that I am capable, and I trusted them.

I have written this thesis without substances. It has done my head in at times, when I have lost what I am looking for amongst hundreds of open tabs and disorganised documents, procrastinated for months and needed to get an extension, and thought that what I have produced is koretake (useless) and not worth reading. I know that I am not unique in these feelings. But throughout all this, I stayed clean. I got my first real job at age 27 working at the treatment centre that disrupted my ground-hog-day using narrative. I now work alongside the pou that helped me. The gifts keep coming in thick and fast. I am sitting to write this part of my study in Bali where I have been at a Recovery Convention for the last three days with people from all around the world, and that has been run bilingually with the Balinese indigenous fellowship. My whānau know that I am safe. My world has opened, because of recovery and the support of those in it.

I have for the last three years asked myself the question of how can I share what I have found, how can I contribute, how can I give back? And so, this thesis is for other whānau to imagine a life without the use of drugs. *We do recover.*

Literature Review

This chapter contains a literature review which was an impetus to why research on wāhine Māori, whānau and addiction recovery was necessary. It formed an exploratory journey to examine the state of affairs for Māori and the burden of addiction on our communities within the context of our history as indigenous peoples. As I travelled through research, I sought to understand how Māori had been positioned within studies and where the current scope was incomplete in light of what I experienced as an insider. I became curious about the confines of prevailing theories associated with addiction and recovery, seeking literature that better explained what Māori in recovery naturally understand as ‘the whakapapa of addiction.’ Incorporating habitus and actor-network theory provided further theoretical insights. The literature review was reconceptualised as an ongoing process, continuing to evolve in response to the research journey.

The Burden of Addiction on Māori as Indigenous Peoples

We are aware that addiction is and remains a serious global health problem. Aotearoa New Zealand gathered data, identifies Alcohol and Other Drug (AOD) addiction as a multi-faceted and substantive issue, existing within a long history of political, cultural and moral narratives which influence how those who are experiencing addiction access support (Jowett, 2021). Substance use disorder, as a diagnosable condition, is defined as the pathological use of psychoactive substances (American Psychiatric Association, 2013). It is important to identify that the use of AOD exist on a continuum which ranges from occasional, low harm use through to dependence (Paterson et al., 2018). Aotearoa’s national drug policy is one of harm-reduction, which also includes a continuum of interventions ranging from harm reduction through to abstinence (Inter-Agency Committee on Drugs, 2015). I use the terms ‘addiction’ and ‘substance use disorder’ interchangeably, woven through the various sections and the narratives presented, whilst ‘recovery’ refers to abstinence from all substances.

For indigenous communities globally, substance-related conditions significantly contribute to the overall burden of ill health (Dale et al., 2019). Some perspectives posit that mental health and addiction are essentially symptoms of poverty, trauma, and social exclusion arising due to intergenerational deprivation and colonial impacts (Theodore et al., 2021), while others acknowledge the contribution of structural factors to unequal power and hierarchies within systems that perpetuate addiction (Cunningham et al., 2018; Curtis et al., 2023). As heirs to the legacy of colonisation, Māori suffered shocks and disruptions on their economies, ways of life, and sources of meaning due to brutal histories of land theft, military conquest, forced settlement, religious subjugation, and coercive assimilation

(King, 2019; Thom, 2022). These colonial processes, with the ensuing loss of whenua (land), te reo and traditional ways of being, have both disadvantaged and eroded the social fabric structures and functions of whānau, hapū and iwi, while our roles remain in disarray with manifesting states of unwellness (Hughes, 2007). Mental health and substance misuse is one outcome reflecting the trauma that these states of being are indicative of (Durie, 2001). Thus, the compelling and consistent health and social inequities that Māori face cannot be understood outside of this context (Ellis-Loschmann et al., 2024; Reid & Robson, 2007).

Durie (2001) stated, that although colonial journeys caused us to innovate and adapt, the loss of necessary resources, to sustain basic well-being, created measures of pain and suffering from which our families and communities have not yet fully recovered. As community infrastructures deteriorate, physical, psychological, and social gaps emerge, creating environments where illness quickly proliferate (Coyhis, 1999). Coyhis (1999) described these gaps as the "diseased soil" of community life. In these damaged communities, cultures of addiction, complete with their own histories, traditions, languages, values, and rituals, thrive (White, 1996). The ongoing displacement and disconnection from cultural practices, and introduction of new disruptive forces impeded access to the traditional healing methods and modalities by which wellness was sustained across generations (Walle, 2004). The epidemic of mental-health related issues arising from these contexts, such as demoralisation, stigmatisation, violence, suicide, addiction and alcoholism are not only felt to a larger extent by Māori but also transmitted through generations (Waitoki et al., 2015).

Research related to harmful drinking shows that Māori are more adversely affected by alcohol than non-Māori, resulting in substantive human and economic costs, however, money continues to be poured into promoting its use (Rapsey et al., 2018). Historically, Māori had a unique relationship with alcohol where it was not present in indigenous society before colonisation. Alcohol, as one of these disruptive forces, had a prominent role in the loss of Māori land, loss of whakapapa and loss of identity and connections (McDowell, 2015). Since being introduced to alcohol, Māori have suffered extraordinarily, through both the impacts on their own health and the impacts of their drinking on others. The prevalence of severe alcohol-related problems in Māori is more than twice that for non-Māori, and Māori are four times more likely than non-Māori to die of an alcohol-related condition (Ministry of Health, 2010). The compounded harm of alcohol that has left its mark on Māori is reflected through seeing our people in institutions, and more generally in poor health (Gibbs et al., 2017). These are some of the researched challenges but

there are far more nuanced factors that can be explained by those who have felt, lived and breathed addiction. Stories are therefore important, as adding to our knowledge of addiction through proposed research hoping they might contribute to reducing substance-related harm.

Under the Wai 2624 claim (Waitangi Tribunal, 2019), the Crown has failed to protect Māori from the harm of alcohol under the Treaty of Waitangi Act (1975). Writers such as Orange (2004) King (2003), Bell (1976) and Edwards (2002) have discussed the impacts of the rise of alcohol abuse in Māori society and historical observations of the snowballing effects of addiction including the organisational collapses of whole communities. King (2003) wrote about how Te Puea Herangi felt that the sale and consumption of alcohol was the most destructive force to Māori within her time, seeking for legislative protection in the Waikato. Hughes (2007) uses the whakataukī “Ka whawhai tonu mātou. Struggle without end” in the context of the continuing experiential effects of alcohol from historic times until currently, to affirm that the impacts of colonisation can still be felt today. This sentiment applies to the lived realities of addiction as well as the perseverance required for recovery. Research that supports Māori stories of addiction and recovery might be one way of honouring the responsibilities as committed to, in the signing of the Treaty of Waitangi.

It has been over 20 years since Aotearoa conducted its first community and population-based, nationwide study *Te Rau Hinengaro*. This study found that over one quarter (27%) of Māori experience substance misuse or addiction within their lifetime (Wells et al., 2006). Some alarming statistics of the impacts of addiction include that drug overdose deaths among tāngata Māori are three times higher than those among non-Māori, and that Māori constitute 61.9% of those sentenced to prison for drug possession offenses and 48.8% of those found guilty (New Zealand Drug Foundation, 2022). In response, researchers have advocated for more inclusive approaches to address Māori wellbeing in the context of our people experiencing the highest burdens of these inequitable outcomes (Came & Osullivan, 2021; King et al., 2020; McLachlan et al., 2021). The findings from the government's mental health and addiction inquiry reflect concerns from Māori communities, who describe the healthcare system as inherently racist (Department of Internal Affairs, 2019; Paterson et al., 2018).

In light of these findings, Ellis-Loschmann et al. (2024) note that replicating the methods used in *Te Rau Hinengaro* is unlikely to generate the knowledge required to understand the environmental and contextual conditions within which mental health and addiction are experienced by Māori. They say that to further advance Māori health within these fields,

qualitative methods are required. They proposed a whānau-based study instead of repetitive individualistic studies to lay the foundation through which diverse research foundations are formed. They also specified Kaupapa Māori (KM) approaches to better understand the factors that are important to maximise whānau resilience, focussing on promotion of wellbeing (Ellis-Loschmann et al., 2024). Others imply that substance abuse services aligned with these principles have yielded the most favourable outcomes for Māori (Malatest International, 2022; Morrison et al., 2021; Parsonage, 2015). Ellis-Loschmann et al. (2024) advocated for research to explore the nuanced factors that can be explained by those who have felt, lived and breathed addiction. Stories are therefore important, as adding to our knowledge of addiction through the proposed research might contribute to reducing substance-related harm.

Issues surrounding Women and Families impacted by Addiction

Recent studies highlight a troubling trend: more and more women are using drugs, with the highest rates found among those of reproductive age (Marcellus, 2017; Milligan et al., 2010; Setize et al., 2019). Women often encounter a unique set of risk factors when dealing with substance use disorders. Many have histories of sexual and physical abuse, experience intimate partner violence (IPV), and struggle with coexisting mental health issues, eating disorders, and various socioeconomic challenges (Brady & Randall, 1999; Milligan et al., 2010). Pregnant women with substance use disorders face increased risks of adverse health outcomes for themselves and their children, including pregnancy complications, legal and financial problems, and societal stigma (Chou et al., 2018). Similarly, children of mothers who use substances during pregnancy are at risk for neurodevelopmental and behavioural issues (Frazer et al., 2019). While some mothers can stop using drugs upon becoming pregnant, others struggle to do so. The New Zealand Drug Foundation (2022) reported that Māori women are nearly five times more likely to use cannabis weekly and 2.7 times more likely to use amphetamines compared to non-Māori women. Additionally, women in the poorest neighbourhoods are 18 times more likely to use amphetamines than those in the wealthiest areas (New Zealand Drug Foundation, 2022). Issues of victimisation, low self-esteem, and self-efficacy also play significant roles, often hindering women's ability to access, participate in, and complete substance abuse treatment programmes (Pinedo et al., 2020).

Studies suggest that historical gender-specific obstacles are closely linked to how women begin using substances and significantly impact their ability to maintain abstinence after treatment (Grella & Greenwell, 2007; Uziel-Miller et al., 1998). The historical marginalisation and discrimination of those with addictions have been exacerbated by

paternalistic laws and treatment options, including the overmedication and institutionalisation of women in the 18th century (Davenport-Hines, 2001; Pihama, 2001). Considering these findings, many inpatient and correctional addiction treatment programmes have adopted gender-specific approaches to better address the unique structural and emotional needs of women recovering from substance abuse. These tailored approaches aim to support women in overcoming the distinct challenges they face on their journey to recovery. Nevertheless, Māori people seeking mental health and addiction support have reported experiencing racism in healthcare settings, leading to disengagement (Malatest International, 2022). For example, Morrison et al. (2021) found that Māori staff and non-judgmental approaches were highly valued by Māori seeking treatment. Stuart (2009) similarly emphasised the importance of positive support from whānau for Māori women, especially during pregnancy.

A recent scoping review by Jackson et al. (2023) delved into women's experiences with substance abuse and addiction services. They drew light on the persistent challenge of providing services that meet the needs of Māori communities and highlighted the scarcity of research on substance use among Māori women and other ethnic minorities. Their review did not identify any studies specifically focused on Māori women or whānau and abstinence-based recovery. Jackson et al. (2023) called for more research on Māori within similar contexts, advocating for transformative changes within the healthcare system, and the incorporation of tikanga and a commitment to decolonisation through whānau-centred approaches.

Beyond the impacts of addiction on wāhine and their tamariki, the impact of addiction on the family is a major but under-reported contributor to the global burden of adult ill-health (Orford et al., 2013). Addiction permeates the lives of whānau (Stack, 2010), with similar issues arising regardless of the substances involved (Moriarty et al., 2011). These impacts influence a range of outcomes for whānau, extending to hapū, iwi and hāpori Māori (Huriwai & Baker, 2016), compounded by the grief, loss, and psychological trauma stemming from colonisation experienced by indigenous populations (Gone et al., 2019). Research has shown that addiction dislocates intimate relationships, and disrupts family system, contributes to generational addiction and mental illness in affected children (Challier et al., 2000), and negatively influences education and employment prospects for those with addiction issues (Liddle et al., 1995). Children from families with alcohol or drug dependency also frequently experience physical and sexual abuse, neglect, and unstable home environments. These adverse conditions increase their susceptibility to substance abuse and dependency due to the heightened stress in their lives (Kumpfer, 1987). Heavy

alcohol use is known to be a significant factor in the occurrence of intimate partner violence and divorce (Walker, 2019). Studies have found that children with heavy drinking parents are more likely to develop anxiety and depression (Omkarappa et al., 2019). In addition, the transmission intergenerationally of attitudes and behaviours associated with drug and alcohol abuse is such that children of those affected are likely to develop these symptoms themselves, and the severity of these problems increase with increased parental exposure (Melchior et al., 2011).

According to researchers, as children get older, they internalise their interactions with carers in such a way that early attachment relationships serve as a foundation for subsequent attachment relationships (Bartholomew & Horowitz, 1991). As a result, survivors of abusive relationships exhibit predominant attachment patterns associated with anxiety and fear (Henderson et al., 2005). Likening abusive relationships with genuine addictions has also been demonstrated to be an effective analytical tool (Earp et al., 2017). Burkett et al., (2012) describe love as a natural addiction that manifests euphoria, craving, tolerance, physical as well as emotional dependency, withdrawal symptoms, and relapse. These parallels and inconsistent leaving patterns connecting intimate relationships and substances are represented in the stories I hear among wāhine in recovery.

Māori and Addiction Treatment in Aotearoa

The beginning of responses to AOD issues stemmed from the moralisation, criminalisation and then medicalisation of substance use, as I will discuss further down, which posits addiction as a brain disease responded to by the medical sector. Aotearoa has employed a multitude of methods to treat addiction, ranging from inpatient and community, mutual support groups, private therapy, peer support and 12-step programmes (Dale et al., 2019). Due to the disproportionate impacts of alcohol on Māori, Māori are more likely to need AOD treatment services than any other ethnicity in Aotearoa. However, significant barriers to receiving appropriate and equitable care impede access to treatment by Māori (Espiner et al., 2021). Recent systematic reviews have found that Māori have persistent inequities and poor experiences of the health system due to systemic barriers and negative interactions, experiences and racism with non-Māori health professionals (Graham & Masters-Awatere, 2020). Graham & Masters-Awatere (2020) advocated for improved cultural literacy among clinicians, greater access for responsiveness to Māori consumer expressed needs and expectations, and for health system level strategies to reflect these changes.

The problem of arresting an addiction is of particular significance to Māori as we can see above, have specific barriers to care. To add to this, western perspectives and understandings of what constitutes health and illness are largely at odds with Māori ways of knowing and doing (Jowett et al., 2021). More recent epistemology recognises that complex and varied factors influence the development and maintenance of addiction (Patil & Giordano, 2010). Diverse and tailored holistic responses, that integrate a person's cultural worldviews, are required to meet the unique needs of those who suffer (Jowett et al., 2021; Webster & Bosmann-Wātene, 2003). At times, mainstream approaches may not align with the needs of our community, which emphasises interconnectedness over individuality (King, 2019). Coordinating services that are trauma-informed, inclusive of cultural concepts and language, and capable of addressing the social determinants of indigenous health and wellness, as well as being culturally sensitive, such as KM services and appropriate are increasingly being embraced (Dudgeon & Walker, 2015).

Although many health and social services are providing KM addiction treatment, little is published about addiction treatment and recovery for Māori. There are no known studies about the experiences of Māori and addiction recovery outside of the confines of a residential treatment setting and post-treatment settings. What is known relates to general theoretical principles of health for Māori (Durie, 1990; Muriwai et al., 2015; Rolleston et al., 2020) practice frameworks and concepts for addiction treatment developed by sector experts (Britt et al., 2014; Baker et al., 2015; Huriwai et al., 2000, 2002; McLachlan et al., 2017, 2021; Te Rau Matatini, 2015; Thom et al., 2018; Wratten-Stone, 2016), addiction interventions aimed at non-addiction-treatment seeking populations (Kypri et al., 2013), and two studies which have explored the experiences of Māori stories of addiction recovery within residential addiction treatment settings (Waigh, 2012; Ashdown et al., 2019).

Based on the knowledge available currently, what seems certain is that effective addiction treatment for Māori needs to align to methods that have worked for Māori on their recovery journeys. For example, a recent literature review found that focussing on individualised risk factors and deficit-based frameworks are inadequate for addressing the health needs of indigenous people (Mckenzie et al., 2016). In comparison, engagement in Māori cultural traditions can act as protective factors for diverse negative outcomes faced by Māori (Borell, 2005; Durie, 1994; Houkamau & Sibley, 2011, 2015; Mead, 2003; Waiti & Kingi, 2014). Jowett (2021) in her master's thesis concludes that people with AOD addictions are experts of their own experiences, who possess the resilience and resources to harness their own strengths and lead a meaningful and positive life,

engaging in recovery. I challenge the assumption that addiction is individualised and requires individualised approaches. The assumption I make is that while the most significant barrier is the exclusion (Jowett, 2021) this is amplified by being Māori, and that achieving inclusionary processes is more difficult as a wahine Māori.

An Aotearoa study using the general population on recovery from methamphetamine addiction identified that support, getting away, treatment and personal sources of strength were critical to recovery (Gordon & Stephens, 2021). Māori were included in the cohort however their experiences weren't explored as Māori. In their background, this study recognised the effectiveness of programmes that employed a holistic model to treat Māori. Four main themes emerged describing the lived experience of recovering from methamphetamine misuse: escaping, support systems, personal strengths, and treatment. The wide variety in themes could be due to the subjectivity of researchers, or cultural differences, suggesting that a study by Māori, for Māori could yield completely unique themes. Viewing addiction through a Māori perspective suggests the necessity of adopting a more relational approach.

Higher Ground and Moana House, residential addiction treatment providers, have culturally specific rehabilitation programmes embedded within or alongside their mainstream residential therapeutic community models. Two publications were identified that explored the experiences of Māori stories of addiction recovery in the residential setting; these publications being a report and a peer reviewed article (Waight, 2012; Ashdown et al., 2019). In a published report from Higher Ground evaluating Māori addiction treatment, Waight (2012) used Kaupapa Māori qualitative methods to evaluate the Whānau group at Higher Ground. Waight (2012) found that the connections, symbolism and processes associated with the group were beneficial to the rehabilitative process for both Māori (n=10, 7 tāne, 3 wāhine) and non-Māori (n=2) residents.

Similarly, Ashdown et al. (2019) investigated the experiences of seven Māori men engaged in the Moana House addiction treatment programme post prison. Applying Kaupapa Māori qualitative methods, in a peer-reviewed article, Ashdown et al. (2019) revealed that using Māori holistic approaches that involve family members, help to increase self-awareness and improve the effectiveness of treatment of substance-use-disorders. A recent study of people in recovery now working in the addiction sector found that the barriers to AOD addiction recovery in Aotearoa were systemic and preventable, with the primary barrier being stigma experienced in the community (Jowett et al., 2021).

Waigth (2017) said that while there are some similarities, Māori experience recovery from addiction in unique ways, especially in aspects such as identity development, relational reintegration and connecting to spirituality. For these reasons, culturally consistent treatment and research for Māori in this area is required to explore how addiction impacts on Māori. Nevertheless, traditional mental health treatments like counselling and psychotherapy are based on presumptions and ideals that might not mesh well with Māori cultural ideals because they have been established offshore. Furthermore, given Māori sensitivity to colonial pasts, such discrepancies within worldviews informing treatments run the risk of further alienating Māori from the very programmes and providers intended to be of assistance to them.

Above, I have outlined the current state of affairs concerning addiction when it comes to wāhine and whānau. Despite this, my thesis does not aim to reiterate comparisons between Māori and non-Māori as they are one-dimensional. It is evident that the current state of Māori health is in turmoil, and I would prefer to use my word count to introduce a fresh perspective rather than repeating existing statistics. Understanding stories of addiction and recovery through the perspectives of whānau might contribute to whānau ora (family well-being), for the protection and prevention of future generations. This brings me to an exploration of how academia currently understands addiction and recovery.

A discussion on the Theories of Addiction

To know what it feels like to be addicted is something that theories and literature could never hope to fully explain. Addiction is visceral, it is powerful and deadly. However, I will do my best here to set the scene by discussing and critiquing some dominant theories of addiction as a foundation for the narratives that follow. I should note that it is beyond the purpose of this literature review to provide an exhaustive discussion. Here, I discuss some psychological understandings, explain the basis of the moral and disease models of addiction and explore some of the aspects within the twelve steps of recovery.

Despite numerous studies, writers still face a complex endeavour when trying to understand and ultimately treat and prevent addiction as there remains a lack of consensus regarding the criteria that delineate the phenomenon of addiction (Sinnott-Armstrong & Pickard, 2013). The current criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2013), which emphasise tolerance, withdrawal, cravings, loss of control, and decreased social functioning, align closely with established understandings. However, while some of these symptoms have psychosocial components, the predominant focus in practice tends to be on physical dependency rather than psychological or experiential explanations (Horowitz

& Taylor, 2023). Horowitz and Taylor (2023), argue that addiction and physical dependency are not the same thing. Further to this, Wikaere et al. (2022) suggest that current diagnostic categories tend to ignore the historical, familial and cultural conditions that sit behind what presents as an individual with a substance use disorder (Wikaere et al., 2022).

Nevertheless, various theoretical perspectives emphasise the complex nature of addiction. Psychoanalysis, for instance, highlights the addict's pursuit of pleasure and desire, often linking these urges to the unconscious displacement of other drives or needs (Yalisove, 1997). In contrast, cognitive psychology examines addiction through reinforcement theory, with cognitive behavioural therapies focusing on analysing behavioural patterns within the addiction cycle, such as triggers, cravings, relapse prevention, and lifestyle management (Mitcheson et al., 2010). Additionally, 12-step fellowships significantly influence public and medical views of addiction (Dossett, 2013). This approach sees addiction as an illness similar to narcissism, emphasising the need for individuals to submit to a higher power (typically God or a supportive community) to overcome self-obsession (Dossett, 2013; Young, 2013). However, many of these perspectives mainly attribute addiction to individual failings, stressing personal solutions to personal problems (Punzi & Tidefors, 2014).

The moral model viewed addictions a result of inherent personal weaknesses, lack of willpower, or moral failing, attributing addiction to a lack of character, self-discipline, or adherence to societal norms (Frank & Nagel, 2017). The disease model is a paradigm that represents a significant departure from viewing addiction merely as a moral lapse, asserting instead that it constitutes a medical condition. The disease model posits that once an individual with the disease of addiction engages frequently with addictive substances or behaviours, it activates pre-existing genetic and biological markers in the brain, resulting in an uncontrollable compulsion to consume the addictive substance (Wilbanks, 1989).

The foundations of the disease model trace back to the seventeenth century, where clergyman Stuart, proclaimed habitual drunkenness as a disease (Barnett et al., 2018). The eighteenth century witnessed the contributions of physicians such as Benjamin Rush and Thomas Trotter, who further developed the disease model of alcoholism (Berridge, 2013; Edwards, 2012; Levine, 1985). Although they did not fully theorise the precise mechanisms, what they did describe was a compulsive loss of control over drinking, or a 'dis-ease of the will' (see Barnett et al., 2018, p.24). A key moment occurred in 1954 when

the American Medical Association officially declared addiction a disease, signifying a transformative shift in perception and treatment approaches (Blume et al., 2013).

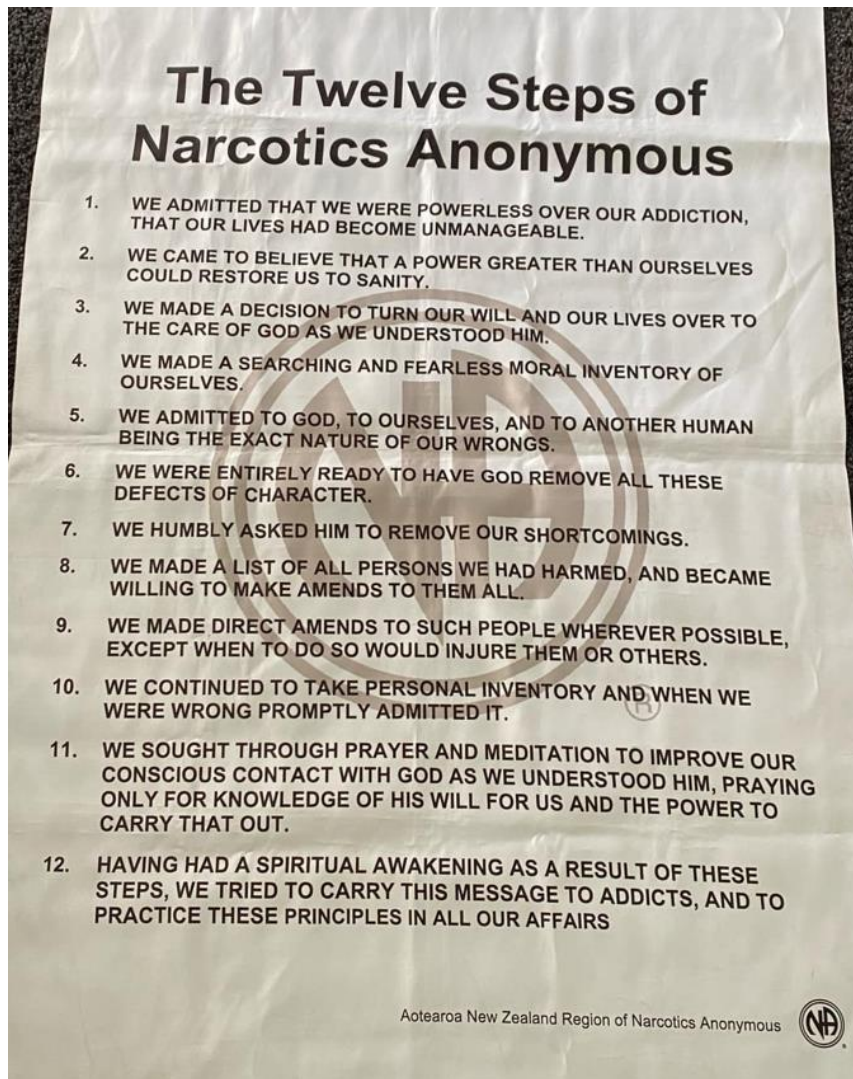


Figure 2: The 12-steps of Narcotics Anonymous on a banner.

The contemporary embodiment of the disease model owes much to E. Morton Jellinek's severity scale and the growth of Alcoholics Anonymous (AA), an organisation founded on the belief that alcoholism is a disease (Blume et al., 2013; Barnett et al., 2018). Alcoholics Anonymous puts forth that alcoholism can be arrested through abstinence, initiating the journey of recovery (Blume et al., 2013). Campbell (2007) discusses how viewing alcohol and drug problems as a disease places them within the realm of medicine, but this perspective also raises intricate questions about what addiction truly is. Is it a disease of the will, a disease of desire, a result of social contagion, a biochemical imbalance, or a brain disease? Furthermore, is addiction a chronic condition, an acute issue, a lifelong

struggle, or something episodic? These varied and often competing ideas, or governing images as Room (2001) calls them, have evolved and influenced how addiction is understood and treated since the late 18th century. Treatment centres have amalgamated the principles of the disease model with those of 12-step programmes like Alcoholics Anonymous, shaping the foundational framework for their programmes (Blume et al., 2013).

Within treatment and the 12-step fellowships, we are encouraged to understand our addiction as a disease. However, for this piece of work, I choose to move away from the disease paradigm. My perspective as a researcher trying to contribute to Māori health revitalisation is that, viewing addiction as a disease is disempowering, individual and deficit focused. Labelling people, as Groot et al. (2012) put forth, as lacking and diseased, particularly for Māori, does little to help us. Doing so ignores and is blind to, the broader societal and social issues that may cause and perpetuate addiction, or that could help with recovery. It is through this disease lens that treatment is focussed on fixing an individual, which is often not enough to recover when a person's social systems, including their whānau, remain dysfunctional.

Researchers within health have emphasised the significance of incorporating cultural knowledge into the existing healthcare sector to provide indigenous peoples with more meaningful and, consequently, more effective treatments (Boot et al., 2019; Curtis, 2019). While theorists have attempted to explain addiction through causal paradigms, focusing on brain abnormalities or personality defects, few delve into the reality that addiction is phenomenologically more complex or offered a culturally anchored description. Kime (2018) states that those in recovery devise complex narratives that combine aspects of various models toward their own understanding of addiction,

Conceptualising Recovery through a Relational Approach

The term 'recovery' in the context of addiction carries different interpretations. This study focuses on abstinence-based recovery although abstinence and recovery are not synonymous (Helm, 2019). In general terms, recovery has been described as a process of change, where many interrelated wellbeing and social factors together support the return to health (Grimm et al., 2023). Others describe recovery as the capacity of individuals to navigate their way to resources that sustain well-being; the capacity of individuals' physical and social ecologies to provide those resources; and the capacity of individuals, their families and communities to negotiate culturally meaningful ways for health resources to be shared (Ungar, 2008). O'Hagan et al., (2012) add that recovery is achievable when a person experiencing diagnosis has the relevant resources and capital

to achieve the life of their choosing, which relates to our principle of tino-rangatiratanga, living self-determining lives (Pihama, 2020).

Numerous scholars believe there is a relationship between memory, history, contemporary contexts, and individual and collective responses to these contexts (Brave Heart & DeBruyn, 1998; Crawford, 2013; Evans-Campbell et al., 2008). However, some attest to how a narrow view of individual-as-cause approach only adds to unrelated problem-specific interventions that do little to decrease susceptibility of poor-outcomes for all concerned (Ball, 2010; Guerra & Bradshaw, 2008). Through application of awareness of substance misuse as not an issue discrete to an individual or separate from whakapapa and our environment, we can begin to bring into consciousness the influence of Habitus (Bourdieu, 1984, 1990) and Actor Network Theory (Latour, 2005) within a relational approach to addiction which we will look at next.

Sisto and colleagues (2019) characterised resilience as the "ability to recover" including the capacity to recuperate from trauma, stress, or deprivation, maintain well-being despite adversities or to achieve rapid and complete recovery. Fleming and Ledogar (2008) say that this shift in conceptualising resilience is based on the recognition of a set of external protective factors. These protective factors, which include social support, empowerment, and collective coping, are discovered in family and community systems and processes. Individuals who are nurtured by their families and communities are thought to be more resilient. Waiti (2014) emphasised that "the concept of resilience must be defined from an indigenous context" (p. 70). Durie (2007) writes about moving away from disadvantage and disease to the realisation of potential, further explaining that "indigenous resilience is a reflection of an innate determination by indigenous peoples to succeed" (p. 8), and can be "reconfigured as a search for success rather than an explanation for failure" (p. 8). This study aims to highlight how resilience is grounded in cultural identity, and in turn, how cultural identity is deeply connected to whakapapa.

Whānau efforts to alter their inherited conditions through choosing a life of recovery produces resilience. Aligned with our pūrākau methodology, earlier concepts of resilience emerged from the field of ecology, (Holling 1973) who described resilience as an "adaptive response and recovery" of ecosystems whose balance had been disturbed (McKay 2014, p. 45). Ungar (2005) defined resilience as more than merely an internal psychological state of well-being; but also "ecologically fluid, historically sensitive, and culturally anchored" (p. 90). In recent decades, resilience research has expanded beyond the individual as the primary unit of analysis (Blackstock & Trocme, 2005) to include broader concepts of family and community resilience. Scholars have acknowledged that "individual

capacities [to exhibit resilience] are dependent on more than the individual" (Ungar, 2005, p. 90).

Habitus and Actor Network Theory

Habitus is fundamentally defined as a set of shared standards, values, beliefs, and expectations that an individual unconsciously acquires through experience and socialisation (Bourdieu, 1984, 1990). It is shaped by history and historical events, manifesting in the present as how we think, perceive and act, both individually and collectively (Bottomley, 1992; Costa & Murphy, 2015). According to Bourdieu (1990), habitus represents the embodied aspect of history and experience, giving rise to commonly accepted ways of thinking and behaving. Through habitus, shared identities, belonging, and social codes are conceptualised, which apply to the cultural and social aspects of alcohol and drug use. Habitus plays a large role in shaping an individual's relationship with substances, often arising from learned responses to stress, cultural norms, and social pressures. For instance, individuals raised in environments where substance abuse is normalised may internalise these behaviours, increasing their susceptibility to addiction. Habitus can also represent an unconscious and internalised constraint on what individuals feel that they can and cannot do (Bourdieu, 1986).

Bourdieu (1990) outlined the concept of 'game-playing,' suggesting that to succeed, belong, and be accepted in any given field, one must 'fit in' and adhere to the rules of the game. Game-playing provides individuals with a practical understanding of appropriate behaviour, referred to by Bourdieu as 'legitimate culture' (Bourdieu, 1990). In the context of substance use, formative years can be viewed as a 'field' where substance consumption is one of the 'games in play.' Habitus reflects the range of influences on substance use behaviours, while capital represents the resources that enable or facilitate AOD consumption, such as parental supply (social capital) or disposable income (economic capital). People may gravitate towards environments where addictive behaviours are prevalent, perpetuating these patterns because they are familiar and all that many whānau have known. Bourdieu (1980) also addresses the conflicts and contradictions that emerge when individuals are exposed to and confronted by varying contexts.

Actor Network Theory (ANT) offers another perspective to understanding addiction and recovery, understood as a method to organise intricate social processes (Latour, 2005). It sees all kinds of actors (natural/social, local/global, and economic/cultural) as outcomes of relational activities and seeks to stabilise social order within space and time (Jóhannesson & Baerenholdt, 2009). Addiction and recovery can be viewed within ANT as a

conglomerate of many surprising sets of agencies that have to be slowly disentangled' (Latour, 2005, p. 44).

ANT treats non-human actors as equally important participants of action as human actors, where both participate in action as either routinised/ready-made or active intermediaries (Latour, 2005). Non-human actors serve as symbols for social relationships, identities, common practices, and orders in our daily lives (Latour, 2013). In ANT, actor's agency is relational where they are able to initiate action due to their heterogeneous associations and network-ness (Michael., 2017). Under this understanding, when material objects are worked upon, performed, enacted, and re-enacted in our social worlds, the lines separating active human beings from passive material objects become more and more blurred (Jóhannesson & Baerenholdt, 2009). Because of this, it is difficult to isolate our social practices from the objects we use to enact these relationships (Latour, 2005).

When an individual develops an addiction, it involves unexpected combinations of agencies. The analysis focuses on how these agencies form associations, create actor-networks, and move from one event to another. Törrönen (2022) highlights that addiction evolves and spreads through various types of connections known as 'assemblages' (Duff, 2014) or actor-networks (Latour, 2005). According to this perspective, addiction lacks a fixed essence or stable identity. It is a dynamic and fluid phenomenon, continuously shaped and reshaped through practice (Pienaar & Dilkes-Frayne, 2017). Addiction is a relationally evolving collective of actor-networks that can manifest in diverse forms and fulfil various purposes.

The inability to distinguish between persons and items in ANT is most noticeable in research pertaining to consumption (Duff, 2014), since consuming substances causes us to become physically inseparable from them and alter our state of being. Herein lies another relational understanding of addiction, that can explain why in the case of addiction the relationship between an actor and a drug may become more significant than anything else. More recently, Törrönen and Tigerstedt (2018) utilised Actor-Network Theory (ANT) to analyse personal narratives concerning alcohol dependency. They approached addiction as a complex system involving addictive assemblages, illustrating how dependency arises from specific relationships between the addictive actors and other systems. They suggest that overcoming addiction is not solely reliant on an individual's decision-making, willpower, or self-control. This can help to bring focus to the nature of these relationships, which in the context of addiction, are often destructive.

Habitus and Actor Network Theory have informed a broader understanding of the different factors that contribute to and perpetuate addictions. Bourdieu (1990) would argue that our early experiences with our environment help shape subsequent interactions with all environments and people. In essence, altering the consequences of substance use necessitates a transformation in these actor networks and assemblages in which substance consumption is embedded (Duff, 2014). Similarly, sharing one's life story is a continuous process of reassembling, influencing its contours, connections, and meaning, describing how situations, life-stages, objects, relations and events have steered and modified the development of addiction and recovery (Latour, 2005), as each retelling of a life story alters it in some way (Frank, 2010). And because sharing stories of recovery is about connection, this leads me to discussing this studies approach to addiction.

Viewing Recovery in terms of Whakapapa

I take a relational stance on addiction and recovery because the health and wellbeing of Māori is relational by nature (Durie, 1994, 2004; King & Robertson, 2017; Rua, 2015; Walker, 2004). In recovery, Māori naturally view addiction in terms of whakapapa, although it is something that I have not yet seen acknowledged or coined in the academic space. Relationships (whakapapa in Māori terms) form the substratum of indigenous knowledge. As Māori we find ourselves adapting to the theories and treatment modalities that are sourced from overseas and that we have no relationship to and remain dissatisfied (Groot et al., 2018). Concerns about Māori health status must take into account our worldviews which have been fractured across time, including the reality that alienation of people from their natural environments may be equally as closely associated to the host of health issues besetting Māori as the more recognisable modern life-style risk factors (Durie, 2004). Here I would like to engage in counter-colonial work by arguing against the mainstream theories presented above.

Whakapapa lies at the core of understanding to any Māori framework (O'Hagan et al., 2012). Commonly known as genealogy, it encompasses a broader philosophical basis involving spirituality, environments, and the embrace of collective structures within whānau, hapū, and iwi (Mead, 2003). Whakapapa signifies the intricate layers of interactions between people, their significant places, and ancestral meanings, bound by the ties of blood relationships (Kereopa-Woon & Waitoki, 2017). Whakapapa is the foundation of whānau and whānau is the expression of whakapapa (Connor, 2019; Wilson et al., 2019). On this understanding, addiction emerges through complex conditions and relationships across time and space and can be located within a whakapapa map (O'Hagan et al., 2012). The instructions contained within this map are where Māori both

draw well-being, social responsibility and knowledge (Hawira, 2007). Whakapapa can be an extension of previous constructs to understanding the phenomenon of addiction and can direct attention away from the individual toward their social networks and environments, as Māori experiences of recovery are not just their own. A family systems perspective views families as interconnected systems where addiction affects every aspect of family life. Any change, such as excessive drug use, triggers a ripple effect throughout the family, prompting the entire system to compensate (Stack, 2010). Systems theory emphasises wholeness and interdependent relationships, focusing on reciprocal causality and feedback loops rather than linear causality (Stack, 2010). It can be said that these relationships can influence a whakapapa of trauma (Mikahere-Hall, 2016).

The values of whānaungatanga (active relationship building and maintenance), wairuatanga (spirituality) and manaakitanga (caring for others) assist the generating of relationships in everyday life, while bonding Māori together within their social groups (Mead, 2003). These stories emerge within a larger scope of societal values, beliefs and worldviews underpinned by indigeneity, the health sector, therapeutic interventions, the role of the government and the Treaty of Waitangi, family and social justice (Groot et al., 2017). A whakapapa approach makes sense in the context of the whānau focus of this study, as health and survival manifests on multiple levels where the past, present and future co-exist simultaneously. The philosophical construct of whakapapa implies that all things in the world have an origin, and ontologically they come into being through the process of descent from ancestors (Roberts, 2013). This encourages us to move away from, treating symptoms and providing temporary fixes towards seeking to develop more spacious understandings.

Having an adequate understanding of addiction for Māori has more than just scientific and epistemological value. The effects are significant in the real world as the way that we understand addiction determines our treatment pathways. Thus, the more comprehensive view of how and why addiction is experienced by Māori can help to smooth out approaches to recovery. As mentioned above, addiction and recovery are more complex than training a person's willpower; they are tied to the socio-political, historical, cultural and socioeconomic conditionings of their being which can be understood through whakapapa.

Chapter summary

Given the health burden that Māori face, further understanding needs to be determined for effective addiction treatment and addiction prevention for Māori (Ellis-Loschmann et al., 2024). The above exploration identified abundant quantitative studies on the relationship

between Māori and alcohol and the disproportionate related harms that Māori experience. Despite this knowledge reported over decades, reductions in alcohol and drug related harm appear to be minimal, as there remains a disconnect between this data and effective strategies (Muriwai et al., 2018). Responding effectively to the needs of Māori with addiction issues is the highest priority (Ministry of Health, 2020). However, little is known from a lived experience perspective about what works for Māori as they live out their day to day lives.

The research proposed here will contribute to what is known, adding important knowledge from not only the person with substance use issues perspectives but also from the whānau perspective, an area not yet explored in the Aotearoa context. There are no studies that investigate the lived experiences of wāhine Māori in recovery from addiction using indigenous psychological methodologies and an immersive approach. Although there are emerging programmes, the field still lacks comprehensive studies from a lived experience perspective. These are relatively new initiatives, so it is promising that the unique needs of women are being recognised in treatment pathways.

This study aims to fill this gap by exploring recovery through a relational framework, ultimately contributing valuable insights for service development and best practices in addiction treatment for Māori. The intended result of this research is to explore addiction from a relational perspective, encourage the fulfilling of Pae Ora as outlined in the Whakamaua Māori Health Action Plan (Ministry of Health, 2020), and the aspirations of whānau Māori to reach their potential. This can be associated with the delivery of effective, clinically and culturally responsive mental health and addiction services in Aotearoa and strengthen evidence-based treatment for the addiction workforce.

Chapter 2: Methodology Chapter

“He awa, e kore e papanuitia”

Even the river that has been blocked by adversity, can change its course and make it to the sea.

The river is the image I choose to open my methodology chapters. The whakatauākī shared above was spoken by a wāhine in recovery who I hold dearly, which I aim to share in the context of individuals in recovery from addiction. It also serves to illustrate how the flow of mātauranga (Māori knowledge and wisdom) has been somewhat obstructed by prevailing methodologies. As per the whakatauākī, this research sees substance-dependency *breakthroughs* as related to wāhine and whānau, with less focus on the plights of addiction, than recovery and how it may be navigated.

I consider the view that Māori perspectives used in research enable flourishing Māori (Durie et al., 2012). When I envision flourishing Māori, I see us returning to our natural world, our language and our histories as a source of clarity and sustenance. And so, how I imagine the blending of research approaches were as converging rivers, representing indigenous research approaches (Wilson et al., 2021a; Hall, 2015; Wirihana, 2012; Groot et al., 2012) alongside internationalised paradigms. Similar applications such as He Awa Whiria (A Braided Rivers approach) have demonstrated synergies between seemingly incongruent knowledge systems (Macfarlane & Macfarlane 2019; Martel et al., 2022).

This research is guided by being Māori and therefore Māori cultural concepts, insider perspectives on addiction and a relational understanding of identity and wellbeing. I return to the concept of converging rivers to help provide imagery for the relationship between myself and my participants. Our rivers, represented by our conversations and experiences, meet and intertwine, creating a larger and more potent current of shared understanding. Just as rivers flow down from maunga (mountains), our kōrero flowed from our own respective challenges, or recovery origin stories, adversities and challenges, intersecting at the research engagement and flowing on as one. Our shared backgrounds allowed truthful kōrero and tears to flow.

Māoritanga has been a wellspring of knowledge for myself as a wāhine in recovery. Amidst the challenge of finding a new way to live without substances, I discovered inspiration and resilience, drawing from our pūrākau tuku iho (stories passed down through the generations), te reo Māori (the Māori language), the sentiments of whakatauākī

(Māori proverbs), the spiritual grounding of karakia (prayers), as well as the energies channelled through kapa haka (Māori traditional performing arts) and waiata (song). There's a resonance when we embrace the ways of our ancestors: our tikanga (customs and traditional values) and our own ways of healing. These ways which are simple and yet stirring within us, carry the mauri of our tūpuna that I can feel echo across generations (Penehira et al., 2011). The grounding of whakapapa Māori gives us a perspective of being, as well as a sense of purpose and belonging (Rameka, 2018).

What follows is a broad overview of the key positions, principles and values that represent the blended lens that represent the epistemological framework for the present study. Within this discussion I outline the incorporation of pūrākau story-telling methods and briefly outline the relevance of mana wahine theory. I then go on to overview how I engaged with my participants which included narrative interviews and engagements in shared cultural and recovery-based practices within an immersive approach to the collection and interpretation of the pūrākau. I finish by discussing the processes of analysis employed and ethical considerations.

Kaupapa Māori Research within the realm of Indigenous Psychologies

I begin by grounding and methodologically situating this project within an indigenous framework. In New Zealand, similar to other colonised nations, the dominant perception of reality has historically reflected the viewpoint of the colonisers, often sidelining indigenous perspectives (Chilisa & Tshenko, 2014; Donald, 2009; Hart, 2010; Macfarlane, 2012). This marginalisation devalued the wisdom inherent in the indigenous Māori worldview, substituting it with hegemonic ideologies imposed by British settlers. Despite efforts to address historical inequities between indigenous and non-indigenous populations, remnants of these dynamics persist (Henry & Pene, 2001). Kaupapa Māori, as a research methodology, aims to rectify these power imbalances post-colonisation, empowering Māori to reclaim cultural sovereignty and fostering Māori advancement in research endeavours (Jones et al., 2006; Pipi et al., 2004; Smith, 2013). Thus, Māori psychologists and researchers are shifting the focus from non-indigenous discussions about indigenous people by constructing theories based on the everyday wisdom derived from our own communities and perspectives (Groot et al., 2018).

Looking beyond WEIRD psychology

In light of the prevalence of WEIRD (Western, Educated, Industrialised, Rich, and Democratic) psychology in mainstream research (Henrich et al., 2010), the adoption of indigenous research methods serves as a counterbalance. These approaches provide an

avenue for incorporating non-western perspectives and challenging the homogeneity of WEIRD psychology. The emergence of indigenous data sovereignty reflects concerns about excluding indigenous communities and researchers from shaping research practices, including data collection, analysis, and interpretation (Walter & Suina, 2019). Numerous Māori psychologists persist in advocating for the integration of cultural nuances and indigenous methodologies in the formulation of psychologies that are relevant to local contexts (Nikora et al., 2007; Nikora et al., 2014; Nikora et al., 2017; Hodgetts et al., 2010; Hodgetts et al., 2018). These psychologies acknowledge the multifaceted and sophisticated understanding that Māori possess about themselves, recognising the validity of various approaches in understanding the social spaces we live in every day, landscapes we inhabit and the roles of diverse individuals within them (Groot et al., 2012).

Decolonising approaches have been suggested as a useful method to meaningfully address cultural uniqueness and diversities in human experiences (Smith, 2013). They serve to reorientate the production of knowledge and psychological interventions away from the management of “deviance” or “deficiencies” and towards culturally relevant, strengths-focussed and community-based responses that foster interconnectedness, facilitate dialogue among diverse viewpoints and promoting projects of counter-development and liberation (Groot et al., 2012). Indigenising psychology, which is particularly relevant to mental health and addiction issues, can be viewed as a restorative process of building a culturally grounded psychology that makes sense to our people. Nikora (2007) talks about how a Māori psychology worldview can be characterised by values such as unity, continuity, balance, purpose, and interconnection. This worldview, not so much recorded as it is embodied and understood, permeates Māori culture, guiding actions, assumptions and expectations (Nikora et al., 2017). It includes the relational negotiations that I have experienced as vital to a life free from substances.

Like other indigenous communities, Māori uphold a distinct and unique worldview. Mead (2003) defines mātauranga as knowledge derived from Māori experiences, informing our understanding of the world and our place within it. This knowledge, coupled with tikanga (customary practices), forms the foundation of Kaupapa Māori Research (KMR) (Durie et al., 2017; Smith, 2017). Mātaturanga grounds and nourishes whānau Māori within Te Ao Māori and informs how we move through the world (Ware et al., 2018). KM advocates for research conducted by, with, and for Māori, aiming to benefit the broader Māori community while welcoming input from non-Māori (Walker et al., 2006). Challenging dominant discourses on research standards is possible through KM, which promotes Māori power and autonomy against colonial injustices (Curtis, 2016; Pihama et al., 2005;

Walker et al., 2006). Utilising these approaches aims to bring positive outcomes to Māori, which may not be realised straight away but through incremental changes throughout generations (Walker et al., 2006).

KMR upholds cultural norms, values, and perspectives as the status quo (Pihama, 2001). Taonga tuku iho (gifts passed down and cultural aspirations) honour the spiritual realm and affirm the significance of Te Reo and tikanga (traditional practices) within Māori society. Central to this framework is the principle of *kaua e takahia te mana o te tangata* (respecting human dignity and integrity), (Cram & Phillips, 2012). Māori culture embraces concepts like whānau (extended family) and collective accountability, emphasising interconnectedness and relational factors. Acknowledgment of collective dedication to research efforts aimed at achieving shared objectives as doing so helps to realise Māori aspirations and celebrate Māori lived experiences (Walker et al., 2006).

I recognise the significance of providing space for Māori to share their stories and experiences, a practice integral to indigenous communities that have historically been studied from an outsider's perspective rather than being engaged as partners in research (Harris et al., 2012; Huria et al., 2019; Pihama et al., 2014; Reid et al., 2019). Durie (1996) emphasises the necessity for innovative methodologies that accurately reflect and assess Māori health, advocating for interdisciplinary collaboration and the incorporation of diverse cultural perspectives. I am aware of the imperative to avoid perpetuating colonial dynamics. As highlighted by Curtis (2016) and Walker et al. (2006), KMR prioritises the inclusion and empowerment of Māori individuals. By embracing these methodologies, researchers pay homage to all that it means to be Māori, ensuring that research processes are conducted with sensitivity and safety (Durie et al., 2017; Moewaka-Barnes, 2000).

Groot and colleagues (2012) describe how Māori psychology offers a platform for alternative thinking and research, allowing us to prioritise Māori interests and perspectives. Choosing a life free from substances can be seen as an act of contemporary resistance to entrenched ways of being. Therefore, it is imperative to centre Māori voices when exploring such issues through the field of psychology as a way of challenging dominant discourses about addiction. Continuing these discussions is essential for ethically internationalising psychology in a way that is attuned to our identities and contemporary landscapes (Groot et al., 2012).

The significance of KM can also be reflected in our efforts to treat addiction as individuals within whānau systems. I employed appropriate cultural principles to engage with wāhine

Māori as partners on the research journey. Guided by tikanga, I aimed to uphold ethical standards and respect Māori values throughout our collaboration. Decolonising approaches allowed me to honour my participant's expressions of truth. That is to say, at the core of this project lies the necessity of recognising the voice of authority inherent in the lived experiences of our people. In order to achieve this, I engaged in our indigenous story telling methodology, known as pūrākau.

Pūrākau as a Māori Narrative Method

Pūrākau is a traditional form of narrative and story-telling that has been drawn on, to inform contemporary research methods used by Māori researchers, in order to convey and share the experiences and realities of Māori (Cherrington, 2003; Hall, 2015; Lee, 2008; Wirihana, 2012; Levy & Waitoki, 2015; Ware et al., 2018). Stories found in all cultures serve as explanations for creation and the natural order, imparting valuable life lessons and portraying what is meaningful or morally right, as well as what is wrong or misguided (Woodhouse, 2019). Through sharing personal stories and those passed down through generations, individuals enact the realities of their worlds, and through this share important knowledge with each other (Woodhouse, 2019). These narratives have over time shaped behaviour and values, working to distinguish communities and cultures (Weeden, 2004; Golden, 1997).

Accordingly, narrative methods have attracted the attention of many scholars in the quest to create methodologies that complement indigenous values and expectations of research (Archibald, 2008; Kovach, 2009; Lee, 2009; Wilson, 2001). For Māori as indigenous peoples, storytelling holds relevance, as these narratives can incorporate and express whakapapa, the genealogical connections that define our collective identity and histories (Lee, 2009). Our researchers have aimed to celebrate oral traditions as how we preserved our culture, our mātauranga, and kept our collective memories alive (Hikuroa, 2017; McRae, 2017; Rewi, 2010).

Pūrākau expressed in various forms is a traditional mode of metaphorical and implicit narrative that originated prior to pākehā arrival to Aotearoa and the establishment of the written language (Hall, 2015), having recently been reconstituted within the KM movement to reclaim Māori culture, transmit and disseminate knowledge (Lee, 2005; 2009; Waretini-Karena, 2019). Scholars attest to pūrākau as a legitimate, versatile and distinctive technique in the fields of psychology, psychotherapy and counselling which allows Māori the opportunity to communicate how they relate to the world around them and contribute to a growing body of mātauranga (Cherrington, 2009; Hall, 2015; Karena-Waretini, 2012; Lee, 2009; Ware et al., 2018). These researchers have also used pūrākau to regenerate

stories for cultural sustainability (Lee-Morgan, 2019) and to inform psychological practice within specific therapeutic settings (Standing et al., 2021). The popularity of Mahi-a-Atua (a Māori therapeutic programme) is one example of the profound resonance that pūrākau have on Māori health professionals and whaiora as a pathway forward for Māori mental health (Kopua et al., 2020; Rangihuna et al., 2018).

This project celebrates pūrākau as the ūkaipō (the mother of/ the source of sustenance) of mātauranga, a tāonga tuku iho (treasure passed down from our Gods and through generations). Drawn from the custom of kōrero pūrākau (speaking narratives) that help to reveal the deeper meaning of life (Elkington, 2011; Lee, 2005, 2009), pūrākau helped to organise, express and construct traditional Māori knowledge, and have relevance today (Hall, 2015). We acknowledge that other narrative forms of pūrākau possess their own categories, characteristics, styles (e.g. whakapapa (genealogies), whaikōrero (speechmaking), whakataukī (proverbs), moteatea (traditional chants) that exist alongside visual carriers such as whakairo, tāniko, haka, waiata, tāmoko, and astrology (Lee, 2005, 2009; Pihama et al., 2015; Smith, 2008; Wirihana, 2012). In the context of recovery from addiction, storytelling plays a vital role, as those who have been affected find value in shared experiences, strengths, and hopes to aid others in their journey.

This sharing can be celebrated within pūrākau that are by nature relational, rather than individual stories (Lee-Morgan, 2019). When considering the imagery of pūrākau, we envision the root system of trees that are interdependent with each other to strengthen the collective (Lee-Morgan, 2019). The ngāhere (forest) is formed through the many binds between trees, some seen and some unseen, leaving no tree standing isolated. This image is significant within recovery as we know that a connection to others must be sought within our communities to enable collective re-generation and flourishing, and this connection is formed through sharing who we are and reclaiming our stories.

In contemporary times our pūrākau may be shared in the English language, however, the essence of pūrākau embody key aspects of Te Ao Māori, as described by Woodhouse (2019). These include whānaungatanga (relationality in this context), ako (teaching/learning), and rangatiratanga (self-agency) forming the kete (basket) of pūrākau practice. Through reciprocal sharing within pūrākau, respect for others is cultivated, fostering meaningful relationships and bonds. Pūrākau honours the special relationship between the storyteller (participant) and the listener (myself, the researcher) where the listener or the observer is encouraged to manage their thoughts and beliefs and consider the contemporary context of Māori, which includes the socio-cultural and historical contexts and lived realities of the storyteller (Hall, 2015). The concept of wānanga (shared

places of learning), emerges as perspectives are exchanged, supporting collective ownership of ideas. Moreover, providing a safe space for storytelling empowers participants, reflecting the agency observed in whānau Māori on their journey to recovery and towards creating self-fulfilling lives free from addiction.

Pūrākau emphasise the validity of our untold stories and encourages learning, listening, and sharing in alignment with our ancestral visions. Cherrington (2003) promotes the place of pūrākau and other creative cultural practices in Māori psychology as a way to reclaiming indigenous ways of relating, researching, and revitalising cultural practices. Researchers envision a future where traditional knowledge shared through stories of our day-to-day lives informs contemporary understanding, empowering future generations to navigate challenges and transform perspectives (Levy & Waitoki, 2015). Purākau do not exist without a listener or a receiver. In this case, I am the listener and whoever goes on to read this thesis will receive these stories. Therefore, it is important to express pūrākau in a way that also holds significance to those who will read this piece of work in the future.

Narrative is frequently employed in addiction research because this theoretical and methodological approach enables an in-depth exploration of stories and experiences related to substance use and addiction. It also acknowledges the broader social, political, historical, and cultural factors that influence substance use and the diverse paths to recovery (Eriksen & Hoeck, 2022; Jadidi & Nakhaee, 2014). We chose to utilise pūrākau within the space of Kaupapa Māori research due to its adeptness in layering stories one upon the other. Pūrākau allows for us to tell our stories using our own words and in the space of addiction is a deliberate move away from the pathologising language of the mental health system in New Zealand which focuses on deficits and disorders (Groot, 2010). Telling our stories of recovery helps to connect the dots of our life experiences of the past, present, and future (Hall, 2015). It brings me great joy when I hear my peers and teachers able to reflect on their past, the prickly moments and disruptions through hindsight and seek solutions to future decisions.

Mana Wahine Theory

Mana Wahine Theory (MWT) informs part of the methodology of the current project, selected as it is specific to women, using critical and decolonisation theory to understand wāhine Māori within the context of marginalisation and historical oppression (Wilson et al., 2021; Mikahere-Hall, 2017). Scholars advocate for a theoretical perspective that recognises the traditional power, authority and status of Māori women while incorporating the detrimental and traumatic effects of colonisation, which transformed the lives of women and have impacted on the addiction landscapes of Māori (Mikahere-Hall, 2017;

Pihama, 2001; Wilson et al., 2021). Notions such as Māori sovereignty, mana motuhake and self-governance are synonymous with being self-determining and encompassing the resistance and resilience of mana wāhine (Penehira et al., 2014). Pihama (2005) states that self-determination is how we express and respond to the disruptive effects of colonisation as proactive indigenous peoples. MWT aligns with pūrākau methods by considering the socio-cultural and lived realities of women as they express and negotiate their diversities and re-affirm the everyday experiences of Māori women (Hall, 2015; Simmonds, 2009).

Smith frequently describes colonisation as a disruption of the Māori world (Smith, 1992, 1996, 1999, 2005, 2006). Others describe it as causing fragmentation, disturbances, disjuncture, and disorder (Johnston & Waitere, 2009; Pihama, 2001). The impact of colonisation on mana wāhine encompasses all these effects. Similar to KM methodologies, MWT has emerged from broader cultural and political struggles, often led by Māori women (Johnston & Waitere, 2009). Numerous Māori women have articulated how the intersection of their Māori identity and womanhood positions them in intricate and challenging contexts necessitating careful navigation (Johnston & Pihama, 1995; Johnston & Waitere, 2009; Smith, 1992). The significance of our distinct identities cannot be understated, as historically these identities have often been defined by non-Māori men and others, predominantly in negative terms. Mana wahine, as an art, theory, method, and practice, acknowledges and accommodates the in-betweenness wāhine Māori experience, enabling the exploration of diverse Māori realities from a position of empowerment rather than responding defensively.

The importance of whānau to a mana wahine framework is immense (Simmonds, 2011). As the whānau unit has become smaller, individual women have taken on increasing responsibilities (Simmonds, 2011). Many Māori women experience the daily repercussions of this fragmentation and marginalisation of the wider whānau system. In their research on Māori women's access to adequate healthcare, Cram and Smith (2003) highlight that the breakdown of whānau has hindered intergenerational knowledge transmission, resulting in some Māori women lacking the cultural understanding necessary to articulate their needs to healthcare professionals. Hall (2015) identified that disconnection from traditional ways of being Māori contributes to a sense of disillusionment, confusion, mournfulness, mistrust and cynicism as well as a deep longing for healthy relationships. Celebrating whānau discourses anchors MWT in the lived experiences of Māori women and their families. How we can do this is through practical application of mana wahine to foster real change for improved conditions (Simmonds, 2011).

Leonie Pihama (2001) dedicated her doctoral thesis to the development of MWT. She shared that to analyse and critique key issues affecting Māori women, a robust theoretical foundation is required. Her thesis advocates for MWT as a transformative theoretical perspective that allows examination of the complex, hybrid, and in-between localities of wāhine. She highlights that a key feature of mana wahine epistemology is to understand the ongoing contradictions that Māori women face in their everyday lives. Simmonds (2009) similarly shares how mana wahine aims not to reinforce the binaries between Māori and pākehā but to acknowledge the unique experiences of Māori women's everyday lives. This does not imply it stems from an 'authentic' notion of what it means to be a Māori woman. Instead, it intentionally acknowledges and accommodates the diverse realities of Māori women (Simmonds, 2009).

Mana is an integral motivating factor underlying each form of social interaction in Te Ao Māori (Mead, 2016, p.33). Mana lies at the heart of Māori understandings of accountability, authority and leadership and is often described as being derived from three sources:

- Mana Atua – mana that is sourced from the sacred power of our gods.
- Mana Tūpuna – mana that is derived from our whakapapa and lineage, mana that we inherit from our ancestors.
- Mana Tangata – the authority and power that one achieves through their own knowledge, actions and skills.

The body of research on MWT has informed the introduction of women specific addiction treatment programmes such as Te Ira Wāhine, which is prison-based trauma informed: (Morrison et al., 2021)., He Kete Oranga O Te Mana Wāhine (Odyssey House, and based in Te Waipounamu), run through Odyssey House and Pathway, and Te Whare Taonga (Mothers and Babies Unit associated with Higher Ground). MWT underpins the rationale for this research focus, the methods, and will provide an overarching context to, and support my data analysis in understanding recoveries of wāhine Māori and their whānau members.

Methods

Community Focus

The community of focus that I worked with were wāhine Māori within the broader context of whānau units, which was supported by cultural staff at Higher Ground toward my application to the Health Research Council (appendix A). To maintain a level of safety, women who identified as Māori and had at least two years of abstinence-based recovery from a substance use disorder were invited to participate. The abstinence requirement was selected because this is the time that treatment centres such Higher Ground deem that 'continuing care' based counselling supports are no longer required. All participants including children were older than 18 years of age. I saw this study as a valuable opportunity to incorporate knowledge from multiple generations of recovery. By this, I mean that I sought wāhine who entered recovery in different decades and under different circumstances, each shaping their experiences and insights, thereby enriching the overall pūrākau.

Connecting with the Wāhine

All my participants were recruited through, and therefore had a connection to Higher Ground. The wāhine Māori who are my chosen whānau and with whom I recover and work alongside in my everyday life formed the advisory group for this study. We utilised a collective approach to purposive sampling, also known as whānaungatanga (Mikahere-Hall, 2019). By initially engaging in kōrero with wāhine mentors from the recovery community and seeking recommendations from friends and colleagues regarding suitable candidates who met the study's criteria and were available. For my initial contact, I reached out to these wāhine through intermediaries (made up of my friends and colleagues) following which they established direct contact with me, and our first conversations took place. The process of communication via phone calls and messaging was integral to fostering engagement and not merely an additional component. It was through these texts and calls that I began to build rapport and begin to set the scene and shape the directions for conversations to follow.

Our focus for this project is to emphasise that recovery needs to extend beyond the person to include whānau, and this indigenous approach to our research highlights the importance of including whānau voices and mātauranga when working with whānau Māori. Previous research has demonstrated how Māori self-constructions are interwoven with others, we emphasise the interconnectedness and holistic nature of all things Māori (King, 2019; Pihama & Cameron, 2012; Rua et al., 2017). Referring to someone as an "individual" inherently implies a sense of separation, which contrasts with the holistic

perspective we uphold, as mana is connected to community wellbeing and does not belong to the individual alone (King, 2017). Pūrākau gain significance and depth when considered alongside other narratives, as their essence lies not in ‘the truth’ per se, but in our current perceptions and emotional connections. For this purpose, whānau narratives allowed experiences to be drawn out further from the healthcare environments within which wāhine had been clients (Hughes, 2007).

I acknowledge the diverse expressions of Māoritanga and that being Māori meant had different meanings for participants. For this project I valued their lived, experiential knowledge: the binaries, confusions, and discomforts were all part of the analysis. We know that addiction can isolate whānau and is linked with unstable identities caused by disconnection from Te Ao Māori (Gerrard, 2023). The idea of cultural legitimacy was raised within these engagements when I was asked “am I Māori enough for the study?” to which I answered: all you need is whakapapa Māori to be eligible. Durie (1998) says that if you have Māori ancestry you belong to Aotearoa, meaning that there is identity and belonging in simply being Māori even if you do not necessarily live as a Māori (Durie, 1998). These questions of an insecure Māori identity were a familiar feeling, and in these times empathy and understanding were important.

Conversations and Journeys

I found it fitting that our conversations commenced around Matariki given that it signifies the start of the cultivation season and a celebration of remembrance, which were values that I applied to the conversations we had (Mātāmua, 2020). Eleven interviews were conducted overall. I initially interviewed the four wāhine, followed by their whānau members who were available to participate. I provided participants with the study flyer (appendix B) study information (appendix C) and consent forms (appendix D) via email before the interviews and answered any lingering questions, which helped to set the scene for what was to follow and clarify any uncertainties.

In line with the principle of tino rangatiratanga (self-determination), the preferences and convenience of participants are crucial when conducting research with Māori (Bishop, 1998; Walker et al., 2006). Therefore, participants were given the option to choose their preferred location, time, and day for their interview, promoting convenience and self-determination in their participation experience (Liamputtong & Ezzy, 2005; Walker et al., 2006). Interviews were conducted flexibly, covering locations across Auckland, Hamilton, and via Zoom where necessary. In-person conversations took place in various spaces and settings, including homes, workplaces, and beside the Waikato River. Where appropriate, initial participant interactions involved sharing food and coffee. These light-hearted and

humorous interactions were done in a way that upheld the values of forming respectful relationships with others, processes that assist in building connections within the pūrākau process (Lee, 2009; Wirihana, 2012).



Figure 3: View of the Waikato River from a site of conversation.

The sharing of pūrākau occurred kanohi-ki-te-kanohi (face to face) which supported trust and rapport building and allowed my participants to maintain control (Ngata, 2017). Participants were offered opening karakia (prayer) and then invited to share their pūrākau. I employed the use of semi-structured interview techniques and open-ended questions that aimed to include general areas of interest and allow participants the freedom to express their experiences, ideas and emotions to allow collective comparisons and identify patterns (Clandinin & Huber, 2010). Although, for the most part I had prior connection with the wāhine, what was more relevant was to re-contextualise our relationships for this project. As I worked my way through the interviews, the interview schedule evolved (see appendix D for interview schedule). I tailored the interview guide

for each participant, a process supported by the knowledge I previously had about them and their whānau. This was important because I was able to save time with establishing relationships, giving me an advantage as an insider to be able to go into more depth as a level of trust and understanding already existed.

The interviews' cultural patterning was a place for us to get to know each other and connect through shared experiences, and helped participants feel more at ease and reduced the sense of formality and fear that people frequently associate with being questioned, particularly on stigmatised kaupapa (topics) such as mental health and addiction (Broyles et al., 2014). During the interview process, by being patient, I could create a safe space for candid and sometimes unsettling conversations with participating wāhine. I was able to turn my focus to listening and simply being with my participants (Lee-Morgan, 2019). I invited participants and their whānau to share or omit what they wish within their narratives. As expected, the wāhine were fearlessly honest with me and I experienced a level of awe and gratitude for the path of recovery that we had chosen that lead to us meeting in such a way and sharing with each other.



Figure 4: Home concert for Matariki 2023 overlooking the forest.

I recorded the interviews on a digital recording device. The time of the recording was between 1-2 hours. At the culmination of the interviews, participants were offered closing karakia, and where possible kai was shared to whakanoa (clear) the space. Additionally, alongside the formal conversations were a series of engagements that were brought about or occurred alongside the research. These were simply extra activities that we went to together in our own time without any specific agenda apart from that they were normal parts of life in recovery. For instance, I attended a home concert, wānanga in Taranaki, noho marae in the Waitakere Ranges, and celebrations of te reo Māori, meeting for coffees and meals. Although, these engagements were not planned or formally recorded as part of this study, it was in these moments that my research came to life, potentially because there was less pressure on any of us and I was able to see the stories and how they had shaped each whānau in action.

These culturally-patterned engagements allowed me to build deeper relationships with my participants as sisters in recovery and also helped to guide my analysis. Within these shared times together, the balance was restored, we were no longer rendered as obviously researchers or obviously an interviewee (Hodgetts et al., 2022), but rather as sisters and whānau comfortable in each other's company, drinking cups of tea, eating and singing songs with no purpose apart from sharing each other's company. This created a sense of being and grounding for the project (King, 2019). Participants had the opportunity to bring in objects or describe tohu or objects that held significance to them to add a visual and material element to their pūrākau, two wāhine brought in objects which were meaningful to them. The presence of such objects function as conversation pieces that aided in the sharing of perspectives and lived experiences.

It did not take long to realise that the process of organising interviews is unpredictable which required me to relinquish control and go with the flow (Murphy, 2011). For instance, I forgot to turn on my recording device for my first interview, which we named 'the interview not recorded.' This situation brought to light the importance of active listening, memory, tohu (signs and symbols), feelings and reflections within my data collection and analysis process. Fortunately, I was given the opportunity to repeat the interview with new insights. Similarly, there were almost always interview topics and points of discussion that I was unable to anticipate. One whānau was unable to meet with me so the wāhine proposed to interview her father and sister on my behalf. In this instance, instead of trying to control the interview process, I provided a one pager of basic areas of focus but allowed her to have autonomy over where the conversations flowed to.

During the conversations I observed which aspects of the narratives resonated with me, sparked my curiosity, or elicited emotional responses from either the participants or myself. I maintained a reflective journal to document immediate thoughts, feelings, reflections, and insights following interviews, as well as any subsequent realisations (Hiha, 2016). This note-taking process was fundamental to my analysis process because it helped me record my own insights in real time to reflect on during analysis.

My interviews with whānau were audio recorded and transcribed. I transcribed interviews as they were spoken and decided to maintain Māori words as to prevent cultural ideologies and concepts not necessarily explained well by the English language from being lost (Binney, 1987). Our kupu (words) represent complex concepts and paradigms articulating the interconnectedness of elements in our worlds and daily lives, and as understood by Māori (Gilchrist, 2017). Moving on to issues that I was aware of but did not expect to be such a focus started to form patterns within the stories. Specifically, the ones that I felt ill-equipped to respond to included intimate partner violence, crime and homelessness (Black et al., 2020; Waitoki et al., 2015). In these times, cultural responsiveness involved creating safety to listen, receive these stories, and act accordingly rather than trying and find the right questions or answers (Berryman et al., 2013). This helped me to recognise that this was just a part of their lives. In line with what I was expressing previously, the focus on pūrākau helped me to seek, expose and highlight not only the positives of the recovery process but also the messiness and difficulties that are a reality of this journey (Cram & Lenihan, 2000; Kerr, 2012; Moewaka Barnes, 2009)

A koha was offered to the participants and their whānau for taking part in this research. The concept of koha was brought to light within the context of an expectation of reciprocity for participants offering their stories. One wahine did not accept my koha as it represented the idea of a monetary transaction for sharing her story. In this instance, it was important to subordinate my needs to hers (and indeed the dictates of 'research' and institutional ethical processes), and instead focus on maintaining our relationship as sisters in recovery with the intention of one day giving back. (Hodgetts et al., 2022).

In considering relational negotiations, I noted that I had experience in hearing stories of addiction and recovery through my own lived experience so, I was able to receive these stories as an insider and researcher. Although mainstream research in psychology research tends to position the researcher as a stranger and encourages objectivity, this project embraced insider status (Acker, 2000). My participants were deemed to be experts by experience, recognising that learning and collaboration is reciprocal and involves input

from all stakeholders (Cram & Pipi, 2000) I also considered the tuakana/teina relationship where I was the teina in the recovery world to the majority of these women who had been around for longer than myself. Within our kōrero there was an element of child-like curiosity, admiration, and a whole lot of learning for me. Something else to mention is that the relationships formed between myself and the women through this study have not ended and are unlikely to end. Our paths may diverge as rivers, but we will remain connected through a shared journey away from the dam of addiction that hinders the flow of relationships.

Analysis Processes

The term "analysis" may appear incongruous in the context of Māori knowledge and epistemology; however, it fulfils an essential function (Hakopa, 2019). Hakopa (2019) states that a critical aspect of the analytical process involves formulating appropriate questions, as the calibre of these questions facilitates deeper insights into ancestral scholarship and thought. Context is paramount in this process, significantly informing both the analytical and intuitive dimensions of inquiry. The focus of my inquiry centred around the question of how this research can portray what it takes for wāhine to journey through recovery, alongside and within the relational system that is our whānau. The focus was on interpersonal questions, honouring the impacts of addiction on recovery and using strengths-based whānau-centred approach.

Aligned with kaupapa Māori principles, the data analysis process was guided by the understanding that data represents knowledge and is thus considered taonga (Bishop, 1998). To respect the sacredness of knowledge and honour participants' contributions, In the third chapter I aimed to keep the data as unprocessed as possible and limit my interpretation of the findings (Cram et al., 2003). Consequently, the goal of the data analysis was to merge the participants' data into a cohesive and meaningful collective voice on whānau recovery, while incorporating Māori perspectives (Mark & Lyons, 2010).

The first process rested upon active presence, which involved attentive listening and emotional engagement during conversations and simply noticing what came up for me at the time in my body, honouring the relationships between myself and the participants (Hughes, 2007). I transcribed the interviews using Microsoft Word. After transcription, I manually engaged with my transcripts with coloured highlighters and ball-point pens, scribbling themes, words and doodles on the pages, both in Māori and English. I would have liked to follow a plan, but I found that I had to flow with the chaotic bursts of inspiration and the highs and lows that I was experiencing within these conversations and when I was given space to reflect. I read through whakataukī books and about our Atua

wāhine (Māori female deities) to see if there were any that aligned with the pūrākau to convey the values and advice of our tūpuna (McLachlan & Huriwai, 2016). My listening continued as I wrote notes and questions on the back of the transcripts. I spoke to my peers and mentors and sat in different recovery-spaces, drawing inspiration from the environment.

The interview transcripts were analysed with a collective approach and narrative orientation, focusing on understanding meaning, imagery, context, and recurring elements highlighted by participants as they shaped their experiences into stories, rather than emphasising the structure or form of their narratives (Murray, 2002). I strived to overlay the stories while still providing an overarching narrative (Lee-Morgan, 2019). My analysis was not a linear process but one that I revisited over a series of months, seeking parts that I may have missed and re-reading scripts with new eyes. As my understanding of addiction was evolving, the patterns I was noticing began to be re-constituted and I understood the kōrero of my friends with a different depth and meaning. The analysis revealed the values of connection, belonging, resilience in recovery, sustainability, and leadership that precede the intergenerational transmission of cultural knowledge (Hakopa, 2019). These values formed the frame within which whānau narratives began to take shape.

We decided to keep the wāhine stories intact initially rather than fragment them for the sake of thematic analysis (Braune & Clarke, 2006). This inspired us to add a third chapter. There were specific chunks of kōrero that during the time of the interview were charged with emotion, I wanted to include them. Once I had written the third chapter, I felt more at ease with splitting up the pieces of text in order to theorise and create the road map to recovery. In this fourth chapter I maintained large sections of quotations rather than embed sentences into my own analyses. This is because I sought to uphold, the insights of Mana Wāhine as analysts of their own stories.

Abductive approaches to thematic findings seek to integrate Māori worldviews (Broughton et al., 2016; Ruru et al., 2017). The journey of water was an organising principle and the metaphor that has guided this work. This metaphor was how I chose to speak about my own recovery journey when I presented my final speech in Te Reo at my wānanga reo, one simple way of weaving in mātauranga that can be understood by everyday people through imagery of the tohu of our natural world. Overall, immersing myself into these pūrākau was an affirming experience. Through reflexivity and different ways of reflection I was able to locate connections and differences in the women's stories within the larger narrative at hand.

I acknowledge that I am part of the narrative that has been created. I entered this research with a subjective and passionate approach because of my insider status which was the driver for this project. I adopted an ethnographic and indigenous viewpoint, and acknowledged the importance of embracing subjectivity, emotionality, and my own impact on the research process, rather than disregarding or presuming these matters to be absent (Cassim et al., 2015; Ellis et al., 2011). Consequently, the theoretical orientation selected encouraged me to recognise that my Māori habitus and personal, lived experiences of addiction might provide a beneficial entry point into a broader and more complete understanding of the research topic's intricacies (Cunliffe & Karunanayake, 2013).

There was an inherent blurring of boundaries being a professional in the addiction space, a woman in recovery, and a researcher on the kaupapa. This is one of the complexities of myself being a woman in recovery, one I shared with many of my participants. We are all navigating these spaces and multiple roles. Reflexivity involves drawing upon cultural knowledge that supported me in interpreting and assigning meaning to behaviours and events within the specific research context (Ellis et al., 2011). However, reflexivity needed not to lead to research that was more about myself than about the participants, a concept that I was conscious of throughout the study process. I saw this as an opportunity to bridge a gap between the lived realities of women living and breathing recovery and what is yet to be realised in the academic realm.

Ethical Considerations

This study received ethical approval from the MUHEC (ID OM2 23/18), and permission was gained from the sites where interviews were undertaken. This project was funded by the Health Research Council. This research project was also conducted in accordance with the Code of Ethics of the New Zealand Psychological Society (New Zealand Psychological Society, 2002). Māori ethics is about tikanga, and this study was framed within the Te Ara Tika guidelines (Hudson et al., 2010). These ethical procedures were observed to inform our research approach and ensure that the processes involved in the collection of data were safe for participants and the researcher. Key considerations included informed consent, privacy and confidentiality of participants, and protection of the dignity and welfare of participants and whānau.

This project required full ethical approval because relationships between whānau, including family members and children, to alcohol and drugs is a sensitive topic. I was given verbal consent to use the name Higher Ground by the programme director. I

considered the measures that would help to minimise risk to all involved in the study. For this reason, I had specific selection criteria. I informed my participants that they may be identifiable through disclosed information and their identities were only known to myself. When the interviewees were previously known to me, I maintained confidentiality and conducted myself professionally within all interactions. In these instances, I was aware of my dual role in the research engagement, as an acquaintance and as researcher, and I ensured to prioritise participant safety and respect and protect their rights and interests. The participants were able to withdraw at any time during the interview and request for the removal of their data for up to two weeks following their interview without any given reason. If a participant disclosed illegal activity it was anonymised. Also, because my participants are in recovery, and even though I planned to take a strengths-based approach, there remained the possibility that some topics covered might be distressing to them. I was aware that this might happen, and I prepared to manage this accordingly in the immediate interview context, and then later with a safety plan (appendix F). I also provided information to the participants on free counselling sessions occurring after the interviews, should they wish to utilise this support.

Chapter 3: Wāhine Pūrākau

To preserve the stories of the participants, what I want to do within this chapter is provide an overview, of each of the life worlds, of the Mana Wāhine who contributed to this thesis. This is because one of the potential downsides, of some forms of qualitative data analysis, is that participant stories can become lost through the process of developing general themes. These themes are important; however, it is also important to me, that the essence of the participants who contributed to my research does not get lost in the process (Neale et al., 2005). Choosing to minimise the impacts of such fragmentation in each narrative, helps towards highlighting the complexities of each participant, that often do not fit neatly into themes or categories. Below, I have retold the women's stories as they were spoken to me during our kōrero as a pre-amble for what is to follow.

Reikura

Reikura's narrative unfolded while we sat on a park bench overlooking the Waikato River. I heard that her recovery journey was textured with early exposure to a chaotic home and subsequent descent into addiction (Melchior, 2010). She reflected on her life before recovery, recounting a childhood of deception as her parents, seemingly successful professionals, lived secret lives consumed by AOD. Despite their financial resources, her mother squandered money on drugs, leading to precarious situations like unpaid rent that went unnoticed by her younger self. These situations Reikura was able to laugh about, although I sensed a heaviness to her laughter.

As Reikura grew older, what she named as "curiosity" led her down a path of substance experimentation, starting innocently with huffing¹ and progressing eventually to alcohol and methamphetamine. By the age of 14, she was entrenched in a life of addiction, seeking escape and freedom from herself (Gordon & Stephens, 2021), and her inner world which was unorganised chaos. The risks of her using were exacerbated by dangerous relationships and violence, eventually leading to pregnancies and an unmanageable existence where drugs consumed her every thought and action (Foran et al., 2008; Walker, 2019).

Reikura's first stance at cross-roads came with a moment of clarity during a family intervention, triggered by a series of domestic violence incidents and police involvement. Confronted with the threat of losing her children to Child Youth and Family, she made the decision to seek help. Admitting her addiction to her Aunty was the first step towards

¹ Huffing refers to inhalant abuse of products such as sprays, office supplies and household chemicals (see Julakanti et al., 2023)

recovery, leading her into drug and alcohol counselling, and ultimately, into residential treatment. However, Reikura's path to getting clean was beset with challenges. After a stint in Higher Ground, she disclosed how she continued to evade genuine self-reflection and vulnerability. Instead, she substituted her addiction with other risky behaviours like promiscuity (Wells et al., 2006). Reconnecting with her children's father in a chaotic relationship further complicated her efforts and led to a relapse post-treatment.

Reikura's narrative after her relapse swung between extremes- moments of sheer determination followed by crashing despair (Mitchieson et al., 2010). After being turned away from Higher Ground she was led to a women's safe house when she was six months pregnant. It was there that she managed to stop using again. At this stage she had come to realise that recovery wasn't just about abstinence from substances (Helm, 2018); it was about transforming herself entirely to avoid hurting others and, importantly, herself.

Reikura spoke of an all-or-nothing personality, where periods of intense drive led to inevitable burnout and resentment (Washington & Hoxmeier, 2023). This cycle repeated over three years until she sought medical help for depression, discovering that her brain chemistry had been affected by her addiction. Despite working the 12-step recovery program diligently in public spaces and through her job, implementing it at home, especially as a parent, proved to be the greatest challenge (Mappledoram et al., 2024). She found herself grappling with overwhelming emotions and impulses, struggling to balance her recovery with the demands of motherhood.

I heard that the impact of Reikura's recovery extended beyond herself, influencing her wider whānau in a series of ripple effects. While her immediate family continued to struggle with substance use, her personal changes prompted a shift in their dynamics. Her whānau members began to take more accountability for their actions, acknowledging past behaviours they had previously denied. Reikura's journey also influenced her friend group, with several friends seeking rehabilitation after witnessing her progress.

As a mother in recovery, Reikura faced the daunting task of not just staying clean but living clean, confronting the emotional challenges her children's upbringing had presented. Her older children, who had lived through her addiction, grappled with their own feelings of resentment and confusion. Reikura has had to take ownership of the impact her actions had on her children and work towards making amends, a process that is ongoing and emotionally taxing (Narcotics Anonymous, 2008). She had to recommit to her whānau, alter her home habitus and restructure her life around an existence that did not involve

drug use (Bourdieu, 1984, 1990). Her story highlights the ongoing challenges of “emotional sobriety” and the enduring quest for balance in living a life free from the grip of addiction.

As a wahine Māori, Reikura's experiences of addiction and recovery has been compounded by the weight of cultural responsibility. She has often found herself thrust into representative roles within predominantly Pākehā spaces, feeling like she had been tokenised. What I felt during our kōrero was that Reikura bears the weight not just of her immediate family but also of her wider community, feeling compelled to give back to her whānau, hapū, and iwi. Her story speaks to the reclamation of cultural patterns of leadership within the context of cultural identity. This sense of duty to her people textures her journey toward recovery (Pihama, 2015). It is the quality of Māoritanga that struck me most strongly about Reikura. This cultural recovery driver signifies the complex nature of recovery as a wahine Māori. Specifically, the impact of personal transformation within the context of cultural identity, whakapapa and whānau. Her decision to embrace the moko kauae (traditional chin tattoo), was less of a personal choice than a reflection of the weighty expectations placed upon her by family and tradition. The significance of this tattoo extended far beyond its physical form, symbolising resistance (Te Awekotuku, 2003), a commitment to her culture and a sense of responsibility that had been passed down through generations. She was responsible for the resurgence of moko kauae within her whānau.

Reikura's narrative is woven with threads of identity reformation, embodying both personal and professional growth, and set against a scene of familial expectations. Her work within the addiction sector unveiled to her that government initiatives often fail to resonate with the lived experiences of Māori communities who experience addiction. Through her lens, addiction transcends individual struggle; it becomes a manifestation of broader systemic challenges (Graham & Masters-Awatere, 2020). Yet Reikura's story is not one of passive acceptance but of grit and proactive push to change. Her transition from addiction support roles to pursuing a Bachelor of Laws was influenced by her deep-seated dedication to reforming the justice and social services systems to better support Māori. Her evolving career path reflects a holistic approach to advocacy, one that is grounded in what she names as cultural “*comprehension*” and community empowerment (Eketone & Walker, 2015).

In essence, Reikura's narrative is a testament to how recovery can heal whānau relationships. Her narrative sits at the interface of personal healing and societal change, all guided by a steadfast commitment to her own whānau and culture. Despite setbacks,

Reikura's story shows the change that began with acknowledging her addiction and seeking support. It's a narrative of resilience amidst adversity, acknowledging the process of confronting past traumas, altering destructive behaviours, spaces of care, and rediscovering hope for the future.

Tahlia

Tahlia reflected on her own journey from addiction to recovery, tracing her life's path with honesty and beginning with whakapapa kōrero. "*Kia ora, my name is Tahlia,*" she began, her voice carrying the weight of her experiences. She spoke of her childhood years, fractured by early trauma and disconnection from whānau. The hurt and anger she harboured as a young girl, found solace in substances- cannabis and alcohol, readily available, and prevalent throughout her youth. Tahlia's story unfolded further against a backdrop of familial struggles with substance use, where she openly acknowledged the heavy drinking that permeated her family's history. This introduction sets the stage for her own turbulent experiences, foreshadowing the challenges she would confront in her own battle against addiction (cf., Mikahere-Hall, 2016).

Adolescence brought forth a storm of rebellion for Tahlia. I heard of how her actions became increasingly violent, hurting her relationship with her family. She spoke of how she found herself drifting into a life on the streets, finding a semblance of belonging among others who understood her pain. "*I felt a place,*" she recalled, a sense of acceptance, and safety, amidst the disarray of her home life (Groot et al., 2011). But this false sense of safety only exacerbated her isolation from her true family, leaving her vulnerable and adrift.

Tahlia's descent into addiction further deepened with methamphetamine, altering the course of her life and the lives of her children. She recounted moments of terror and helplessness as her partner's addiction turned violent, mirroring the trauma of her past. Methamphetamine's grip on her shattered any stability, pushing her further into a cocoon of isolation. However, amidst the darkness, glimmers of hope emerged. Tahlia said that her journey to recovery began with the realisation that her children deserved better. This moment of clarity came with a violent incident, a moment of pure hatred and desperation that propelled her to break free from the cycle of abuse (Patton & Best, 2024). With unwavering support from her family, Tahlia's recovery journey unfolded. She sought refuge in Hamilton, surrounded by loved ones who understood her struggle. Two years of abstinence followed, punctuated by a move up north where bonds with her whānau strengthened her resolve (Moriarty et al., 2011). Throughout her narrative, family was a constant thread, a source of support, love, and sometimes, shared struggle.

However, her story of addiction was not over yet when she introduced another focal point in her storyline. A new relationship charged with toxicity and ultimately, legal ramifications reignited her struggles with methamphetamine. This relationship symbolised the world she found herself in, where personal turmoil mirrored external discord. A turning point arrived with their eventual arrest, which became a catalyst for self-reflection "*maybe, this was my moment,*" she said. Ironically it was during her being arrested that she finally saw a way out. Separated from her children and facing legal consequences, she plead for help to a higher power (Vederhus & Hoie, 2018), an outcry amid the wreckage of her life at that time.

With vulnerability Tahlia described the events that followed. Transitioning through incarceration and rehabilitation programmes, she faced isolation, self-doubt, and the challenge implementing her recovery programme while behind bars. Her narrative spoke to the emotional complexities inherent in the recovery process. This is because once she graduated Higher Ground, she had to face the daunting task to return to prison for 18 months, which was the true test of her recovery. Meanwhile, her partner went to prison for 11 years. They chose to stay together during this process for the sake of their children. Tahlia reflected on her relationship with Kobe, describing it as healthy, a contrast to her past experiences. Despite the challenges they faced, Tahlia emphasised the importance of learning and growth within a nurturing relationship, shaped by overcoming challenges together.

Narcotics Anonymous (NA) emerged as a pivotal support network in Tahlia's journey, initially overwhelming but ultimately empowering, becoming the place of safety that she always sought. She said that the camaraderie among women in recovery, particularly wāhine Māori, provides a transformative space for sharing stories and finding solace during challenging times. Similarly, as a Māori woman in recovery, Tahlia has taken steps to reconnecting to her cultural heritage, having grown up distanced from her Māori roots (Groot et al., 2011). Embracing Māori ways of being fuels her journey of self-discovery and inspires her to connect with other strong Māori women who she says are paving the way in recovery. Empowered by her experiences, Tahlia has assumed a leadership role, at a mothers and babies rehabilitation programme (Te Whare Taonga), leveraging her narrative to support others navigating similar struggles. Her employment in addiction treatment facilities has consolidated her commitment to guiding individuals through the labyrinth of recovery. Tahlia's insights challenge the notion that past struggles define one's identity. She spoke to a family photo as a reminder of her darkest moments. These photos embody her "why," fuelling her determination to create a future for her children free from

the influence of drugs and alcohol. Tahlia's whānau journey was marked by her persevering attitude, the courage to confront her demons, and her own belief that healing was possible.

Ani

Ani's family background revealed the fundamental role played by her mother in her entry into recovery when she was a young person. She recalled how her childhood was impacted by her mother's struggle with alcoholism, a period characterised by whānau disorder and an emotional disruption following her parents' separation (Schäfer, 2011). Initially resentful towards her mother's struggle with alcoholism, Ani's perspective shifted when her mother embraced recovery after seeking treatment suggested by a whaea, who Ani remembered fondly. Witnessing her mother's change, and the welcoming atmosphere of recovery within her family home, Ani's perception of recovery changed dramatically. This shift was instrumental in sparking Ani's own path towards sobriety, driven by a desire for a different life for herself and her new baby.

Through her narrative we explored the essential aspects of Ani's recovery journey and her experiences as a mother navigating the challenges of sobriety. Questions prompted Ani to reflect deeply on the role of wāhine Māori in her recovery, the significance of an abstinence approach, the complexities of motherhood in sobriety, and the transformative impact of the programme and fellowships (Helm, 2019). Ani's recounting of her mother's journey from addiction to recovery truly does display the ripple effect of transformation within the whānau. Our kōrero delved into Ani's family dynamics, highlighting how the seed of recovery was planted within her siblings, both locally and abroad. Each family member's journey is unique, showcasing the diverse paths individuals take towards recovery and the challenges they encounter along the way. Through Ani's narrative, I gained insight into the nuances of addiction and recovery within the context of whānau relationships, highlighting the inevitability of collective healing when one person within a whānau chooses to pursue recovery (Stack, 2010).

The narrative unfolded further when I inquired about the age at which Ani achieved sobriety, a milestone marked by a two-year struggle with relapse before committing fully at the age of 25. Ani reflected on the support she received from other wāhine Māori during her recovery, emphasising the unique bond of understanding and inspiration that comes from shared experiences within the Māori community. This insight spoke to the importance of cultural connection as a force of solidarity in the recovery process (Muriwai et al., 2015).

When I asked whaea why she chose abstinence as her recovery methodology, she revealed a journey marked by trial and error, as she attempted a harm reduction approach before embracing complete abstinence. She spoke of how abstinence was the only way that she could truly arrest her addiction and disrupt the obsession with substances. Ani's candid response reflected the reality of addiction and the necessity of finding path to recovery, reinforcing the personal nature of sobriety and the importance of the value of acceptance in the face of adversity (Patton & Best, 2024). Our conversation delved deeper into Ani's experiences of relapse and the emotional impact of witnessing others struggle with similar experiences on their recovery journey (Sun, 2007). Despite her feelings of heartache, she emphasised the importance of embracing the lessons learned from witnessed setbacks and her faith that individuals can find their way back to recovery. Her reflections shone a sense of empathy and compassion for those still grappling with addiction, influenced by her own journey of resilience. My role as a listener and observer allowed for a nuanced exploration of the emotional terrain traversed by individuals navigating recovery.

Ani's reflections on the evolving landscape of recovery spaces, particularly the increasing visibility of Māori faces within these settings, speak to broader societal shifts toward inclusivity and cultural movements to break whānau patterns of alcohol drugs and trauma. My enquiry into Ani's role as a respected pou within the recovery community spoke to the intergenerational transmission of wisdom within wāhine Māori in recovery (Menzies & Toki, 2023). She shared of reciprocal support between her and the newcomer, embodying a cycle of inspiration and mutual empowerment. Ani expresses optimism about the increasing representation of Māori within recovery communities. Her desire for young people to engage with recovery earlier in their lives showed her commitment to fostering a supportive environment for future generations (which is both within her home and outside of her home).

The narrative shifted to Ani's experience as a mother in recovery, highlighting the intricacies of parenting without the buffer of substances to numb uncomfortable or difficult feelings. Ani's introspection reinforced the role of the 12-step programme in providing a framework for navigating the challenges of motherhood while prioritising personal growth and healing (Narcotics Anonymous, 2008). As I inquired further Ani shared of how the recovery programmes have shaped her identity. Ani emphasised that this programme helped her to find serenity, advocating for its prioritisation as a foundation for holistic well-being within the whānau.

I ended with some questions about the AOD sector, as Ani had been a part of cultural spaces for decades. She advocated, as I expected, for increased cultural inclusivity and resources in addiction treatment. Overall, her insights support the need for a more equitable partnership between clinical approaches and innovative practices within the AOD sector, emphasising the importance of community-based and culturally responsive interventions in supporting whānau on their journey toward recovery

I asked about the role of Matua, Ani's partner, in her recovery journey. Ani attributed her commitment to sobriety in part to Matua's influence, noting his unwavering support and insistence on accountability. Her relationship with Matua, shaped by shared values and a commitment to Te Ao Māori, enriches Ani's journey and speaks to the importance of cultural connection in recovery (Muriwai et al., 2015). As the conversation unfolded further, Ani reflected on the dynamics of their relationship, speaking about the mutual growth and support that sustains their partnership. Ani acknowledged the challenges of maintaining a healthy relationship as two individuals in recovery, highlighting the necessity of communication, taking ownership and implementing the spiritual principles of recovery as cornerstones to the wellbeing of their whānau. Ani shared of the difficulty of asserting boundaries and maintaining autonomy in the face of Matua's dominating nature. Despite the challenges, Ani's recovery journey empowered her to navigate these complexities with grace, highlighting the importance of using her voice within intimate relationships (Smith & Estefan, 2014).

Ani expressed a deep sense of pride and gratitude for her children's emotional intelligence and maturity. Ani contrasted her own upbringing with her children's experiences, expressing admiration for their ability to navigate challenges with grace and self-awareness. This whānau exemplifies the transformative impact of recovery on whānau Māori. We explored Ani's insights on addictive behaviours within her family (cf., Schäfer, 2011). Ani's reflections reveal a distinctive approach to parenting, grounded in empathy, Kotahitanga and cultural values (Smith & Estefan, 2014). Ani acknowledged her children's autonomy and unique personal journeys through an environment that fostered open communication, where everyone has a say. Ani's recollection of homeschooling her children amidst financial limitations shows how precarious circumstances can be navigated in recovery. Despite external pressures, Ani's unwavering commitment to her family and aspirations shows that anything is possible.

Throughout our kōrero the ordinary and extraordinary aspects of Whaea Ani's recovery journey came to life. As I asked about her fondest memories of recovery, Ani shared an anecdote about her alcohol and drug-free wedding at Apu Moana Marae in Rotorua, which

she said was a pioneering event for that specific Marae. Ani's recollection shows how recovery can shape and change cultural *habiti* (plural of *habitus*). Along with community acceptance of new ways of being in our cultural spaces, Ani's story shows that adhering to your values within the context of recovery, can go far in reshaping familial and cultural norms.

When we started to korero about values, Ani emphasised the centrality of honesty, transparency, and acceptance cultivated through her recovery experience. Her commitment to authenticity was shaped through her experience with the church and finding a space of care in the 12-step fellowships. She put forth the notion of "building the pā where you are" which sums up the essence of her approach to recovery. By nurturing an internal sense of fulfilment and security, she knows that she will feel safe wherever she is. Ani is spiritually wise. She uses NA catch phrases that are so fitting to the transformative potential of recovery within the broader connective tissue of community support and personal growth (Narcotics Anonymous, 2008).

Bailey

Before recovery, Bailey's childhood was characterised by turmoil and violence within her family due to her mother's alcoholism and absent father. Despite presenting a facade of financial stability to society, their home was broken and filled with internal strife, leaving Bailey feeling internally shattered whilst feeling the need to maintain an external appearance of normalcy. Upon reaching adulthood, Bailey entered a relationship that led her into a cycle of abuse and addiction (Earp et al., 2017). Meeting a man in a nightclub at the age of 18, she soon became involved with a gang-affiliated partner who introduced her to methamphetamine. The relationship quickly turned toxic, distinguished by cheating, abuse, and drug use, leading Bailey down a destructive path entangled in violence and co-dependency. She reflected on her life before drugs naming that despite her academic success and initial avoidance of substances, she became ensnared in a lifestyle of drug use driven by a need for acceptance (cf., Bourdieu, 1990), and a desire to escape her traumatic upbringing.

After a pivotal moment involving extreme violence and danger to herself and her newborn son, Bailey made a courageous decision to escape the abusive relationship. Fleeing with her child, she found refuge with her parents, who provided support and a safe haven amid the chaos that addiction had brought into her life. However, Bailey's addiction persisted, leading to further challenges, including losing custody of her children and contemplating suicide. In a desperate moment, Bailey reached out to a drug helpline, where a compassionate stranger offered a lifeline by connecting her with resources for recovery.

The mention of Higher Ground, a rehabilitation facility, struck a chord with Bailey, leading her to seek help and begin her journey toward healing (Waigh, 2017).

Her narrative sheds light on the impact of trauma, addiction, and support systems on Bailey's life (Mikahere-Hall, 2015; Pihama, 2014). Like previous stories it highlights the power in reaching out for help and the importance of compassionate intervention in breaking the cycle of addiction and violence. The courage to reach out for help and the commitment to take action was what disrupted her narrative. Bailey's journey continued with her self-referral to treatment, where she expressed, she had self-determination and a proactive approach to seeking help. She credits her success in part to her relentless pursuit of recovery, describing how she continuously reached out to her counsellor, Conan, and meticulously planned her daily routine to restructure her life with the support of her family (Costello et al., 2019; Schraube & Højholt, 2015). Despite initial fears of rejection for being honest about her struggles, she found acceptance and support from her family during this important time. Her narrative delved into Bailey's experiences in treatment, which she describes as the hardest thing she has ever done. She highlighted the challenges of beginning to be honest, revealing her deep-seated fear stemming from past abuse and trauma. Over time, through the support of the Continuing Care aftercare team, she gradually built trust and began to embrace her authentic self.

Bailey's recovery journey is intricately tied to her identity as a wahine Māori. She reflected on her upbringing, describing being caught between two cultural identities, experiencing racism within her own family, and grappling with a legacy of intergenerational trauma (Pihama et al., 2014; 2020). Despite feeling like she didn't belong in either group growing up, she later reconnected with her Māori heritage through kapa haka and begins to confront the internalised trauma that had impacted her family. There are layers of identity reformation and trauma in Bailey's story (Pihama-Hall, 2015). Bailey's strive for cultural reconnection in the face of a complex family history of racism shaped her addiction and recovery journey, fuelling her passion for bicultural work and healing (Eketone & Walker, 2015). The immediate impact can be seen within her whānau. Initially shunned and feared by her whānau, Bailey's journey towards honesty, empathy, and accountability, starting in treatment, lead to reconciliation and healing. Her relationship with her sponsor (McGovern et al., 2021) stands as a cornerstone of trust and nurturance, filling a void left by past familial dynamics, and setting a blueprint for healing relationships with her mother and sister.

The narrative also touched on Bailey's evolving relationships, including a significant partnership that began during recovery, one with another who is in recovery. Although this

relationship was not recommended by some who recommend focussing on self initially, she found a sense of safety with him, and they have nurtured what is a healthy relationship today. Through it all, Bailey has found strength and purpose in her role as a mother and student. She reflected also on the healing within re-parenting herself, emphasising that recovery has reshaped her identity as a daughter, sister and mother. She continues to battle with feelings of deep-seated guilt but ultimately embraced the opportunity to rewrite her story and create a AOD free home for her Tamariki.

Throughout our korero Bailey spoke of her motivations behind her journey into working in the AOD sector, reflecting on the specific moments that propelled her towards her work. There was her revelation from seeds planted by individuals like Matua Hone at Higher Ground, who recognised her potential to make a difference in supporting her people. Initially uncertain, Bailey set off on educational pursuits, completing her level 4 studies, which not only provided her with professional skills but ignited a hunger for mātauranga and bicultural understanding and connection. As we spoke, I felt Bailey's passion for supporting wāhine Māori in recovery, a task she views as a gift. Her role as a peer support worker allows her to forge deeper connections, kanohi-ki-te-kanohi with other whaiora in recovery, breaking down barriers and instilling hope in those she assists (Morrison et al., 2021).

Drawing from her own experiences of trauma and addiction, Bailey shared with me of the importance strength in recovery, challenging societal perceptions of unworthiness among Māori women (Pihama, 2001). However, the conversation also exposed the inherent challenges in Bailey's work. She grapples with the emotional toll of witnessing relapse and loss, navigating the fine balance between professional boundaries and personal empathy. Bailey's commitment to her role is evident, yet she acknowledges the impact it can have on her well-being and family life. Looking towards the future, she envisions a life focussed on love, safety, and whānau, embodying traditional values and aspirations. She seeks to upskill herself through educational pursuits, driven by a desire to further empower herself and enhance her ability to support others effectively. Her narrative culminated with a reflection on the symbolism of her Hineora taonga, a tangible reminder of resilience and strength during her darkest days of treatment and what she was able to achieve when she left treatment.

Bailey's journey is one of personal growth, resilience, and dedication to uplifting her community, grounded in the connection she shares with her cultural identity and the people she serves. Through her story, Bailey invites understanding and empathy, shedding light on the complex realities of addiction recovery work and the transformative

power of connection, culture, and compassion in healing. Her narrative speaks to the importance of indigenous-led support for Māori, and for wāhine Māori to find their inherent strength through their roles as mothers, sisters and daughters (Simmonds, 2009).

Chapter summary

I offer a small reflection on closing this chapter. While crafting these stories, I found myself engaged in a random dialogue with my dear friend and mentor, a wahine Māori who has been instrumental in my healing journey and is currently six years clean. She shared her experiences of the enduring effects of her addiction on her now adult children, particularly in the context of her ongoing efforts to mend her relationship with her youngest son. That morning, he had called and requested a quote from her, to which she responded with a variation of her whakatauākī which opens this study:

"He awa, ka rere tonu ki te moana."

She went on to explain to him how every river, when obstructed, surges forth with the determination to reach the moana, and if it cannot, it will reshape the whenua in its relentless pursuit. It will not look backwards or reverse its direction. This held resonance to me because it spoke to how once that breakthrough surge is over, we see that our journeys change the very foundations of our lives and leave pathways for those who follow. The above narratives serve as the cornerstone of this thesis and the forthcoming analysis. By preserving the flow of these stories, we can observe the myriad plot twists and pivotal decisions made by these women as they overcame the blockages in their lives and endeavoured to reshape their stories. My friend was conversing with her son, who had reached out to her from prison. When she imparted that whakatauākī, she was connecting it to his journey, not her own. Although the ripple effects of her addiction persisted in her children's lives (Stack, 2010), she expressed to me her pride in her son for his resilience, and gratitude that she was able to be a supportive mother today. Our journeys are not just our own but our whānau's to hold and navigate also. This leads me on, to the next chapter which I hope will draw the focus away from the isolated realities of active addiction to illustrate how recovery touches the collective, beginning with our whānau.

Chapter 4: Analysis

To commence this chapter, I evoke the river analogy introduced in the previous chapter, where the river reshapes the land in its quest to reach the ocean. Just as rivers are the principal agents to eroding bedrocks, sediment, and reshaping landforms to form valleys, we too deconstruct the current state of affairs to create space for the new to flow in. I argue that for those with addictive patterns that have been absorbed by the whānau, distancing oneself from mind-altering substances can offer the clarity of mind to identify the structures of dysfunction in their daily lives. The task, then, is to build a life worth living. One of the many complexities of healing addictive ways of being in the world is when they have been established by the generations before us.

In Te Ao Māori, everything has *whakapapa* and lays down whakapapa (Roberts, 2013). My first section within this chapter explores some of the layered and historically shaped conditions that provided fertile ground for addictions to emerge. We can contextualise these experiences within the broader framework of intergenerational trauma and historical oppression prevalent in Māori communities (Pihama et al., 2014, 2020). My intent is not to assign blame on whānau circumstances, but to provide the broader context within which addiction tips the balance of a whānau (Stack, 2010). We understand that the breakdown of relationships leaves a void that can be filled by substances. These relational breakdowns within whānau have whakapapa. This whakapapa is rooted in coloniality, and its impacts on whānau Māori (Durie, 2001).

Following this, I focus on the *disruptions* to the normality of addiction. This aspect of the stories highlights the specific catalysts that contribute to change. By exploring these disruptions, I aim to better understand the significant events that alter the course of addiction narratives. Subsequently, in the section on *de-structuring and re-structuring*, I start to explore drug-using habiti, relationships and mechanisms that sustain addictions. Here, we acknowledge the efforts of wāhine in dismantling or creating distance from these structures to create a different set of circumstances for their whānau.

By addressing underlying habiti and working towards the creation of supportive environments that facilitate everyday healing practices (as we cannot rely on treatment), recovery efforts can cultivate lasting transformations within communities. Within this section, I consider the significance of spaces of care (Conradson, 2003; King, 2019) in the process of reshaping environments and cultural identities. From there, I shift towards the transformative process of *re-storying* in the context of whānau, one where wāhine reclaim

agency over their narratives, reframing struggle into narratives of *experience, strength and hope* with the intention of futures free of trauma for their children.

I reserve the exploration of the *recovery of cultural ways of being* for last, recognising the complexity involved. It would be naive to assume that a strong Māori cultural identity or spiritual connection alone can arrest an addiction. Culture does not prevent an addiction, but a lack of culture or social connectedness stresses a person's place within the world (cf., Hodgetts et al., 2020). A response to alleviate that pressure can be the use of drugs. Instead, I contend that practical elements take precedence initially, allowing individuals to re-structure their lives. As whānau begin to reclaim lost connections to their culture through cultural practices, it can protect them against the negative outcomes associated with addiction (Borell, 2005; Durie, 1994, 1997; Houkamau & Sibley, 2011, 2015; Mead, 1999; Mead, 2003). Durie (2001) speaks of the protective role of culture in revitalising Māori wellbeing. As I will demonstrate in this chapter, re-establishing genuine cultural connections for those in recovery often arises from a comprehensive shift in our relationships with people, places, and things. Through this process of restructuring and restoration, whānau can then, recover cultural ways of being.

Too often research is focused on seeking solutions and providing recommendations for the health sector, where more attention could be paid to exploration of what those affected have to say. These pūrākau demonstrate that whānau create their own solutions to breaking the cycle of addiction. This chapter is about honouring pūrākau first and foremost through an explorative rather than definitive approach. I invite the reader to imagine their own solutions that can emerge from the stories presented within this chapter.

Addiction has Whakapapa

All narratives begin somewhere, and for Māori, this origin is traced through whakapapa. Whakapapa weaves into existence into a web of relationships, forming the foundation of Māori ways of being (Roberts, 2013). We are connected through origin stories, which reveal that this network is whānau: past and future generations, tūpuna (ancestors) and mokopuna (grandchildren/future descendants). As Māori, we are continuously mindful of our ancestors and descendants, as they are ever-present. When Māori talk about whānau, recovery, and the future, we do so with whakapapa in mind (Roberts, 2013).

Understanding the backgrounds of the wāhine Māori within my research serves as a grounding point for pūrākau, linking the past with the present within a whakapapa matrix. As we know, addiction does not happen within a vacuum, but in the broader context of intergenerational trauma, poverty, and colonisation (Hamley & Grice, 2021; Pihama et al.,

2014). Whānau recollections beyond statistics can unveil the circumstances that shape journeys into and out of addiction. These insights provide a deeper understanding of the settings that shaped their life trajectories. These stories were of inherited dysfunction, revealing childhoods with the omnipresence of addiction, secrecy, and conflict. I could vividly imagine the role of drugs and alcohol as non-human agents of their family (Törrönen, 2022), where the family operates according to the relational requirements of that substance, becoming absorbed by addiction and spinning out of control. These substances were not merely tools of escape but also served as coping mechanisms for managing emotions, navigating conflicts, and shouldering the responsibilities of family life. In this section I will lay out how the wāhine inherited certain ways of being, and introduce whānau members not previously discussed, to reinforce the notion that addiction has whakapapa.

“He kokonga whare e kitea, he kokonga ngākau e kore e kitea”

The corners of a house can be seen, not so the corners of our heart.

We should begin by looking at relationships, given that family socialisation influences the development of addiction, and relationships in whānau impact all. I heard of children raised in unsafe environments tainted by parental substance abuse and entrenched cycles of violence. What began to take shape were the themes of double lives, secret keepers, and silenced voices. What struck me most was the secrecy upheld by affected whānau, who hid their struggles from the outside world while projecting an image of success and holding high-status jobs, this facade taking a toll on the well-being of the children involved. The following examples illustrate how childhood experiences and whānau habitus (Bourdieu, 1984, 1990) influence relationships with substances, exposure to violence, involvement in drug manufacturing, and the practice of underground secret-keeping.

Bailey opened her story with the following statement “*So, I was a child born into a family of alcoholism.*” With her father commuting daily for his job, her mother remained at home to care and her sister. Bailey disclosed how her mother worked overnight shifts and that “*alcohol was her way of coping.*” When alcohol was involved in Bailey’s family, conflict followed, patterns that implicated her mother’s medical condition.

My mum's also a Type 1 diabetic, so the mixture of alcohol was just a recipe for disaster, you know, and for my mum, it came out in violence, whether it be with me, my sister... also my father. So, violence within the family home.

-Bailey

A prominent idea was of the whānau deceit that took a foothold during her childhood. The facade of a perfect family, carefully curated through financial success and material wealth, masked the fractures within Bailey's home. This portrayal challenges the notion of success and happiness often associated with external markers of prosperity (Sirgy et al., 2021).

So, we... We looked like the perfect family. My parents were financially, you know-thriving. And, we had the nice things, materialistic things, and things like that. But behind closed doors, it was really a broken home. And, I guess that's how I've carried myself throughout my life. You know, like, internally broken and externally presented a certain way.

-Bailey

The acknowledgement of an ability to appear composed, despite inner turmoil, highlights the lasting impact that childhood home environments have in establishing protective mechanisms that are preserved into adulthood (Black, 2020). Reikura similarly commenced her story by reflecting on the undercurrents of her whānau life, and the realisation that her mother's substance abuse took precedence over financial responsibilities to the family. Reikura's formative years were marred by instability and unpredictability.

My mum was into like anything and everything that would, like, give her a buzz. Um, and she was real, um... So, like, we had heaps of money, right? But she'd spend all the fucken money on drugs [laughs]... But as a child, I didn't really know what was happening. It wasn't until I got older that I was like, wait, you didn't pay the rent like.... [laughs] yeah.

-Reikura

These precarious childhood circumstances can leave Māori facing insecure and unpredictable existences (Rua et al., 2023; Uerata, 2021) as Reikura's childhood

experiences were overshadowed by her parents' abuse of drugs and alcohol. The pervasive presence of her father's alcoholism, described as "raging," indicates an intense and destructive addiction that permeated every aspect of her family recollections. For both Reikura and Bailey, the contrast of inner worlds and outer appearances draws focus to the smokescreen of normalcy that addiction can boast.

Hmm, it was... shit. Like even as a child it was shit, you know. It was. So, my parents lived this real double life. So, my mum worked for the government and my dad worked for the council. But they were both fucking absolutely out of their faces. The whole entire... Like my whole entire childhood. My dad was a raging alcoholic. Like, literally every time he drank the police would turn up, you know?

-Reikura

Here I mark the point of introduction for Tahlia's partner. Kobe's retrospection on his parents' separation at the age of seven revealed the hidden complexities and disruptions in his childhood. Initially perceiving his upbringing as normal, he later discovered the truth behind his extended stays at his grandparents' house, a revelation of the underlying reasons for his parents' split. Newfound knowledge of his grandfather's criminal activities, particularly his involvement in drug manufacturing, "cooking home bake²" prompted a re-evaluation of his past experiences. Kobe's story is another example of the impact of family secrets, generational influences representing hidden truths that influence understandings of interconnected histories of addiction and incarceration.

I thought it was just a normal childhood. But I remember before they split up we spent a lot of time at my grandparents and I didn't realise why at the time. And then I found out later in life that the old man was in prison for cooking home bake and other dodgy stuff that he would'a done... But then when I went to prison this time, so did he, and so did my younger brother for manufacturing meth. I wasn't doing anything with them, I was doing my own thing. But they went to prison for doing the same thing I was. Dad, yep, and he was in his seventies when he went to prison, he'd done 7 years. The little brother has done 17 years.

-Kobe

Where the above stories speak to threads of addiction, for Tahlia it was more so displays of violence that were rife in the home. She described the relationship between her

² Home-bake refers to home-made drugs, usually referring to heroin or methamphetamine (Hearne et al., 2017)

parents, and how she held resentment toward her mother for her inability to remove her from danger. She described her father as violent and her mother as submissive, suggesting that her attempts to maintain peace inadvertently exacerbated the harm inflicted by her father's behaviour. Tahlia's mother, likely driven by a desire to protect her children or out of fear, resorted to *what* Tahlia interpreted as unhelpful in the long-term.

Her walking around on eggshells didn't help the situation and it took her far too long to take us away from it, but at that time, by the time she did, I held so much anger towards her, and blamed her, yeah, which was yeah, yeah.

-Tahlia

Her portrayal highlights the insidious nature of domestic violence, where victims can feel socially entrapped in cycles of abuse and unable to take decisive action to protect themselves and their children (Short et al., 2019). Tahlia's experience of holding anger and blame towards her mother after she finally removed them from the abusive environment reflects the complexity of emotional responses in such situations. Despite her mother's eventual action to leave, Tahlia's pent-up anger reinforced the lasting scars left by exposure to violence within the family. This emotional fallout is common among children who witness or experience domestic abuse, often holding conflicting feelings of resentment towards the abuser and complex emotions towards the caregiver who tried to shield them, yet may not have been able to break free from the cycle (Cunningham & Baker, 2011)

I became really violent in the home, violent towards my little brothers and sisters. I was so outwardly... I was not able... She was not able to keep me safe. So, that turned to me going onto the streets, and she turned me into care as well, the care of Oranga Tamariki and I think it was CYFS at that age, so from 13, 15, 16, 17, I was on and off the streets... And I had picked up solvent abuse.

-Tahlia

Tahlia's revelation of becoming violent towards her siblings within her home was a result of her chaotic environment. Her aggression stemmed from a combination of factors, including exposure to violence within the family, the absence of effective parental protection, and her unresolved emotional distress. Tahlia's subsequent involvement with CYFS (Child, Youth and Family Services) reflected a system failure in providing adequate support and intervention for children experiencing familial turmoil. Her periods of being on and off the streets during her adolescence and solvent abuse, reveal the consequences of

lacking stable familial and social structures. With these childhood experiences it is little wonder that drugs were sought as a means of escape.

The stories shed light on how substance use often began out of this curiosity for escapism, chasing freedom, but ultimately losing their identity in the process. Reikura's initiation was of adolescent wonder but devoid of guidance, leading to a series of experimental encounters, offering a fleeting sense of freedom from her own thoughts and emotions which initiated her obsession. Her pursuit of this initial ability to fill the void led her to use methamphetamine.

And, I remember the first time like I got like, blackout drunk. I was like, 13, going on 14. And, and... I just felt free. You know, like free from myself. There was this moment where I just felt free. And so from that moment on, it was like I just wanted to be free from myself. Like I didn't know that it was from me, you know... I just thought it was like, just this really elated feeling. So I just chased that elated feeling of escape, I guess, throughout my whole active addiction. I started smoking meth. So like, obviously you know, chasing that freedom.

-Reikura

Bailey's narrative similarly explored how her quest for acceptance and a desire to feel a sense of belonging lead to her descent into addiction. The choice to try methamphetamine, despite lacking prior experience with any substances is ironic, motivated by a perceived notion of "coolness" and social acceptance, playing the game (Bourdieu, 19990). Her vulnerability to external influences and the pressure to conform to societal expectations was clear. Bailey's language depicting her relationship with methamphetamine affirmed the substance's powerful allure, its immediate euphoric impact, and the subsequent trap where it becomes the most dominant force in a person's life.

I had never tried anything. I hadn't even had a cigarette before I tried meth [laughs]. And because I wanted to fit in, I wanted to be liked. I wanted to be a part of, um and, and when I really think about it, I wanted to look cool. You know, for some reason, I thought that was cool. And I tried it and, and, I fucking loved it.

-Bailey

Her kōrero also touched upon relational nuances, where her partner who provided the drugs introduced threads of manipulation and abuse. As this relationship and her reliance

on drugs grew stronger, the lines of her identity became more blurred. Her sense of self became lost to this relationship, resulting in uncertainty about her worth outside of it. Ultimately, she was in cycle of dependency, where the pursuit of freedom through substance use lead to a loss of personal agency.

"I need this man. Who am I without this man?" My identity became really enmeshed with this person.

-Bailey

Bailey described addiction as 'progressive,' indicating a gradual erosion of her quality of life. Bailey's portrayal of drugs as a 'relationship' implies emotional connection, wherein the substance becomes inseparable from her sense of self. This experience as outlined by Bailey can be further understood through Heidegger's (1927/1967) concept of the collapse of the subject/object divide, where objects or things become an indistinguishable part of our being in the world, much like a craftsman with their hammer who is so accustomed to having their hammer in their hand that they often forget that it is there until something goes wrong (Heidegger, 1927/1967). Bailey's drug use throughout pregnancy shows the extent to which the insidious nature of this collapse of divide overrides even the most fundamental aspects of identity, such as motherhood.

And the abuse that I experienced through that pregnancy is nothing like I've ever experienced before. And I am surprised my son survived, along with myself, throughout that pregnancy. I was using meth through that pregnancy. My using had ah... Got to the point that I didn't know who I was without it.

-Bailey

I discovered that the wāhine concealed their addictions just as their parents had done leading to isolation, disconnection and despair. As their use and abuse accelerated, they withdrew from the outside world, leading to secluded existences and resistance to sharing their truth with loved ones. Mirroring their childhoods, Bailey and Reikura recounted their dual-lives of attempting to keep up appearances while addiction simmered beneath the surface. For a period, Bailey managed to fulfil her responsibilities, earning the label of a "functioning addict" as she juggled daily life with sporadic drug use (Clary et al., 2021). The facade began to crumble when she turned 21 and decided to reveal her addiction to her parents, who responded by sending her to Australia in hopes of a fresh start.

So that carried on for a couple of years while I was still trying to work as a young adult, trying to keep my life together and having the secret meth addiction from my whānau, from you know, society. Because, you know, in a way I was that 'functioning addict', as they call it... for some time, in my and my early addiction, I would sleep... and I would eat... and I would work... and, and... I would use periodically.

-Bailey

This move initially proved beneficial; however, her unresolved co-dependency issues led her partner to follow her overseas, which thwarted her recovery efforts. Similarly, Reikura described how her partner's involvement in methamphetamine supply made the drug readily available, leading to increased consumption and escalating violence, a pattern she observed among men in her community. Her story of secrecy began with hiding her meth addiction but soon expanded to concealing the severe domestic violence she endured. This violence was so intense that it attracted the attention of neighbours, who frequently contacted authorities. Yet, even with visible signs of IPV and police intervention, Reikura persisted in denying the reality of her situation (Pickard, 2016).

That's what most men get like when they're on fuckin' meth like, that's not an uncommon story that I've seen, um with my friends, with my whānau, you know, men use it and they fuckin' just, turn violent, like, and that's what he did. And so, not only was I hiding a meth addiction from the world, I was hiding, you know, domestic violence... Um, hiding that we had no money. Hiding that I couldn't feed my children. And... And... It was shit. It was a really shit time in my life.

-Reikura

Financial instability compounded her isolation, as she struggled to provide for her children. The threat of Child, Youth, and Family Services (CYFS) involvement finally spurred her to seek refuge with her mother, marking a significant step towards breaking free from her abusive partner. However, the addiction's grip remained strong. Reikura's continued use of methamphetamine, even while living with her mother, highlights the depth of her struggle and the lengths she went to hide her addiction, sneaking out like a teenager to smoke methamphetamine in the early hours of the morning.

Um, me and my two boys at the time, we moved in with my mum. But I still used, I just kept fuckin' using and like I said earlier, you know? And, I was like a fuckin' grown ass woman with two children sneaking out my mum's window so that I could

go and smoke meth, at 2 o'clock in the morning like, [laughs], like I was a teenager, you know, like I was 13 going to fuckin', I don't know... Um, when I look back at it now, I'm like, Wow, That's really... Really interesting...[laughs]... Yeah.

-Reikura

Her hindsight on this period in her life reveals a sense of disbelief and introspection, recognising the absurdity and tragedy of her actions. The laughter accompanying her recollection stands to process the memories. Reikura's story speaks to the reality that for some, it is more challenging to seek help and break free from destructive cycles than it is to remain the same.

I gave birth to [my son], and me and my partner smoked a gram in the bathroom after I had him, you know? So like it was just, it was just... That was our life, like literally that it was our life summed up. Trying to leave our kids behind so that we can get high. And I just felt like really really... I guess, like, empty and lonely. 'Cause if I wasn't like you know, feeling depressed, i was high. And then when I wasn't, and then, then in the end, even when I was using, I was still fuckin' depressed.

-Reikura

Her disclosure portrays the suffering of trying to parent while using. Her casual mention of smoking drugs immediately after giving birth encapsulates the grip addiction had on her life, where the compulsion to get high overshadowed the joy of welcoming a new life into the world. This portrayal exposes the despair and isolation she felt, trapped in a relentless cycle of seeking solace in substances only to find herself sinking deeper into emotional emptiness and desolation. Reikura's admission illustrates that the temporary relief offered by drugs ultimately fails to alleviate the underlying pain and distress. Her kōrero here of parenthood marred by addiction, sheds light on the struggles faced by whānau Māori.

It is intriguing that earlier accounts portrayed drug use as an escape from oneself. However, it is clear now that this escapism of using is only temporary; in the end, by running away from the realities of life one merely follows themselves into the high without escaping anything. Overall, the collapsing of the subject/object divide of addiction reveals itself as a double-edged sword: initially offering a path to perceived freedom and self-protection, but ultimately eroding connections to whānau and harming oneself as a core part of being oneself.

Part of whakapapa is the transmission of behavioural patterns. One theme that was mentioned by all wāhine was the loss of voice and ability to express oneself (Smith & Estefan, 2014). I heard how strained relationships deteriorated further because the wāhine fell back into the patterns they had from early life: they did not communicate their feelings and frustrations. They stayed silent when things didn't feel right and withdrew to keep the peace. However, years of not speaking their truth led to unspoken words that gradually eroded their self-worth and connections.

Yeah, okay. So, yes, growing up in a household, I was silenced in a few ways. One, I had an alcoholic, dominating mother who couldn't be with emotions, her own emotions, so there's no way she could be with mine. So whenever I kind of spoke out, I was like, down, shut down. And then I was the second youngest in the whānau. So I had all these other older siblings that told me, you know nothing, you're way too young. So then I was shut down with them as well. And then, of course, I kept finding dominating boyfriends that are, you know, abusive relationships, so I was shut down in that. So, you know, I just kind of thought, this is how life was.

-Ani

When I was a lot younger, and, um, and was an ongoing thing that wasn't, um, talked about. Well, I didn't even know how to have a voice in that. I was so young, didn't know how to have a voice in that and I think the drinking and violence at home just kind of added to that space of not been able to have a voice.

-Tahlia

Groot (2011) discusses that for many families with permanent housing, their homes symbolise a significant space for the emplacement of being. Surprisingly, being without a home, often seen as the antithesis of having a stable residence, can sometimes offer greater physical security and a sense of control than staying with their families (Hurdley, 2006; Robinson, 2002). For Tahlia, the streets, often perceived as dangerous, paradoxically became a sanctuary for her, providing a sense of safety and belonging absent in her family home. After experiencing trauma at a young age, Tahlia felt more at home and found solace and protection among the criminal elements on the streets. This environment, despite its inherent risks, offered her a protective community, contrasting with the mistreatment and lack of care she experienced at home.

I want to say I felt 'a place', I felt that I was understood....And so in those times that was what I knew and every time I would leave that or be taken away from the police back to a family home where I was given treatment that wasn't okay, my first place I would rather be was back on the streets around them.

-Tahlia

The repeated interventions by the police, which returned her to the family environment she dreaded, only reinforced her desire to be back on the streets where she felt a sense of security and acceptance. We can see here the often-overlooked reality that for some, the traditional family home is not a haven but a place of continued harm, driving them to seek refuge in unconventional and seemingly unsafe places (Groot et al., 2011). Memmott and colleagues (2003) discuss 'spiritual homelessness' to describe scenarios where indigenous individuals are separated from their ancestral lands, traditional knowledge, rituals, and kinship ties, which can manifest as homelessness for wāhine Māori (Groot et al., 2011; Groot & Peters, 2016). This spiritual homelessness relates to the 'spiritual malady' that is described by our recovery community. The homelessness that was a solution Tahlia at that time is a metaphor for the broader notions of homelessness- non-belonging, isolation, and escapism that is sought by those with addictions.

Narrative disruptions to the normality of using

Shifting my focus outward from whānau narratives, I now turn to discuss some of the defining moments that started the process of change. Addiction, as we know, wreaks havoc by disturbing rhythms and throwing daily life into turmoil (Adan, 2012, Tamura et al., 2021). In response, wāhine can reclaim their lives by disrupting the normality of using. Three of the four wāhine entered treatment to facilitate this transformation, while Ani achieved abstinence within her community, inspired by her mother. There is no one-size-fits-all approach to breaking the cycle. In this section, I will discuss some of the intentional, accidental, clearly defined, and indeterminate disruptions to the addiction narratives.

As a continuation of whakapapa, I begin with Ani's mother. As a contrast to whānau transmission of addiction lifestyles, mothers were also portrayed as catalysts for change in the direction of recovery. Ani fondly remembered her mother as the first in her whānau to enter recovery, inspiring future change for her and her siblings. Her mother, initially an active alcoholic, transformed her life after an older whaea suggested seeking treatment. Despite whaea's initial scepticism, her mother's recovery reshaped their whānau and extended far beyond their household. By opening their home to individuals in recovery, her mother created a nurturing space of care.

And she came across a whaea, and she suggested that my mother go to treatment. And, um, and I remember I drove her to treatment. I thought, good riddance. Yes, you are the reason why my life is so miserable. Good riddance. Wiped my hands of her and she went into treatment, and she found recovery in there, kicking and screaming, I might add, like the rest of us. But she found it and yeah. And then she opened our home, our family home, to whānau in recovery, in particular, those moving from the north down to the Te Waipounamu to get treatment at Hamner Springs.

-Ani

Relationships played a pivotal role in whaea's own commitment to recovery. The new connections that emerged from her mother's journey influenced her perspective, showing her that recovery was not only possible but also filled with joy. Witnessing other Māori thriving provided Ani with the inspiration and motivation to pursue her own path of healing.

Very much so. I mean, he was the person I saw him, I thought, oh, he's all right. And then I could see that he was not going to take any wahine that was using, should I go get my act together [laughs]. So, yes, he was a big instigator for me wanting to clean up.

- Ani

And so I started meeting people as well. And it was really lovely to just see Māori clean and having, you know they're all still enjoying their lives. I saw straight people as boring, with no life, and when I got around these guys, you know, it was wonderful, and I'd just had a baby as well, and I knew that I wanted something different for her, so my mother really was a catalyst to that.

-Ani

Kobe's narrative demonstrates a clear instance of narrative disruption, where a significant event or realisation causes a shift in the trajectory of his life story (Patton & Best, 2024). The disruption occurred during his incarceration, specifically two and a half years into his eleven-year prison sentence. "I just woke up one morning and thought, no, that's it." signified a departure from his previous patterns of behaviour, and a newfound determination to break free from the cycle of addiction and crime. This moment of clarity serves as an epiphany and sets in motion his journey towards recovery.

If I didn't get locked up for the second time, I wouldn't have been in recovery. But two and a half years into my eleven-year prison sentence, I decided that I needed to do something different. I just woke up one morning and thought, no, that's it. We got on it, we got high one night, and we were sitting up at night. And then, come the morning, I was thinking, what am I doing? I don't want this to be me, the rest of my life.

-Kobe

Initially, Reikura's denial of the severity of her addiction and her attempts to shift blame onto external factors illustrate the way addiction can distort one's perception of reality, perpetuating a cycle of denial and self-deception (Moriarty et al., 2011). This denial is a common narrative thread in addiction stories, where individuals struggle to acknowledge the extent of their dependency and its destructive consequences (Pickard, 2016).

Absolutely denied that anything was going on. "Police are just shit they're fucking targeting us" like, you know, all that kind of stuff. Yeah. And then I went back to him. And got another fucking hiding and, you know just was left feeling like shit again.

-Reikura

The narrative disruption occurred when Reikura finally broke through her denial and confesses the truth about her addiction and the violence in her relationship. This confession, prompted by a beating from her partner, marks a turning point, challenging the mask of control she had maintained and exposing the reality of her situation (Biernacki, 1986). The symbolism of the whānau hui on the anniversary of her kuia's death adds depth to her kōrero, reflecting the complexities of trauma, addiction, synchronicity, and loss in Reikura's life.

So, I was like, fuck you. I'm just gonna say the truth. Tell myself that the next appointment that I had with her, I would tell her the truth. So as soon as I sat down in the chair, I just looked at her and I said "Ahh me and [my partner] are addicted to meth and that's why there's so much violence in our relationship" and she was just like, "what the fuck?" She spoke from the personal view like, you know, your whānau actually don't know what's happening with you. And I think telling them the truth of, you know, what's going on will help them to understand what's really happening.

-Reikura

Reikura's decision to seek help and enrol in AOD counselling signalled a willingness to confront her demons. Even as she embarks on this journey, her resistance to treatment in Rotorua and eventual acceptance into Higher Ground shows an ongoing internal struggle that those in recovery know well. The ambivalence she felt towards her experience in treatment reflects the complex and often tumultuous nature of recovery, where progress is often accompanied by setbacks (Shinebourne & Smith, 2010). She highlights the sticky relational challenges and intrapersonal complexities inherent in the journey towards sobriety and healing.

I feel really sad saying this...I actually haven't cried about it in ages, like I don't usually cry when I tell it, but um, we had a whānau hui a year after my nan died, so like when my nan died, it was like.... Fucken' just spiralled out of control. Yeah, and had a whānau hui on the day that she died, actually a year later, didn't even recognise that it was. Told my family that you know... That I was smoking meth, all that kind of stuff. And that I wanted help and so, that's when I signed up to AOD counselling. Through my drug and alcohol counsellor, he wanted to send me to treatment in Rotorua, I was like fuck off, I'm not going there. Ended up contacting Higher Ground and actually got accepted for a day on my nan's birthday May the 28th... And yeah, did Higher ground. Absolutely fucking hated it, but loved it at the same time.

-Reikura

The notion of "rock bottom" as a narrative disruption emerges as a central theme in the dialogue between Bailey and Mike (her father). Traditionally, narratives of addiction and recovery often revolve around the concept of hitting rock bottom as a pivotal moment of realisation and catalyst for change (Shine-bourne & Smith, 2010). However, this

conversation challenges this notion by portraying a more nuanced and gradual process of transformation. Bailey's inquiry about whether different actions could have expedited her realisation of the need for change similarly disrupts the traditional narrative of a singular, dramatic event. Her question implies a re-evaluation, suggesting that the journey towards recovery is not always characterised by a definitive moment of crisis but rather by a series of incremental realisations and shifts in perspectives (Patton & Best, 2024). The change was realised by her whānau through her process of treatment and re-integration into the community. Her father acknowledged ambiguity and the role of the whānau in recovery, emphasising that personal transformation that is not linear nor easily defined for their whānau. He also acknowledged the emotional challenges inherent in supporting a loved one's recovery (Patton & Best, 2024).

I mean, it's hard because as a parent you love your child and it's a fine line between enabling and, um, being a father. So, I mean, I don't think anyone knows what to do in that position. You know, it just played out how much it... It's not, you know, like we've got some of the responsibility for this as well, but end of the day we can't do it. No. You're the one that had to make that decision. And I don't know whatever clicked in your mind for you to start that journey. But something happened. Yeah. That, you know, they talk about rock bottom or something, but there's something that, you know, in those interactions that's, clicked, a little cog that started all of this. So, God knows what it was. But little bit, by little bit, by little bit, you keep changing, you know? It was... It didn't happen overnight. It took months and months before it started to gradually turn. But then suddenly, there's just, this whole change. That was probably after a couple of months. Yeah. Yeah. It was just the whole year, the whole persona changed. Come back to what we used to remember. I didn't recognise the person that went into the one that came out.

-Mike

Here we can also see the significance of Bailey going into treatment in disrupting the using narrative and how the changes were noticed over time. These statements go against a deterministic notion, we see that recovery does not hinge on reaching a single point of despair but more so her commitment to incremental growth towards sobriety.

Participating in daily tasks is an aspect of life lost within addiction. The concept of the conduct of everyday life is important when discussing participation in everyday tasks because, as Schraube & Højholt (2015) state, lives are collaboratively produced and reproduced through habits, daily activities, routines and personal arrangements of social

relations and things. Bailey spoke about her own intentional changes prior to going into Higher Ground; establishing a new routine, and structure that was recovery-focussed to restore normality, predictability and stability into her life.

I called Conan every day for like, four weeks, yeah, I emailed him... Set up like in my in my lounge at home with Mum and Dad, I set up like this whiteboard of like a daily routine, clean time, meetings, and all that type of stuff.

- Bailey

Within a Therapeutic Community (TC), mundane tasks are scheduled and conducted within the context of the residential community (cf., Ashdown et al., 2019). Restructuring daily activities forms a focus of the first phase of treatment, where residents adhere to rigid schedules to re-establish routines and achieve stabilisation. For instance, as there are no staff within the TC, each resident is allocated a work duty, such as running an industrial kitchen to feed up to 60 people, or leadership roles and responsibilities for the various faculties of the residency. These functions, in many ways resemble the collective approach integral to the operation of a marae and are a contemporary embodiment of our traditional values and practices (King, 2018). All contribute to and value the importance of having a clean, well-functioning home that provides for and nourishes those who reside within its walls.

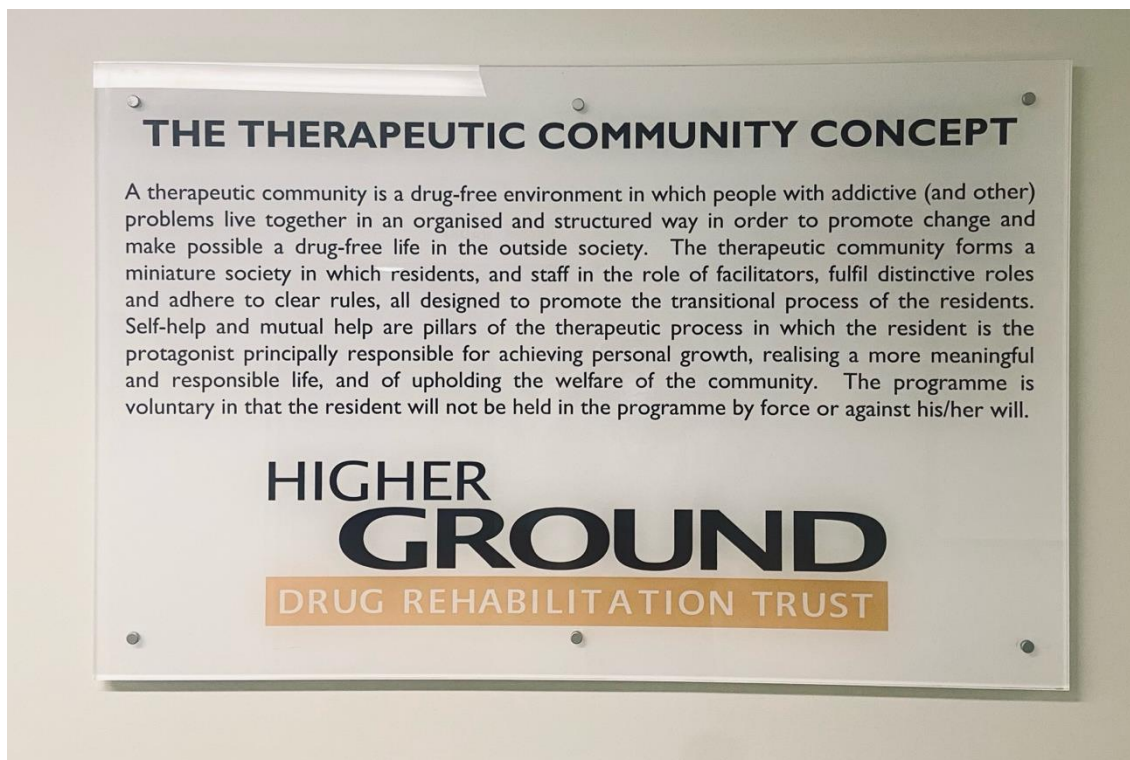


Figure 4: Blurb about the TC that is visible by staff and residents of Higher Ground.

Therapeutically, process groups and educational groups are two group-work models that occur within the TC, resembling wānanga, as thoughts and feelings are shared and cross-pollinated between residents and staff with the purpose of healing and gaining new perspectives around old trauma and core beliefs. The titles of senior/junior peers refers to those who have been in treatment, drawing parallels with tuakana/teina relationships within Te Ao Māori (Reilly, 2010), where it is the tuakana's responsibility to support the teina, with the intention of them being able to attach securely to the community and feel supported during the therapeutic struggles ahead. Parallels between peer support and tuakana teina have been established (Simpson et al., 2021) showing that they lead to empowerment in addiction treatment spaces for wāhine Māori (Morrison et al., 2021). These, supported by the Māori cultural programme in treatment, it is the living through, and reproducing these shared ways of being with others allows whakapapa to be lived out and enacted practically (King, 2019).

These different kōrero portray a more nuanced process of narrative disruption supported by the therapeutic scaffoldings of different rehabilitative approaches. Their examples challenge societal understandings of addiction narratives as linear trajectories leading inexorably towards a single transformative moment (Shinebourne & Smith, 2010). Single transformative moments are important but then comes the importance of maintaining recovery-focussed lifestyles, including managing setbacks. The challenge of doing so opened up a wider conversation around lived experiences of abstinence and recovery (Mappledoram et al., 2024). Ani attempted harm reduction strategies, such as limiting substance use to specific times or situations, in an effort to manage her addiction. However, despite her efforts over two years, she found herself unable to maintain this approach, ultimately leading her to realise that abstinence was the only viable path for her. This highlights the challenge of trying to control addiction through moderation and the recognition that for some people complete abstinence is necessary for sustained recovery (Costello et al., 2019).

If I could do it, I would. I would have done it. But I tried for two years, and I just kept falling back over. So, um, you know, in the end, it had to be abstinence. It just wasn't happening any other way. I wish it could have worked [laughs] so I thought. But look what I got today. Yeah. So that's why, I didn't choose it. It chose me [laughs].

- Ani

Ani's experience also sheds light on the idea that recovery encompasses more than just abstaining from substance use (Mappledoram et al., 2024). Reikura 's kōrero supported this point by noting that recovery involves fundamentally changing aspects of oneself beyond simply refraining from using substances.

So, like recovery's, not just not using right, like that's abstinence. Recovery is changing fucken' everything about yourself.

-Reikura

Her statement relates to an integrated approach which often involves addressing underlying issues, changing behaviours, and transforming one's attitudes and lifestyle (Narcotics Anonymous, 2008). Reikura spoke further of her mental health. She discussed receiving medication for depression and the realisation that her brain had been affected by substance use, leading to changes in her emotional state and cognitive functioning (Barnett et al., 2017). This emphasises the importance of addressing not only the behavioural aspects of addiction but also the underlying psychological and neurological factors that contribute to it.

And he was like, gave me sertraline because he was like, I think you're burnt out and I think you actually get, like getting depressed. And it was like my brain was like just crooked this whole entire time... And then it was just like straight like...It was real fucken' weird. Yeah. Which is like, the stuff that, you know, recovery can't help with, right? The chemical makeup, the fucken' literally wrecking my brain through, you know, and neurological pathways through using.

-Reikura

Within the pūrākau I began to understand relapse as a reality of the journey of recovery (cf., Spirret, 1997). One I would like to share is Ani's reflections on supporting wāhine when they have faced setbacks. As Ani shared on empathy, personal experience, and spiritual surrender, I could hear her investment in supporting those through relapse (Sun, 2007). When she witnesses whānau struggling or falling off their recovery path, Ani's heartbreak stems from a place of genuine care and a desire for them to discover a life free from suffering, especially for those with children.

So my heart breaks, but I'm reminded of my own journey and how hard it was. And I relapsed a lot in the beginning for the first two years in and out of the rooms. And so, yeah Because of my own journey, I know that it takes all sorts and all different

paths, and I guess my hope always is that it's okay to relapse because there's so much learnings in a relapse. My prayer always is that they find the rooms again.

-Ani

She viewed relapse not as a failure but as a potential source of valuable lessons and growth. Her hope lies in individuals rediscovering their way back to recovery spaces of care, recognising the pain and challenges of being outside of that support network. Yet, Ani also knows the limits of her influence, drawing on the need to "*carry the message, not the mess,*" and to trust in a Higher Power's guidance for those struggling, relating to the experience of surrender (Young, 2013). Her story of balancing compassion with healthy boundaries, is how wāhine can navigate supporting those who are experiencing relapse. However, within Ani's own story lies some clues as to how wāhine move on from relapse histories, absorb learnings from spaces of care (Conradson, 2003), and establish new environments that support sustained recovery.

The De-structuring and Re-structuring of Recovery Habiti

Recovery is not merely a return to a previous state of being, but a transformative process that brings structure to the chaos of drug-using lifestyles, aligning closely with Bourdieu's (1984) concept of habitus. Defined as a subconscious accumulation of emplaced standards, values, and behaviours; habitus is inherently shaped by socialisation and historical contexts (Bourdieu, 1990). I apply this concept based on observation and lived-experience individuals often achieve short term abstinence post-treatment, only to relapse shortly after returning home. This is primarily because their home and social habitus remain unchanged, making it too easy to revert to old ways of being. They slot back into systems already in motion.

Habitus serves as a critical lens through which to understand how individuals and communities interact with substances and in this thesis, how wāhine sustain recovery. The above section on whakapapa portrays how learned behaviours and responses to stress, influenced by cultural norms and social pressures, are deeply embedded within habitus, and significantly impact susceptibility to addiction (cf., Bourdieu, 2020). Whānau environments and cultural contexts can represent perpetuating environments where addiction is normalised, hindering recovery efforts. In our efforts to theorise what it takes to sustain recovery I have looked beyond institutional interventions toward whānau innovation. The disruption of abstinence is an event, treatment is a season in one's life, but as confirmed by one of the wahine: *recovery is a journey of changing everything about yourself.*

This leads me to the concept of 'recovery assemblages,' which encompass collective systems of resources, support networks, and individuals collaborating to integrate a new ethos into daily practices (Duff, 2014). This concept aligns with Bourdieu's (1984, 1990) notion of habitus, emphasising the communal effort needed to restore and reinforce emplaced drug-free normalities. Similar parallels can be drawn with the concept of 'recovery capital,' frequently utilised in addiction recovery spaces (Mappledoram, 2024; Cloud & Granfield, 2008). Both ideas put forth collective philosophies, as we draw upon the strengths of others and the resources at hand to re-structure our lives and create a recovery scaffold around ourselves. What the pūrākau have demonstrated is that through embedding culturally informed, whānau-based and empathetic systems of support within and outside of whānau, recovery assemblages facilitate enduring changes that transcend individual experiences, influencing broader community norms and generational attitudes towards substance use.

The maintenance stage of recovery is about recognising the significance of people, places, and things. We now aim to bridge the gap from personal to interpersonal recovery—an aspect often overlooked in conventional treatment approaches.

Sustained change within whānau requires more than just eliminating alcohol and drugs from the household. It entails dismantling old habits, establishing new routines, values, and connections that redefine familial dynamics and ways of being. Crucially, it also involves reimagining the environments we inhabit as whānau, a process which enables those who have undergone personal transformation to reshape their habitus. This is the rivers quest to forge new pathways, breaking down old barriers, tearing apart the whenua and dams, and easing the journey for future generations. It is sometimes the mundane acts of going through the motions that form a foundation for magic to flow in. Ultimately, this section underscores that restructuring habitus is pivotal for paving the way towards healthier futures, because as Māori, this is what we aspire to do.

In this section I introduce several the ideas not yet explored in Aotearoa addiction literature. Firstly, the concept of spaces of care (Conradson, 2003) within broader landscapes of despair (King, 2019) links closely with the importance of treatment in initiating the recovery process but also encompasses 12-step meetings and whānau homes. I then explore how initiatives such as the reformation of these home environments or a pioneering of alcohol and drug-free celebrations lead more broadly to generational shifts in attitudes and less harmful relationships with substances. The narratives demonstrate resourcefulness and adaptability of whānau as they navigate the complexities of addiction recovery, also drawing attention to the importance of robust

recovery assemblages (Duff, 2014). Through these stories, we gain a deeper understanding of how the process of re-structuring lives in the context of recovery can lead to enduring changes across time and space.

In discussing the importance of habitus, I begin by recalling a place close to my heart, as all whānau in this study, including my own, have been involved with Higher Ground through family members' recovery journeys. One way that Māori in recovery can cultivate meaningful connections in the new world that they experience is through their ties to place (Marsden, 2003; Walker, 1992). The act of re-remembering extends beyond individual recollections to encompass shared narratives formed within communal settings imbued with cultural symbols and identity (Nelson & Fivush, 2020). These places of memory foster a deep sense of connection, belonging, and historical continuity (Hodgetts et al., 2010). Even when cultural memories are fragmented, these spaces serve as focal points where fragmented pasts are assembled for contemporary use, evoking emotions and reinforcing collective bonds (Davies, 2012). Recovery environments, such as Higher Ground foster collective memories and cultural remembrances where memories are relived and reinterpreted in a way that strengthens a shared sense of identity and belonging (Fortier, 1999).

The kōrero shared by the wāhine revealed the necessity of leaving their home environments to initiate the process of change. These narratives consistently highlight the role of treatment centres and 12-step meetings as sanctuaries where the wāhine were supported, nurtured, and cared for after reaching a point of desperation. One common misunderstanding is that a person will go to treatment and 'be fixed' which is not what these pūrākau portray. Contrary to these misconceptions, they show that treatment centres and 12-step fellowships are not a temporary respite but remembered as integral components of a larger, continuous journey towards wellness. By integrating the supportive elements from different institutions into their homes, wāhine were able to re-imagine and re-construct their environments, embedding recovery into their lifestyles.

Similarly, health experts advocate for integrating cultural wisdom into contemporary healthcare systems to offer indigenous communities treatments that are not only meaningful but also effective (Legha & Novins, 2012). This approach involves organising services that demonstrate cultural sensitivity and relevance, are trauma-informed, incorporate cultural terminology and concepts, and can tackle the social factors influencing indigenous health and wellness (Dudgeon & Walker, 2015). The experiences of those who attended Higher Ground and participated in its recovery programmes, along

with the influence on their families, highlight the impact of structured support systems and culturally grounded recovery practices in re-membering lives through action.

Several studies describe Higher Ground, its methods and philosophy (King et al., 2016; Jowett et al., 2021; Schaefer., 2011; Waigth, 2012, 2017). Instead of reproducing prior research here, I have chosen specific areas of focus as a Māori individual whose own whānau has experienced the benefits of recovery. What I want to reiterate is the generational changes for our tamariki and mokopuna.

Whānau carried forward practices and principles that continued to nurture their growth and healing long after they returned to their homes. For Bailey she specifically recalled the values that were instilled during her treatment:

Yes, absolutely. But I think that started with me, like with my addiction came a lot of shame and a lot of guilt, a lot of fear. So, I hid a lot. Hmm, I was incongruent. I was dishonest. I was mean. I was abusive. All of those things. Um, I think for me when there came honesty, when there came empathy, when there came openness, willingness, all that stuff- it took time, but my whānau saw the change. My immediate family saw the change in Higher Ground and I think that really set the tone for everyone else. So, if my mum and my dad can come away from this space and say “she’s changing, or, things are looking better,” it opened the door up for my wider whānau.

-Bailey

Ani’s children, who all grew up under the embrace of recovery, their upbringing influenced by the rhythms of Higher Ground. They reminisced about those formative years with a mix of nostalgia and clarity, recalling Higher Ground not just as a rehabilitation centre but as their home. The Noho Marae is a cultural pinnacle of the treatment programme at Higher Ground. It involves the most senior 10 peers in treatment disconnecting from the TC model and staying on a marae or campground, operating under tikanga off site for three days and two nights. Within this period of time offsite, whaiora are involved in the operation of a marae and experience cultural healing processes. Ani’s children were involved in the Marae Noho during their upbringing, noting that it stood out in their memories.

Home-schooling became a vessel for shared learning, nurturing the values of communication and emotional growth from a young age. Immersed in recovery culture, they were frequently exposed to honest and vulnerable storytelling from whaiora in

treatment and at meetings, normalising discussions about personal challenges. This upbringing fostered a comfort with vulnerability and openness in their own life, demystifying and destigmatising the sharing of personal challenges. This cultural context shows a community approach to recovery and emotional health, highlighting the ripple effect of recovery practises that become a taken for granted part of everyday life. Their shared narrative reflected a legacy where recovery, and treatment spaces weren't merely chapters of their parents' lives but an enduring ethos that shaped their family dynamics, attuning them to emotional intelligence, strong communication, and communal support.

I felt that we're exposed also to the wider world at quite a young age because we travelled a lot as a whānau and met a lot of people in the recovery circle. And... yeah I think too because when we would go to these hui we were just surrounded by whānau in meetings that would get up and share, right, and they'd share about how they feel, and they'd share their life story and that again was our bread and butter, like would fall asleep to people literally sharing in meetings about what their life was like and everything was on display like you know- the horrific side of things, the trauma side of things, um, the struggles, the difficulties and for us it was just like... Yeah, I fell asleep to it. Because we were just surrounded by all these adults being so honest and vulnerable, I think it then also helped with me personally anyway when it came to sharing my own vulnerabilities, my own struggles and challenges that came up for me later on, because I was just so used to seeing that around me, and it wasn't weird or different, it was just what we did.

-Charlie

Ani, who has been in recovery for over 30 years, offered reflections into the evolving landscape and changing faces of recovery spaces. Mutual support programmes like Alcoholics Anonymous, Narcotics Anonymous, and Gamblers Anonymous are among the most utilised twelve-step programmes internationally (Donovan et al., 2013). She expressed excitement and satisfaction in witnessing significant changes in 'the rooms' over time, noting a shift towards greater responsibility and empowerment among Māori men and women in recovery. This transformation, she believes, not only benefits individuals but also positively impacts families and communities. Ani's hope for young people to engage in recovery earlier and her desire to prevent the cycle of addiction and its associated hardships before they escalate, draws light to the importance of early interventions and support.

It's so exciting because it's changed dramatically and it's lovely to see our Māori people cleaning up. And for me, the men becoming men of the... You know, and responsible for their families. For wāhine, I love it, because they're getting a voice in the whānau now, so the landscape has changed dramatically and it's so lovely, it's so beautiful to see Māori faces. And I guess where I'd really love it to go now is for our young people to clean up earlier, you know, in their early twenties would be fantastic, because I know a lot of young people, come into the rooms, they look around, it's just all old people. And so, they go again.

-Ani

Furthermore, Ani emphasises the crucial role of support networks, particularly other Māori women, in her journey of recovery. She speaks of the deep connection and understanding shared, noting how their presence serves as a source of inspiration and strength. She also spoke about the ripple effect that her mother's recovery has had on the whānau, through her siblings each seeking their own variation of recovery, despite the odds against them. The terminology dry drunk refers to an alcoholic who has stopped drinking but retains the emotional and behavioural characteristics of an alcoholic, as is outlined below:

We've got another sister who's over in Australia and she's in recovery, so my sister here, she's three years clean now, which is so like I guess out of them all she was the last one I thought would have ever cleaned up. So that was beautiful, beautiful gold there. And then my sister in Australia, she was a lot of years clean but she never worked a programme and she got to see what a dry-drunk she'd turned into. Yeah, I would think for the last three years she's been working the AA programme which is really cool. And I've also got a brother in the UK who's been through the rooms as well, and he knows about it but chooses to keep drinking. So, pai ana. But yeah, most people on my whānau have been touched by the rooms now, which is awesome.

-Ani

On the other hand, Tahlia initially felt overwhelmed by NA, but soon found a sense of belonging and purpose. She values the supportive environment of the meetings, where sharing experiences and receiving encouragement from others is key.

NA has given me a space to claim, or not claim.. That's not the right word. A space to be a part of.

-Tahlia

Her positive experience shows the importance of peer support and community involvement. Tahlia highlights the importance active participation and service in NA, which contributes to both personal recovery and the well-being of others. Her testimony reaffirms the significance of accessible, inclusive support networks for sustained recovery and the ability to use one's voice (Smith & Estefan, 2014). Returning to Tahlia's childhood, where she felt 'a place' on the streets, we see that she found a true sense of safety in recovery spaces.

The home holds significant importance as a space where individuals and families navigate their journey towards sobriety. It serves as more than just a physical location where people live; rather, it embodies concepts of identity, security, trust, routine, and care (Mallet, 2004). Within the home, social relationships and structures unfold, influencing daily rhythms and shaping one's sense of self (Mallet, 2004). The layout of the home is often influenced by the dynamics of family life, reflecting cultural and material influences (Charles & Kerr, 1988). Through a blend of material elements and social connections, the home becomes intertwined with one's sense of self (Hodgetts et al., 2011). It is a space shaped by cultural and material influences, where domestic and family practices, social norms, and consumption behaviours collectively impact and define the everyday lived experience (Dowling & Power, 2012). The presence of drugs and alcohol in homes disrupts relationships and disconnects whānau. However, recovery from addiction can prompt transformative changes within the home environment, often occurring within a single generation and leading to whānau connectedness. The pūrākau shared with me reinforce the significance of the home as a collective space where recovery can manifest and be put to the test.

Reflecting on the kōrero from my wāhine, which spoke of emotions driving drug use within their whānau, I heard from the tamariki about the contrast in their family homes where their parents implemented whānau hui and 12-step principles. Whānau hui or morning meetings, borrowed from Higher Ground, became touchstones of familial unity and emotional exploration, laying the foundations of recovery within the four walls of their whare. This environment, though different from typical childhoods, fostered deep connections with adults and early exposure to values and spiritual principles. An extension of the hui whānau, morning meetings (modelled after recovery group sessions) taught

them early on the importance of conflict resolution. The normalisation of open discussions about emotions and challenges became foundational aspects of their upbringing. What stood out to me out of all of this was whānau solidarity, which was spoken about by Charlie:

So, I would say growing up if I was just to answer what it was like growing up it was very whānau-orientated. So, we were always working as a whānau, moving as a whānau, being homeschooled definitely made up a big part of that as well.

-Charlie

Similarly, Bailey's recovery journey led her whānau back together. She envisioned a future set in love, family, and cultural continuity, aspiring to provide a secure and nurturing environment for her children. Her ambitions are modest but deeply significant, focusing on the simple joys of home and family stability, while also seeking to improve her skills and continue contributing meaningfully to her community.

So, this sort of recovery thing, it's a whole new lease of life for everyone, you know? Look at you now, connected, reconnected with all your nieces and nephews, instead of stealing from them now, you're returning it with love tenfold.... You know, it's been incredible, like that watching that each stage, and just seeing the love, and you know amongst them that, you know, the ability to live all together. I mean who would have thought that would have happened if we were sitting you know those years ago talking, I just imagine and this time, you're gonna be living with your sister, all under one roof and it would have actually been joined, and having fun... I know, no way in the world.

-Mike

Rude awakenings and seeing realities of addiction from the fence were themes that were revealed among whānau raised in recovery homes. The adult children of Ani that I interviewed were of varying ages, and what stood out most was the difference in their upbringing compared to their parents, this is the river flowing with the new pathways that had been created. This change was due to the significant efforts their mum and dad put into restructuring their living environments around recovery, creating habits that reinforced the decision to be free of alcohol and drugs. Charlie reflected on her childhood portrayed as mundane but offering a deeper sentiment of familiarity despite its lack of excitement. As the tamariki contrasted their upbringing with others, they came to realise the

uniqueness and privilege of having parents who overcame addiction which enabled them to be fully present and engaged.

I'm just like, I need to get it out. I need to work through this stuff and how blessed am I? I've got two parents, two present parents, and that again, still very present to just listen and be there, and find solutions with me.

- Charlie

This acknowledgment of their parents' recovery journey allowed an appreciation for the efforts made create a different reality than they had experienced as children.

But what I've come to notice only later on in my life, through meeting other kids, and meeting their parents, and even feeling the mauri of their whare when we would go stay there, just very, very different. And I would say what it's like is, it's like having two present humans in your life, which I think that's what every child deserves... And that's what I would say is the biggest privilege of them cleaning up is them being present for their tamariki.

-Charlie

However, on the other side of this privilege was the realities of addiction that still exist in the extended whānau (Nelson, 2017). Rāwhiti's that follows account vividly illustrated the effects that witnessing familial behaviours associated with substance abuse can have on a person's life choices (McLachlan et al., 2015). During visits to the East Coast, he encountered relatives engaging in heavy drinking and subsequent physical altercations, even in communal spaces like the marae during tangihanga. These scenes contrasted with their upbringing, which had shielded them from such destructive behaviours.

And then we'd actually go away to some of our whānau on the East Coast and um, we'd see that stuff in action, actually, they'd be all drinking and then all just start scrapping each other and right on the marae too, after like a tangihanga. And um, yeah, that was just, I think there was like one moment for me where I was like, oh wow, here it is in full action. And I got to really see, yeah, then... Again, just our privilege really, oh, I've gotta find better word but um well lucky yeah, I don't know, yeah blessed, yeah. But it was those stages of being kind of, yeah, I guess being, yeah, born in it and then raised in it, and then hearing about it, and then finally seeing it as well, but not being part of it. Seeing it from the fence, I guess, was just

like, oh, wow. And it was all those stages that kind of really, for me really, made it really like clear that that wasn't somewhere where I was gonna go in the future.

-Rāwhiti

The shock and dismay of seeing these actions firsthand were pivotal moments of realisation for Rāwhiti, leading to a deep sense of gratitude for the protective environment in which the tamariki were raised. Struggling to find the right word to describe this feeling, Rāwhiti oscillated between "privilege," "luck," and "blessed," each reflecting his recognition of the fortunate circumstances that set them apart from the destructive patterns observed in their extended family. These terms go beyond mere material or social advantage; it encompasses the emotional and psychological safety provided by their upbringing (Knobel, 2024). This sense of being "born in it," raised in a safe environment, and gradually becoming aware of the destructive behaviours from a distance, highlights the layered nature of his realisation. This epiphany ultimately reinforced a strong internal resolve to forge a different path and pursue a life free from the cycles of substance abuse and violence.

Re-storying and re-parenting for futures free from trauma

That's the saddest part is that the love between a child is... The bond is so strong, but unfortunately addiction is stronger at times.

-Bailey

The experiences shared by the wāhine bring light to the whānau connections that are lost in the midst of addiction. Rebuilding whānau and hapū structures lost to colonisation involves restructuring relationships and places of care around the values of tikanga and Māori ways of being, thereby re-establishing Māori roles in society (Hughes, 2007). Families of people experiencing addiction are often overlooked and misunderstood (Orford et al., 2005).

The pūrākau spoke to how recovery has healing powers for all family relationships, and although there was much spoken about strengthened partnerships and healthy intimate relationships, for the sake of this thesis I choose to focus on parenting. It is important to firstly acknowledge that motherhood alone does not serve as a deterrent against drug use, nor does abstinence from substances magically alleviate the challenges of parenting. Each of the four wāhine had tamariki prior to embarking on their recovery journeys. With courage they confronted, grieved, and acknowledged the impact of their substance use on

their children. Yet, paradoxically, their children emerged as powerful catalysts, anchors, teachers and mirrors. Through the lens of motherhood, these women saw an opportunity to rewrite their stories and navigate the trials of parenthood with newfound clarity and purpose. Here I introduce the idea of re-storying as central to the journey of recovery (, as wāhine move away from chaotic isolated existences to re-enter the collective. The principles entrenched in the twelve steps of recovery provided a sturdy framework and at times guiding compass when default patterns were triggered. Readied with a new wellspring of knowledge they strived for a different, more conscious approach to parenting, one instilled with compassion, unity and self-awareness. (Rappaport, 2000).

Coming back to self is a result of the transformative change that occurs through fearlessly confronting the past and working a programme of recovery. This reconnection with the intrinsic self is the voice that was there all along that said that you shouldn't have been doing the drugs, the self at a deep level that creates the guilt and shame that as a parent you are using in spite of your children (cf., Smith & Estefan, 2014). The transformation that occurs is through understanding the patterns of behaviour beyond the use of drugs and seeing that it is not the substance itself, but what the substance does to our relationships- with self, with whānau, with the world around us. Wāhine developed the capacity to view the outcome of the internal differently, where the old narrative of 'I'm going to put this drug into me and I will be able to escape my reality,' is replaced by this consequence, 'I will put this drug in me, and it is going to have an impact, and I can see the destruction it will cause to my family.' The conflict duality of yin and yang was that was always there remains but the parent-self that chooses life, chooses family, has become more powerful than the lust to get high. This is the re-storying process in recovery (Murphy, 2022).

Re-storying begins with acknowledgement of what was. Reikura disclosed the difficulties of parenting without drugs, which forced her to re-evaluate the behaviours she learned from her own parents and confront her own childhood. Reikura's recovery allowed her to approach motherhood differently through acknowledging the emotions that were the driver for her using still reveal information about where she is at.

Um... Being a parent in recovery is really fucking hard because that has forced me to look at the way that I was raised. Look at the normal behaviours. You know that... or that I thought was normal. As a parent, you know from my parents.

-Reikura

It's always my emotions, you know, which even in active addiction. That's what it was too. And even before I picked up using, that's what it was too you know? As a child, it was always my emotions. As a user. It was my emotions. As fuckin' an adult in recovery. It's my emotions.

-Reikura

Ani and Reikura spoke of the notion of living clean, parenting without substances and motherhood in recovery, expressing the challenges and rewards of navigating sobriety while raising children. They acknowledged the struggle of facing raw emotions without the numbing effect of substances, particularly when their children encounter difficulties.

Um... so it's like one thing trying to stay clean, right? And it's another thing trying to live clean. That's a fuckin' whole 'nother thing. Trying to parent clean because they literally bring up every single fuckin' emotion, um, that I could ever think of. You know and, how do I deal with that? In the best way possible. Sometimes I fucken' don't.

-Reikura

But you see, I've got a program, and I'm aware of that, and I know that if that was happening and I was using, I would be abusing them right now, because I wouldn't have to cope with their shortness, their irritability.

-Ani

Bailey could recount pivotal moments in her life, from getting married to falling pregnant, acknowledging the underlying sense of uncertainty and brokenness that accompanied these milestones. Falling pregnant in recovery marked a turning point in her recovery journey where was seen as a moment of celebration. However, it also brought to light the deep-seated guilt for what her children were exposed to during her addiction.

"One of my biggest and hardest things to move through in my recovery is my mum guilt."

-Bailey

Despite feeling overwhelmed at times, Ani finds solace in working the steps of her recovery programme, recognising that self-reflection and addressing her own defects allow her to better support her children. Drawing from her own childhood experiences of

being shut down emotionally, Ani spoke of the discomfort of confronting her past while striving to create a nurturing environment for her children. Through this process, she viewed her children as her greatest teachers, even when their behaviour triggers her own insecurities and past traumas. Ani emphasises the importance of remaining committed to her recovery journey, acknowledging the twelve steps in shaping her present and future as a mother.

What's it like being a mother in recovery? Challenging. Challenging, because I've got nothing to numb my feelings. And sometimes I just want to run away and bury my head in the sand, especially when my kids are struggling. I don't know how to help. And it's like everything I do just makes matters worse. And, um, yeah, so I get it's tough sometimes, being a mother in recovery and having to sit with stuff and be with stuff... And so instead of shutting them down, I put the mirror here and what's going on for Ani, and so they've been my greatest teachers, but they've also been a place where I feel really uncomfortable, in, and out of my league because of the way I was raised and you know, I know I don't want to do that but it's real automatic to want to just say "be quiet, I don't want to hear this", you know, "you're wrong", and try to make myself right [laughs] and all time knowing my recovery head saying, "Ani, do your own inventory. Don't make people right wrong, stop blaming", all this stuff. So, um, they're my greatest teachers and if I don't want to pick up and use over it to numb my uncomfortableness then I have to look at my stuff, and, ah, that's not always fun [laughs] so yeah, so it's not easy but it's rewarding. It is rewarding.

-Ani

Ani reflected on the importance of maintaining a drug and alcohol-free home and navigating the complexities of their children's exposure to these substances, emphasising the balance between setting boundaries, and respecting the autonomy of her tamariki.

And, you know, when our early 20-year-olds started using so you know, tikanga in our home is, this is an alcohol and drug free home. And then when you're 18, you're legally allowed to drink. So, who are we to say that you can't? And we also had to say to them, you know, drugs, alcohol is not bad if you can handle it. It's just not great when you're an addict, like us, we'd say to them, we're not into drugs because drugs are illegal. We're not into alcohol either, but we get it's legal.

So, um, we kind of got to be there with it. And so, our kids have gone out there and used, you know, our older ones drink and probably take drugs and that's ok, too.

-Ani

Her children's reflections on their parents' morals and choices shows the deep influence of parental guidance on shaping ways of being. The emphasis on principles such as sobriety and accountability reflect a direct transmission of values from the parental sphere to a child's worldview. Rāwhiti's cautious approach to alcohol consumption reflects a direct manifestation of his parent's influence, stating that despite struggling with communication he was able to take away the more practical aspects in terms of implementing a moral code. He expressed a reluctance to engage in excessive drinking, citing rare occasions and only with close friends whom they trust. This attitude suggests a conscious effort to align his behaviour with whānau ways of being, emphasising moderation over societal pressures or norms.

I've never, never, never gotten wasted [laughs]... I could probably count how many times I've had alcohol, to be honest with you, on my fingers, which isn't a lot.

-Rawhiti

In contrast, Charlie's more nuanced relationship with alcohol, characterised by occasional indulgence tempered by a preference for meaningful connections, demonstrates how upbringing can more subtly shape attitudes towards substances and inform children's choices regarding consumption. Her acknowledgment of frustration when intoxicated shows a desire for genuine communication and connection, contrasting with the superficiality often associated with substance-induced social interactions.

I'm coming back to communication, connections, relationships. And so, I find that when I'm using or when I'm intoxicated, right? My connections with people get very like severed and it's just not as ideal as I'd like it. And I noticed that and it's quite funny because even when I get intoxicated, I get frustrated internally when I realise, I can't communicate with people how I want to.

-Charlie

These whānau accounts illustrate a generational change in how substances are viewed, with adult children recognising them for their true nature rather than as a means to evade reality. This transformation is the river reshaping the land, healing our whakapapa. Ani's four children collectively expressed hopes for their future families, envisioning lives

liberated from the damaging impact of substance abuse, enriched by cultural traditions, and surrounded by a supportive whānau. Their stories emphasised the significance of tikanga influencing their personal and professional journeys, linking recovery principles with broader indigenous values in everyday living. Their narratives stressed the expansive effects of recovery beyond addiction, echoing themes of cultural and professional identities, purpose, whānau aspirations and community solidarity.

And I just want to say again, to the kids of the future [laughs] that get raised in recovery homes, don't be hard on yourself. Like it's okay, because you're your own human and you're going to go through your things. And I think I would have appreciated knowing that a bit more from my parents, was that, if we were to experiment, if we were to go down different paths, it's okay. Like you're still loved, you're still welcomed in this whānau, you're not going to be the black sheep shunned out, like you're still all good, um, and we're still here for you. You can still come back and kōrero. So, I'm just going to put that out there to the future kids. You're still valid and loved no matter what you choose to do [laughs]. But yeah, but that's been an interesting thing to navigate, right? Going down different paths and yeah, and yeah, and being like, yeah, again, still staying in relationship despite our differences.

-Charlie

Returning to the theme of voices, we see how this plays out in recovering whānau within safe habiti. Charlie acknowledged the complexities of growing up with parents in recovery. While appreciative of her upbringing, she recognised that as they matured into adulthood, they began to see their parents' imperfections and moments of shortfall. This realisation didn't diminish her respect but rather deepened her understanding of her parents' humanity. She described a phase of challenging her parents, calling family meetings to discuss disappointments and unmet expectations- a testament to the strength of their upbringing in fostering a culture of accountability and communication. Through these processes, Charlie not only tests the efficacy of her parents' teachings but also discovers the resilience and ongoing healing within their whānau habitus, emphasising the value of open dialogue in maintaining strong familial relationships despite inevitable challenges.

And then there's moments where you start processing stuff and you're like, oh my God, like my parent really let me down. And like, oh my gosh, they didn't actually show up the way I wanted them to. Or like, I'm hearing stories about my other sibling. I'm like, what? And so then for me, I'm like, okay, well, you guys have a

programme and you've raised us to talk about things. So I hope you're ready. I'm going to bring this home and call a meeting. And I'm going to challenge you. And I'm going to call you out on it, right? But it's been so good, even that as an adult, like calling meetings now where mum and dad aren't calling the meetings anymore, whānau hui, like I'm calling it. And I'm saying this because you let me down when I really needed you. And what was that about? Like, you know, and, but what's cool is, like, I sort of put their programme to the test and how they've raised us

-Charlie

With the reclamation of voice for all whānau comes an increased level of responsibility. Making amends for past behaviour is seen within the 12-step programme as a means to clean up the wreckage of the past and clear residual guilt and shame (Narcotics Anonymous, 2008), in order to move forward. It is about practising accountability to the people we have harmed and whānau who have suffered casualties during our plight. Reikura spoke of the courage inherent in this process of acknowledgement, as she validated her children's experiences and cellular memories that they may carry unconsciously as essential for her to re-story parenthood.

For me, when I remember growing up, if my parents had of said to me I'm sorry for what we did and I can see how our parenting affected you, you know that like, that's all I wanted for me. So we had this big whānau hui after their dad got out of prison and we, we all just stood up and said like whatever... And, I went last and, you know, and. I just thought, like, actually this is my opportunity. To say my step eight, nine, you know, instead of just like those living amends and staying clean, like actually... Actually, validating their experiences. And I sit there, like I said, you know, a lot of the young, new younger kids won't remember. What you went through, because like, physically remember, you might emotionally, spiritually remember it and we'll deal with it when it comes up. But I know that for Raymond, it was the fucken' hardest, because he raised our kids, you know, he raised the kids. Cause we didn't fuckin' do anything. He was the one that was going to school with no fuckin' shoes and no fuckin' lunch, you know. Always cold, always hungry. And he spent his whole childhood growing up in that.

-Reikura

The 'superwoman complex' was revealed in my kōrero with Reikura, which she described as an overwhelming need to excel in all areas of life, leading to extreme effort, burnout cycles, and a reluctance to seeking support. The literature states that this is common among women of colour who have experienced IPV (Washington & Hoxmeier, 2023). Reikura felt a push to be perfect in recovery, motherhood, and her career, driving herself to the limit and inevitably crashing. She described a pattern of building herself up only to fall hard, resulting in anger and withdrawal, self-sabotaging cycles which were compounded by her desire to be an exemplary mother and high earner (Pihama, 2020). The struggle to balance spiritual principles with the pressures of daily life at home exacerbated her stress, highlighting the difficulty of achieving congruence in all aspects of her recovery.

And you know, the hardest part of, I guess, the challenges in recovery, that I would... That kind of present itself over and over again for me is my need to do... Push myself... To the fuckin' limit, like, you know. All or nothing kind of person, you know? when it's on, it's all on. When it ain't, I ain't fuckin' doing shit [laughs]. And what ends up happening is I do so much and build myself up so high and then I just fuckin' fall and I fuckin' hate everybody and I hate everything.

-Reikura

But I'm always the person that I end up hurting. Through yeah, just wanting to do everything, and be this perfect mother, and fucken earn, you know, six figures.

-Reikura

The superwoman complex intersects with the cultural dimensions in MWT. Mana Wāhine research acknowledges and celebrates the diverse realities and identities of Māori women, recognising that their roles, identities, and experiences are varied and multifaceted (Pihama, 2020). MWT has honoured and uplifted the roles and experiences of Māori women by challenging colonial ideologies and the ongoing impacts of colonisation. Notwithstanding, the pressure on Māori women to support their whānau while excelling in modern societal roles creates a dichotomy that compounds their sense of responsibility and places significant strain on their well-being (Simmonds, 2009). This struggle highlights how wāhine can neglect self-care for the sake of their whānau. Reikura here has spoken to her histories and the value of the 12-step programme in mitigating the superwoman complex, emphasising the importance of balance (Mappledoram et al., 2024).

One final theme that I would like to draw light to is the opportunity that recovery affords us to self-reparent. Re-parenting is an outcome of coming back to self (James, 1974; Gordon & Archer, 2012) and is said to provide a corrective emotional experience. Within the journey inwards lies an opportunity to self-reparent the neglected parts of ourselves. The cycle that has been portrayed in this study is that negative childhood experiences lay the foundation of future addiction and that parenting forces you to confront your own childhood, which then compounds recovery efforts, as the thing being confronted is the root of the addiction.

Visualising herself as an eight-year-old girl, the age her eldest daughter was when Bailey started her recovery, she began to understand the importance of self-love and gentle guidance. By speaking to herself with the same tenderness she used with her daughter, Bailey started to heal the neglected inner child within her (James, 1974). This act of reparenting helped to fill the void left by the lack of nurturing she experienced growing up. The healing process was not just about breaking free from addiction but also about addressing the emotional scars of her past and healing the whakapapa line. Through recovery, Bailey learned to provide for herself the love and support she had missed as a child. This self-reparenting allowed her to become a better parent to her children and a more whole and healed individual (Gordon & Archer, 2012). It is a journey where each step forward is a step towards mending the relationship with her inner child.

Oh, oh, yeah. Changed me. Yeah, like... Is healing me. Yeah. And it's all those things. It's not just for my children, but it's for the little girl and me as well, you know. So, because I never got the parent that I needed, in recovery I've learned to reparent myself. And what I use, I guess, when I think of myself and my inner child- I think about an 8 year old girl. So I guess, my eldest. She's a bit older now, but when I first got clean she was the type of person I envisioned. So I've really taught myself how to speak to myself as if I'm my child. You know, so I think, um, parenting and being a mum in recovery has healed parts of me, of my inner child. Yeah.

-Bailey

Overall, these narratives vividly demonstrate how embracing recovery principles can mend family relationships from within and throughout generations (O'Hagan et al., 2012). Central to this process is the dual concept of responsibility and compassion, through nurturing and guiding one's inner child towards healing (James, 1974). This journey not only spans across time, but also extends to healing ancestral lines and familial histories,

linking to the concept of intergenerational trauma (Pihama, 2014). In essence, these stories are of re-storying (Murphy, 2022) and re-parenting as essential pathways towards creating futures free from the shadows of trauma, and in this foundation of safety whānau are able to establish further connection to culture.

Recovering cultural ways of being

Māori scholars have established the importance of Māori maintaining a strong sense of cultural identity to cope with urban life (Durie, 1994; Rangihau, 1975/1992). Cultural identity correspondingly acts as a protective factor throughout the recovery process (Huriwai et al., 2001). The above section on whakapapa evidences realities where the maintenance of connection to culture has been severed through not only drug-using activities but also the relative deprivation, inequalities and hardships that are endured by whānau Māori (Marsden, 2003). This is not to say that Māori ways of being are lost by whānau experiencing addiction, but rather that drugs can become embedded within culture in a way that can be detrimental to the whānau over time. Restorative journeys can therefore serve as opportunities for whānau to recover what it means to be Māori without drugs and alcohol.

Māori understandings of the interconnected-self puts forth the idea that being Māori is inherently entangled with all beings in the environment, including landmarks such as mountains and rivers, as well as plants and animals (King, 2019; Pihama & Cameron, 2012; Rua et al., 2017). King (2019) talks about examples such as the cobweb self, Ubuntu and the Buddhist philosophy of interdependence as theories that challenge the limitations of an individual approach to self (Mikulas, 2007; Makhudu, 1993; Yang, 2006). Māori perspectives assert that the self, including what I will refer to as the self as addict, emerges from the social contexts in which they are situated. King (2019) argues that reducing the self to isolated internal processes, variables, or personality traits for analysis and measurement does a disservice to our very being. With an understanding of self as inherently relational, there lies a tension when treatments are mostly directed towards treating an individual's 'diseased and disordered state.' Cultural recovery is activated by healing whānau relationships.

Accordingly, if the self-as-addict emerges from a dysfunctional home environment, it makes sense that focus lies within the broader processes as play such as colonisation, poverty and individualism which shape these environments (Theodore et al., 2021). The above sections substantiate how recovering Māori naturally strive to integrate changes into the social contexts within which they must continue to live their lives. Doing so brings about a ripple effect of collective healing and resultantly, a recovery of our interconnected

selves as Māori (King, 2019; Rua et al., 2017). Whether through reconstructing our identities, connecting with fellow Māori or embracing cultural practices that were previously neglected, these women were inspired by the examples of peers and pioneers, finding strength and empowerment to remember who they are as wāhine Māori.

Tahlia reflected on reclaiming her identity as a wahine Māori. She expressed gratitude for reclaiming this part of herself, being motivated by other wāhine who are also embracing their cultural heritage. She described this process as a continual learning experience, where being present and open allowed for personal and cultural growth, emphasising the beauty and significance of her journey of reconnection.

When I came into recovery, I had very much lost my Māori part of me. My dad's side of the whānau is where that comes from, and I grew up in very much a Pākehā growing up with my mum. So, I hadn't had that in my life for a really long time. I was able to gain that back, and it's something that I'm constantly working towards learning more about. So being a Māori wahine in recovery is inspiring. It has given me an opportunity to learn about myself.

-Tahlia

Cultural reconnection is not just about relationships with people but also with the spaces we inhabit. The marae represents a traditional Māori spatial arrangement intended for communal living, purposed for kinship systems encompassing whānau, hapū and iwi (Walker, 1992). The use and governance of the various spaces on a marae are directed by Māori spatial metaphysics, which direct proper conduct and usage according to specific contexts, situations, and rituals, thereby altering how the spaces are utilised across time. In modern terms, marae typically refers to the physical spaces and structures. However, scholars observe that a marae is established wherever Māori people assemble for Māori purposes and follow the proper Māori protocols, as long as it is not disputed (Te Awekotuku, 1996). Therefore, the marae simultaneously refers to a physical place and the people who engage in culturally specific activities within that space.

King (2019) notes that a modern adaptation of the marae can be seen in what is informally known as auntie's house, or any space where Māori cultural values are upheld. These spaces are characterised by the embodiment of Māori principles such as manaakitanga (hospitality and caring for others) and whānaungatanga (family connections and kinship), providing environments that foster Māori ways of being in the absence of an accessible marae (King, 2019). For Māori who have been disconnected from culture within the

context of addiction, aunties and uncles' houses, or the garage out the back, may have embodied those principles but also had different associations. This is not to say that Māori inhabited spaces where drug using is prevalent do not uphold Māori values, as in many ways those sheds and spaces represent a point of connection and place to unwind together. However, in the spirit of recovery we instead look toward spaces such as Higher Ground, and Ani and Matua's house as spaces of care and embodied belonging to provide a respite where individuals can simply be Māori without drugs and alcohol (Conradson, 2003; King, 2019). These settings emplace Māori culture and function as enclaves for Māori ways of being (King, 2019), as at their foundation is the safety that whānau require for wellbeing. Ani described the contrast between her childhood compared to the marae-like environment that her and her partner had created for their whānau.

I wanted to leave home when I was as soon as I could. As soon as I was 15, I left school, got me a job and I was gone. My kids are in their twenties and they're still home. It's like, wow, it's so cool. And I love hanging out with them. I know they love hanging out with me. That's really nice. And you, you know yeah, I get they're proud.

-Ani

We can see the impact of personal values impacting on lived environments, then extending outwards toward communal spaces within Ani's kōrero about her wedding on the marae. Despite initial doubts about attendance, her whānau, including drinkers, showed up in large numbers, demonstrating their support and respect for her new lifestyle. This event becomes a highlight of her recovery journey, showcasing the integration of her personal changes into a major life celebration. Ani felt humbled and grateful for her family's aroha and was pleasantly surprised by their turnout and respect for the tikanga of her wedding. Overall, Ani's story illustrates the challenges and triumphs of restructuring personal and communal habits, setting precedents and returning to the idea of the capacity for presence and fun without substances. Through a celebration of love they revitalised and reclaimed the meaning of habitability of marae within a culture where alcohol is prevalent at all celebrations.

Yeah. And it was you know, it was really lovely bringing that to our whānau whānui, and, we told all our whānau it's going to be an alcohol and drug-free wedding, and so Matua's got a lot of Christians on his side, so I thought it wouldn't phase them, but I got a lot of drinkers on my side. I didn't think they would turn up. They turned up in numbers. Oh my God, I was so humbled by their aroha. You know, they

came to my wedding. Not only that, but they stayed the whole night [laughs]. After the kai, they all went off and partied and that really was fine, because, you know... But that would have to be a highlight in my recovery, was you know, bringing recovery to my whānau. And they all accepted our tikanga and, you know, they respected that. And I can imagine it's probably the only wedding they've all ever been to, probably still to this day, alcohol and drug-free. It was so cool. It was buzzy, they said, "We've never had an alcohol and drug-free wedding, what are you going to do?" They said, "what are you gonna do there?" [laughs] They were the cutest.

-Ani

Within re-structured spaces of care (Conradson, 2003), hui whānau were vehicles for all whānau to have a voice. Charlie's narrative reflects the impact of growing up with parents in recovery, where such hui were a central part of their upbringing. The hui served as a platform for dealing with difficult situations, and emotional challenges and facilitating open communication within the family. Within such whānau interventions was the transmission of the spiritual and philosophical dimensions of recovery, such as the significance of the Serenity Prayer (Narcotics Anonymous, 2008). They emphasised the broad applicability of recovery principles beyond substance abuse, providing pathways for understanding physical and emotional developmental milestones (Mead, 2003).

Another thing that comes up when I think of growing up with parents in recovery is meetings and things, haha. We had a lot of whānau hui, that was like our bread and butter at home and as we grew up I would say it became more and more so, more common. In my mind I can kind of connect that to us as we grew up as tamariki, and then in our teens, sort of experiencing new things having more questions about the world and so those whānau hui became a real dominant part of us as a whānau working through difficult situations, working through emotions, navigating big emotions, all that sort of stuff.

-Charlie

In Bailey's reflection, several themes related to spaces of care and cultural ways of being as understood in Māori contexts emerge. Tuakana/teina relationships are an integral part of Māori culture and traditional Māori relational structure (literally referring to an older sibling caring for a younger sibling) emphasising mentorship, guidance, loyalty, respect and reciprocal learning (Reilly, 2010). This relationship structure parallels the sponsor-

sponsee dynamic in recovery settings where an experienced person provides guidance, support, and mentorship to a younger or less experienced person (Oetzel et al., 2024; Young, 2013). Sponsors share their experiences, provides guidance on the 12-step programme or other recovery methods, and offers a listening ear and encouragement to the sponsee (McGovern et al., 2021). A crucial aspect of this process is that learning and support flow in both directions, the phronetic wisdom (Flyvbjerg et al., 2012) gained through the trials and tribulations of recovery that could never be taught by a trained helping professional. For individuals who may have lacked supportive role models during their upbringing, we discover the ability to form a recovery whānau, where mutual guidance, respect, trust and encouragement are at the forefront. Māori cultural concepts of relationality, support networks, and reciprocal learning intrinsic to sponsorship texture our recovery spaces of care (Conradson, 2003; Hodgetts et al., 2021).

She is the one person in my life that gives me space without fear. Like, I trust her with my deepest parts of my soul. But we've worked on that, you know, that didn't come easy. It's taken a lot of push and pull on my part and she continues to stand strong and show me that she's there regardless of what the fuck I do. You know? Took me a while to learn that, but I think because the women in my life have not been trustworthy. Um.... Have not been safe... don't get me wrong I love my mum. But our relationship looks different. Like when I look at my sponsor relationship and the nurture and the love that I get in that space... I've never experienced that, you know. And the relationship that I have with my children. That's not what I got.

-Bailey

Bailey's contrast of her sponsor's nurturing support with past relationships, particularly with her mother, show the restorative effects of whānau can extend beyond biological ties (Mappledoram et al., 2024). Bailey's acknowledgment that her sponsor offers a type of love and nurture she has not experienced elsewhere demonstrates the importance of fellowship to include chosen relationships that provide the emotional and spiritual support we lacked during our upbringing (McGovern et al., 2021). The gifting of knowledge evident in exchanges between a tuakana and teina occurs as we honour each other as equals at various stages of our journeys (Reilly, 2010). Ani described some of the relational nuances that lead to feelings of safety in recovery spaces of care, the relief that is often described when you see faces like your own, and the inner knowing that with these cultural similarities there is a sense of being 'home'.

It's kind of like one addict helping another addict. You've got that. But closer again is wāhine helping wāhine. Closer again is Māori wāhine helping... It's just they're probably, like at the heart of my heart.... It's like walking into a room, eh. When you walk into a room and you see wāhine Māori. You think, "I'm going to be all right. They get me, they get my jokes". We understand 'the look' [laughs]... You just 'get' each other so much more...When I first began this journey, I had two Māori wāhine. One was my sponsor, and I was like, wow. They inspired me to keep going.

-Ani

Bailey's response to my question about the challenges of being a wahine Māori in recovery emphasise this notion but extend to highlight several key themes: the struggle for worthiness, the impact of societal perceptions, and the importance of culturally specific support (Groot et al., 2012). Bailey said that wāhine often feel marginalised and underestimated within a Westernised society, affecting their sense of intelligence, strength, and worth (Wilson et al., 2021). She argues that for effective recovery, it is crucial to have support from those who share similar cultural and historical experiences, specifically other Māori. This perspective stems from the need to address intergenerational trauma and create a sense of connection and understanding that may be lacking in more general or externally imposed recovery programmes.

I think Māori should help Māori as well. Yeah, I think that that's a real key point. I don't want some lady that has learnt a paper degree. About culture and about this and. About that. Or maybe like a white man. Whatever it be, but you know? Like I need that connection around someone that has walked in my shoes before me. And that will look different for everyone. But that intergenerational trauma. How that looks, you know, goes right back to Treaty of Waitangi. And right back to our ancestors, and I think for me, I need. Someone Māori to help Māori I think it's... It's not always the case, but I think it's important? Yeah, Māori people to help our Māori people.

-Bailey

Reflections went into the space of acknowledging into the inherent strength carried by women, regardless of their cultural or ethnic background, to support their families and communities. However, she emphasises the unique burden placed upon Māori women

due to the historical context of colonisation, which adds layers of responsibility beyond individual households to encompass entire whānau, hapū, and iwi (Pihama, 2020).

I think... you know, every woman has the strength to carry her entire whānau right? Like every woman, no matter their race, no matter their fucken' ethnicity. I think with Māori though, in our history of colonisation. Right... So not only do I carry my own whānau, my children, my partner, my parents, my brother, my cousins, you know, I carry my whānau... my hapū, my iwi. I fucken' sit in all these spaces and, not just being in recovery, but the degree that I have, you know, everybody's like, "You're it, you're the person". And I'm just like, "no, thank you."

-Reikura

"You can see the weight that we fucken' carry for our for our nation, you know, for our people. Yeah. "

-Reikura

Despite the societal expectations and the weight of being seen as a symbol of hope and resilience within her community, Reikura acknowledges her duty to give back to her family and heritage. This sense of obligation is further amplified by her decision to receive her kauae, symbolising her commitment to personal recovery. Reikura's journey highlights the challenges and sacrifices inherent in assuming the role of a cultural leader and the pressure to uphold traditions while navigating personal growth. Her reluctance to receive her kauae initially stemmed from the fear of not living up to societal expectations associated with wearing it. However, guided by the wisdom of her nannies, mother, and aunts, Reikura embraces her responsibility to her whānau. The decision to subject the body to such physical trauma relates to recognition of maturity, the self and proclaiming belonging to a descent line (Te Awekotuku, 2003), also signifying a commitment to breaking intergenerational cycles of trauma and substance abuse (Pihama, 2001). Te Awekotuku (2003) says that tā moko is the process of inscribing the skin and placing narrative, and moko is pictorial memories and textured stories permanently engraved. By restarting the tradition of moko kanohi within her whānau, Reikura has committed to being Māori in today's world, and paved the way for future generations through creating a visibility of her story that will never fade.

And then my nannies and my mum and my aunts sat down with me and basically told me that I was going to get it done. I fucken' didn't want it done. This about five years ago. It still makes me cry like I didn't fucken' want it done. And again, like

right? That's the responsibility that you carry when you start fucking doing well, because your whānau want you to carry them too. And that was what they wanted from me so. So, I got it done... The same day that my brother got his done too, and that was about, so my kauae represents... Basically, my life right, like so fulfilling my own potential, but also nurturing the next generation to fulfil their potential cause of all the fucking kids that I've raised in recovery, and whatever. But also, it's my commitment to myself. That I won't use drugs or drink alcohol... Like it won't... I won't ever. And that's not just a commitment to myself right? That's the commitment that I have to my whānau. Yeah, my wider whānau.. Yep.. Yeah. Like sometimes I still look in the mirror and I'm like... How the fuck? So, me and my brother were the first in our whānau to restart that um... to restart moko kanohi in our whānau... Um, because it had been gone for a long time.

-Reikura

And then getting my kauae and feeling even more responsible because everyone thinks that cause I wear kauae, I'm supposed to be nice like get fucked. No. Like actually my tūpuna would walk all the way from up North down to the fucken' South island to give you a hiding. Like, so don't think that I won't.

-Reikura

Post-graduation from Higher Ground, Bailey rigorously committed to recovery and took on the Hineora wero ('woman of wellness' challenge) which required her to and complete four 90-in-90 cycles (referring to the attendance of ninety 12-step meetings each day for ninety days, have a sponsor and sponsee, complete the steps and a service position (Young, 2013). Bailey explains that the Hineora represented a source of strength and resilience, giving her something to hold onto during moments of emotional pain and crisis. The figure below shows the taonga (pendant necklace) that symbolised her completion of the challenge.

Um, so I remember thinking if there ever comes a point in my life, let's say I lose a child or I, I lose a parent...or something really painful emotionally happens. Like I have this. Yeah, like. And I know before it's proven that this taonga has held me when I had nothing left... For me it was almost a safeguard to know if I ever experience pain like that in my life again, I'm going to be OK because I have this.

-Bailey



Figure 5: The Hineora taonga of Higher Ground, surrounded by the pounamu (greenstone) that are acquired by graduates who complete 90 meetings in 90 days.

The Hineora also holds deeper meaning related to intergenerational trauma and healing (Pihama, 2014). Bailey described its components, including the representation of her grandmother, mother, herself, and her children, symbolising the continuity of addiction throughout generations (shown in the upper and lower koru (spiral) configurations). The shark tooth in the middle signifies strength and finding voice, and the circle represents the ongoing cycles inherent in recovery, and the transmission of resilience. The paua (abalone) shell pieces represent the inner beauty revealed through recovery. She emphasised the importance in connecting her to her lineage and providing a sense of continuity and support to others. This connection to her tūpuna and descendants shows the Hineora's role as a powerful emblem of healing to her.

Chapter 5: Discussion

This study addresses a critical gap in Aotearoa addiction research concerning wāhine Māori and whānau experiencing recovery from addiction. Over time I became more aware that wāhine Māori face distinctive challenges in seeking help. Despite the recent emergence of specialised programmes and recent reviews designed to meet these needs, scholarly exploration of wāhine Māori's recovery beyond treatment-related experiences remains limited.

Responding to this research gap is imperative, given the significant long-term health and social implications for Māori communities (Ministry of Health, 2020; Muriwai et al., 2018). This study aimed to contribute vital insights by exploring recovery through a relational framework, amplifying the voices of those with lived experience and whānau perspectives. By employing indigenous psychological methods and focusing on the unique strengths and challenges faced by wāhine Māori, this research sought to not only inform culturally responsive practices in addiction treatment, but also empower whānau to become curious about innovating solutions, supporting the broader goals outlined in the Whakamaua Māori Health Action Plan (Ministry of Health, 2020). This initiative aligns with national efforts to mitigate alcohol and drug-related harms among Māori and reinforces the need for evidence-based approaches to enhance the effectiveness of addiction services in Aotearoa. This evidence can be found embedded within the life stories of whānau Māori who are travelling through recovery.

This study employed pūrākau methods to elevate reconstructed stories shared intimately within recovery spaces to broader awareness. Psychological research on narrative reconstruction states its significance in navigating recovery from life's challenges toward finding meaning within hardships (Radley, 2009). My approach integrated personal narratives within socio-cultural frameworks, highlighting how they shape individual experiences and identities (Billig, 2008; Hodgetts et al., 2011), while recognising that communal narratives form the foundation of personal life stories (Murray, 2000; Rappaport, 2000).

For Māori communities, narrative reconstruction during addiction and recovery intersects deeply with broader Māori identities and societal roles (Houkama & Sibley, 2010; Durie, 1997), challenging outdated constructs amidst contemporary influences (Borrell, 2005; McIntosh, 2005). Viewing recovery through a relational lens, as my research has endeavoured to do, encompasses resilience that extends beyond individual capacities to encompass the support of whānau and community systems (Blackstock & Trocme, 2005;

Ungar, 2005). This paradigm shift acknowledges the importance of external protective factors in creating resilience within Māori communities, navigating historical, ecological, and cultural dimensions to sustain well-being and adaptive responses to adversities. Cultural authenticity has been advocated for by tāngata whaiora in recovery from addiction (Morrison et al., 2021).

Taking a relational stance on addiction and recovery resonates with this cultural authenticity and the interpersonal dynamics inherent in Māori concepts of health and wellbeing (Durie, 1994; King & Robertson, 2017; Rua, 2015; Walker, 2004). The disruptive effects of colonisation on traditional Māori cultural relational frameworks have been profound, reshaping social structures through assimilation processes (Durie, 1997, 2004). Returning to our central values such as whānaungatanga and manaakitanga cultivates and reinforces bonds within Māori social groups (Mead, 2003). A recent scoping review (Jackson et al., 2023) explored the power of connection during recovery, finding that relationships with whānau, friends and partners can impact positively during treatment (Chan & Moriarty, 2010; Conroy, 2018; Handa, 2006; Malatest International, 2022; Spirrett, 1997; Streatfield, 2022; Vaughan, 1996).

Embracing these values and Māori methodologies, my research utilised a whakapapa-based understanding of addiction. Whakapapa, encompassing spiritual and collective dimensions within whānau, hapū, and iwi, provides a philosophical framework to comprehend addiction's emergence within intricate webs of historical, environmental, and relational contexts (Karetu, 1990; Mead, 2003; Kereopa-Woon & Waitoki, 2017). This perspective, taking place in response to a specific context and objective (Marshall, 2020), not only enriches our understanding of addiction but also challenges prevailing paradigms in substance use research and treatment (Du Plessis, 2017). By adopting a whakapapa approach, we promoted forward-looking insights into addiction's intergenerational impacts within whānau, advocating for transformative approaches that acknowledge the socio-political and cultural factors undercurrents influencing addiction and recovery (Karetu, 1990; Mead, 2003).

We moved away from positivist causality-focussed understandings of addiction as a solitary, individual, psycho-pathological complex and toward a more adequate social and culturally grounded conceptualisation that sees addiction as a set of embodied social practices (Hughes, 2007). Central to this discussion is Bourdieu's (1984, 1990) concept of habitus, which illuminates how people's social interactions, practices, routines and responses, including those related to addiction, are shaped by ingrained social norms and experiences. The habitus as influenced by culture and historical legacies, that my

participants navigate often consists of the socially constructed spaces within, which addictive cycles of being, are normalised.

Additionally, Actor Network Theory (ANT) provided a lens through which to understand addiction as a complex network of relationships, involving not only people and substances as actors but also societal and environmental factors (Jóhannesson & Baerenholdt, 2009; Latour, 2013). ANT challenges dominant Western views in psychology (Henrich, 2010) by highlighting the agency of material objects and their active roles in shaping addictive ways of being and necessary recovery processes. Because substance abuse becomes inseparable from social interactions and personal narratives, the integration of ANT into addiction studies shifts focus towards understanding addiction as a system of interconnected elements rather than a singular issue of personal choice or pathology. This broader perspective encourages interventions that address the multifaceted relationships between individuals, whānau, substances, and environments, potentially enhancing the effectiveness of recovery strategies (Jóhannesson & Bærenholdt, 2009).

Māori have distinct experiences requiring culturally responsive approaches that recognise Māori identities, relational reintegration, and spiritual connections (Waigh, 2017). The unique challenges call for new paradigms and ways of viewing the complexities unique across different cultures and holistic approaches required for understanding treating addiction. Existing mental health services often fail to meaningfully include Māori perspectives, hindering effective treatment due to cultural mismatches and persisting historical sensitivities (Durie, 1990; Muriwai et al., 2015; Rolleston et al., 2020; Williams & Cram, 2012). Studies advocate for Kaupapa Māori approaches that integrate community and cultural practices into addiction recovery frameworks (Britt et al., 2014; Cassidy & Pipi, 2015, 2016; Huriwai et al., 2000, 2002; McLachlan et al., 2017, 2021; Te Rau Matatini, 2015; Wratten-Stone, 2016), highlighting the need for tailored interventions that empower Māori individuals through strengths-based methods rather than deficit-focused approaches (Groot et al., 2010; Mckenzie et al., 2016).

My research contributed to addressing the scarcity of published studies on Māori experiences outside of residential addiction settings, by echoing calls for culturally informed research to address these disparities (Jowett, 2021). Efforts within spaces of care such as Higher Ground and the research that they are committed to illustrate the benefits of culturally specific rehabilitation programmes that integrate traditional practices and family involvement, enhancing treatment effectiveness for Māori (Waigh, 2012, 2017; Ashdown et al., 2019). The systemic barriers to addiction recovery faced by Māori, including community stigma and the inadequacies of Western health paradigms, further

compel a shift towards relational approaches that acknowledge and respect Māori ways of knowing and being (Jowett et al., 2021; King, 2019). By embracing a holistic view that values interconnectedness over individuality, strategies grounded in lived experience can support meaningful and sustainable recoveries within indigenous communities in Aotearoa.

Throughout this thesis, I have provided critiques of the dominant theories of addiction, particularly, the still prominent disease model's biomedical focus on genetic and biological influences, historically traced through figures like Stuart, Rush, and Jellinek (Barnett et al., 2017; Blume et al., 2013). While this model has destigmatised addiction and spurred biomedical research, it has been criticised for potentially absolving personal responsibility and overlooking social and environmental factors contributing to addiction, particularly in diverse cultural contexts (Wilbanks, 1989; Volkow et al., 2022). In contrast, the biopsychosocial model integrates further influences, acknowledging addiction's multifaceted nature and various contributing factors such as genealogy, trauma, and social environments (Herie et al., 2013; Skewes & Gonzalez, 2013). Despite its inclusiveness, challenges persist in implementing this model effectively and ensuring cultural relevance for indigenous groups (Saad et al., 2017), such as Māori. These critiques call for approaches that incorporate specific cultural knowledge and practices, potentially simpler to implement, ensuring respectful and effective care that addresses the broader social determinants of health (Legha & Novins, 2012; Dudgeon & Walker, 2015).

These challenges are compounded within indigenous communities, where cultural factors and systemic issues are pivotal in shaping health outcomes and treatment effectiveness (Eriksen & Hoeck, 2022). The call for culturally sensitive and whānau-centred approaches to addiction care resonates strongly in Māori contexts, as highlighted by reviews emphasising the need for decolonisation within healthcare systems (Department of Internal Affairs, 2019; Malatest International, 2022). Current literature states the importance of integrating tikanga and holistic approaches that acknowledge relationships between people within their whānau and community settings (Morrison et al., 2021; Parsonage, 2015; Waitematā DHB, 2017). A similar need for gender-specific or gender-sensitive services that are culturally aligned, non-stigmatising and accessible has also been identified (Jackson et al., 2023).

Women with substance use disorders face complex challenges rooted in both structural and psychosocial factors. Women, particularly those who are pregnant or parenting, confront distinct risks associated with substance use, including adverse health outcomes for themselves and their children, legal repercussions, and societal stigma (Chou et al., 2018; Frazer et al., 2019). Despite efforts to modify behaviours upon learning of

pregnancy, many women continue to use substances, underscoring the persistent barriers they encounter in accessing effective treatment (Milligan et al., 2017). Moreover, gender-specific obstacles such as limited access to education, employment, and childcare, coupled with experiences of violence and trauma, and co-existing mental health issues and eating disorders further hinder women's engagement in substance abuse treatment and their ability to sustain recovery (Brady & Ashley, 2005; Greenfield & Grella, 2009; Milligan et al., 2010; Sun, 2007).

Efforts to combat addiction in Aotearoa have evolved from moralistic condemnation to criminalisation and medical intervention, shaping current policies and treatment strategies that vary in effectiveness and cultural relevance (Inter-Agency Committee on Drugs, 2015; Department of Corrections, 2016). Despite a national drug policy oriented towards harm reduction, disparities persist in access to equitable addiction treatment, with Māori disproportionately affected by systemic barriers within the healthcare system (Espiner et al., 2021; Graham & Masters-Awatere, 2020). Culturally informed interventions and collaborative research initiatives with Māori communities are essential for improving addiction outcomes and advancing holistic well-being, acknowledging the deep-seated impacts of colonisation and advocating for transformative changes aligned with The Treaty of Waitangi principles (Huriwai & Baker, 2016; New Zealand Drug Foundation, 2022).

Ultimately, substance-related conditions pose a significant burden on health and well-being within indigenous communities worldwide, exacerbated by the enduring trauma of colonisation (Gone et al., 2019; Walle, 2004). This historical legacy has disrupted access to traditional healing methods and perpetuated cycles of poverty and social exclusion, casting addiction as symptomatic of broader systemic inequalities (Theodore et al., 2021). In Aotearoa, Māori populations shoulder a disproportionate share of addiction-related health disparities, compounded by historical injustices and ongoing socio-economic challenges (Alcohol Liquor Advisory Council, 2008; Wells et al., 2006). These impacts ripple through families and communities, highlighting a need for research that honours Māori perspectives (Rapsey et al., 2018; Gibbs et al., 2017).

In summary, while addiction research has illuminated the diverse challenges faced by women and indigenous communities, there remained a serious need for studies that delve deeper into these intersections. By exploring recovery narratives through a lens that integrates whānau and Māori paradigms, my research has contributed to the construction of knowledge regarding nuanced and culturally grounded understandings of addiction processes. Furthermore, as my research has been done from a bottom-up perspective, working with the first-hand stories of Māori women who have successfully navigated

recovery themselves, my research is well suited to help inform tailored interventions that support holistic well-being for those affected by substance use disorders, particularly within indigenous populations. Within the following sections, I explore the deeper implications of my research.

Summary of Key Findings

This study views addiction through the lens of whakapapa (O'Hagan et al., 2012). Whakapapa helps us to see addiction as not just an isolated personal issue but deeply embedded within familial, cultural, political, economic, and historical contexts. We gain insight into how it is often ripples across generations and shaped by our tūpuna as well as colonialism and its aftermath (Gibbs et al., 2017). This understanding is vital as it shifts the focus from individual pathology; it promotes a change of perspective from treating addiction as a personal illness to healing our whakapapa lines, to take back our power. This approach links closely to the concept of habitus (Bourdieu, 1984, 1990), which emphasises the importance of cultural circumstances in shaping addiction behaviours and recovery outcomes. Studies that utilise cultural frameworks like whakapapa enrich our theoretical, conceptual, and practical understandings by illustrating how addiction traverses identity, trauma and environment. It allows researchers and practitioners to explore these nuanced pathways to recovery that integrate cultural knowledge that is sometimes overlooked in conventional addiction approaches (Mckenzie et al., 2016).

We are not discussing drugs as isolated objects separate from individuals, but rather as entities deeply integrated with individuals, absorbed within families, and embedded in culture to the point where they become part of the whakapapa. Concepts from Heidegger, ANT (Actor-Network Theory), habitus, and whakapapa illustrate this. When drugs are removed, the grieving process begins, reactivating a void. This void can be filled by strengthening relationships with others and reconnecting to culture. Practically, recognising the whakapapa of addiction opens up new horizons in the field. Whakapapa represents more than just a collection of symptoms; it embodies our collective history and futures, meaning that there is more at stake than individual experiences (Connor, 2019; Karetu, 1990; Mead, 2003; Wilson et al., 2019). This perspective also validates culturally responsive interventions that integrate mātauranga Māori and tikanga, aligning with whakapapa understandings to inform future approaches (Huriwai et al., 2000). I have witnessed that methods as simple as learning your pepeha (recitation of genealogy) resonate deeply with whānau Māori affected by addiction, improving our relationships with self and culture, building trust, engagement in treatment, and potentially improving

accessibility. Because, as Durie (2007) says, indigenous people have an innate determination to succeed.

Understanding how addiction can erode personal identity and blur relational boundaries reinforces the notion that substance use becomes deeply entrenched in our whakapapa and identities. The stories presented within this thesis affirmed the significance of maintaining meaningful connections throughout the recovery process (Browne et al., 2016), as strengthening supportive relationships can transcend the isolated identity of the self-as-addict. Witnessing role models navigate their paths, as seen with Bailey's relationship with her, and the powerful influence of Ani's mother, illustrates the significance of community support and the efforts of previous generations in establishing the groundwork for sustaining long-term recovery outcomes (McGovern et al., 2021). Moreover, the transformative potential of sharing recovery journeys through relational storytelling, as outlined by Ani's children who, as the next generation now know truthful *kōrero* as the status quo, emerged as a powerful tool.

Exploring narrative disruptions helps to challenge deterministic views that contribute to social stigma. Matthews et al. (2017) claim that addiction is best situated within a lens that sees it as socially constructed, a product of interactions that include discourses and public stigma. Stigmatising assumptions and traditional addiction narratives sometimes include a treatment-recovery lexicon that articulates addiction as an inexorable descent and affliction linear path leading to a singular point of collapse or "rock bottom" moment that becomes a pre-requisite for recovery (Shinebourne & Smith, 2010). This study demonstrates that addiction recovery is far from straightforward; it involves cycles of progress and setbacks, including relapses that require perseverance. Within this are many transformative moments to disrupt their trajectory, illustrating recovery as an active process shaped by unexpected events, synchronicities, gradual changes, personal insights, and supportive relationships.

This research explores disruptions as one part of the interconnectedness of interactions between multiple factors in the recovery process but have not been made super servient to their journey as a whole (Patton & Best, 2024). Disruptions allowed the *wāhine* to integrate their experiences into a coherent story, highlighting the fluidity of identity and limitations of oversimplified models such as the disease model, advocating for a more complex understanding of recovery. Contemporary literature increasingly recognises the therapeutic potential of these disruptions when they are celebrated as turning points, highlighting how they act as an antidote to pain, cause shifts in personal identity, and facilitate the journey from denial to acceptance (Biernacki, 1986; McIntosh & McKeganey,

2001; Patton & Best, 2024). They enable people to reconstruct their life stories in ways that reflect the lived experience of recovery.

Abstinence proves effective for these women, who often found it necessary to completely sever ties with all substances. However, their stories show that challenges persist in recovery; repairing damaged relationships and addressing past traumas are integral to restoring whānau connections. They emphasised the importance of establishing everyday routines during the initial stages of recovery. Initially, individuals may need to distance themselves to learn and eventually integrate what they discover into their daily lives (Costello et al., 2019). Treatments, homes, and recovery environments are seen as spaces of care within a landscape of despair, providing safety and stability amidst difficult circumstances and histories (Conradson, 2003; DeVertuil et al., 2009).

Recognising that recovery extends well beyond formal treatment, these perspectives highlight the need for theories that acknowledge ongoing behavioural changes and the continual adaptation to life's demands. They bridge the gap between treatment-focused studies and the realities revealed by lived experiences. Drawing from Bourdieu's (1984,1990) concept of habitus, these insights further illustrate how entrenched social structures and cultural norms influence addiction and recovery outcomes. We see cultural environments where wāhine draw strength from a healthy community, and their sobriety and service, in turn, nourishes that community and others. When a person's addiction reflects the larger community's wounds, both the person and the community need treatment (Brave Heart, 2003). This thesis shows many examples of personal recovery and community revitalisation occurring simultaneously (Williams & Laird, 1992). This encourages researchers and practitioners to explore how environmental and familial factors impact sustained recovery after treatment ends.

The early intervention that the health system aims for can begin in our own homes, through how we nurture our children. Emphasis on continuity in education and passing down recovery principles across generations, alongside robust family support, helps prevent substance abuse from persisting through the years. These insights deepen our grasp of addiction recovery as a complex process shaped by culture. Māori approaches to recovery, tailored for whānau, have the potential to inform both theoretical discussions and practical strategies in addiction studies and public health interventions (Huriwai et al., 2000).

Recovery also signifies a return home for those spiritually adrift (Boulton et al., 2022). Cultural reconnection emerges from this journey toward self-restoration, when we have a

presence in relationships our true reality emerges to take us home. Cultural identity serves as both a personal anchor and a collective source of resilience within whānau Māori communities (Clark et al., 2011). According to Māori scholars, a strong cultural identity protects against the challenges of urban life and the disruptive impacts of substance use (Huriwai et al., 2001). Huriwai (2015) advocated for more research exploring the notion of culture as a cure-all for addiction. We say that a lack of cultural connection can exacerbate familial stress, potentially providing some of the conditions within which addiction can take hold. I advocate for the field to prioritise practical interventions that stabilise individuals and facilitate the necessary restructuring for meaningful engagement in cultural recovery. This study is less about Māori cultural identity than reconnecting to culture, in ways that work. By focusing on rebuilding relationships- with oneself, with others, and within our environments- whānau can genuinely reclaim and integrate their cultural practices into their paths to recovery. Cultural principles are congruent with the spiritual principles of the 12-steps, which stretch out practices associated with marae through the assemblages of contemporary recovery (cf., King et al., 2018).

The processes of re-storying and re-parenting among Māori women in addiction recovery holds importance as it offers them a second chance (Murphy, 2022). As seen with Ani, Reikura and Bailey; motherhood, while not a shield against addiction, can catalyse great shifts in self-awareness and responsibility, encouraging a re-evaluation of parenting approaches. Family relationships are fundamental toward sustaining recovery efforts, commending the collective effort required from whānau throughout the journey. Bailey's reflections show how recovery also entails nurturing one's inner child and reclaiming authenticity, as noted by James (1974) and Gordon and Archer (2012). Providing the tenderness and care that may have been lacking in youth becomes a process for healing and realigning unresolved traumas. This inward journey allows individuals to address unhealed parts of themselves- the unacknowledged shadow self that is hungry, the void once filled by substances (Cimolai & Bréjard, 2024).

As previously discussed, this study reveals a cyclical process where adverse childhood experiences often lay the groundwork for future addiction (Black, 2020; Patton & Best, 2024). We see this in the violence and displacement that Tahlia sought to escape from and the modelling of substance misuse that Reikura, Ani and Bailey observed as children. Parenting without substances prompted them to confront their upbringing, thereby deepening recovery efforts by addressing addiction's whakapapa- the internal journey

reflected in cultivating trauma-free environments for their children, as seen with Ani's children today.

Advancing theoretical understanding of addiction can be enhanced through holistic, community-based recovery frameworks that prioritise relational identities and cultural reconnection (Browne et al., 2016). Moving beyond Western medicalised viewpoints, as I experienced during my own re-studenting process, involves shifting our relationships with people, places, and things, drawing inspiration from those who have navigated similar paths before us to practice new ways of being in the world. My key findings also bring light to the importance of supportive networks like tuakana/teina relationships (Reilly, 2010), and culturally specific spaces such as marae in advancing cultural recovery alongside other therapeutic measures (Thom et al., 2018). These environments provide supportive settings that aid healing by engaging beyond mere intellectual and behavioural focus points. For these whānau, what they were really looking for was a home, a place to be Māori, a space of safety and care that they lacked when they were younger (White & Scott, 2004).

Moreover, narratives highlight the agency of whānau in creating and validating solutions that work for them to break the cycle of addiction, stressing the importance of centring indigenous perspectives and voices in shaping effective recovery strategies. By honouring pūrākau, this study has promoted a participatory approach to exploring solutions, encouraging readers to envision and contribute to culturally grounded pathways for addiction recovery that resonate with Māori values and lived experiences.

Future Research Directions

I would like to reiterate what was mentioned in the analysis section, that this study has demonstrated whānau capacities to envision, integrate, and innovate their own solutions to overcome addiction (Huriwai et al., 2000). Looking ahead to future research directions, I hope this study has paved the way for new perspectives on addiction and recovery, moving beyond individualised disease and deficit paradigms that currently constrain the field. Rather than provide a directive, I instead hope that this study inspires future creative endeavours toward research on addiction and Māori. In alignment with the vision of our Kaupapa Māori pioneers for revitalising Māori health, as a researcher, I chose not to view addiction as merely a disease. Rather, it is one of the manifestations of the systemic injustices endured by our people across generations.

There is a need to delve further into and write about whakapapa. If we understand whakapapa as a blend of nature and nurture programming, rather than a predetermined

fate, we can empower ourselves. Because, healing ourselves is our responsibility, to re-write what we can during our lifetimes and equip our children to contribute to this ongoing transformation when we are gone. These narratives illustrate whānau who have drawn upon the past with curiosity to reshape their children's futures. This process heals, recodifies, and re-patterns whakapapa. This is whānau, collectively, breaking the cycle.

There is a critical need for expanded research focusing on recovery rather than addiction, focussing on the solution rather than the problem. It would be useful to see more research into the different recovery *habiti* (Bourdieu 1984, 1990), the day to day living of those in recovery and the simple replicable acts that are essential to sustaining abstinence. Research spanning the lifespan, documenting challenges, setbacks and new precedents of success in recovery, is essential. This study has shown that further to simply stopping using- it is our *relationships* with substances, other people, whānau, space and the environment that deserve the attention of relapse prevention strategies (Jóhannesson & Bærenholdt, 2009).

Pūrākau methods remain underutilised in addiction studies. We have thousands of stories floating around in the New Zealand recovery realm that need somewhere to land. Like Lee (2009) says, they do contribute to compost but they could be growing other trees, they currently enrich the community but could potentially cultivate broader academic insights. Lee's (2009) metaphor of the pū of the rākau, as well as the unseen underground network, our whakapapa, speaks to the need for focused academic writers who can effectively translate these stories for wider comprehension. When Lee (2009) described the different metaphors inherent in pūrākau, I think about the growth shoot and the growth potential of the rākau. The disproportionate representation of Māori in addiction statistics necessitates a re-evaluation of healing methodologies to incorporate more inclusive whānau-centered approaches. Greater support is needed for whānau impacted by addiction, redirecting attention to our cultural foundations.

Reflections

This section brings about a return to the metaphorical narrative of this research, drawing parallels once again to our earlier river analogy. Just as these rivers set new directions for whānau in recovery, the aim of research is similarly transformative: to challenge existing understandings of phenomena and carve out new avenues of knowledge for future scholars. This thesis represents my modest contribution to the field of addiction research.

Looking ahead, I envision a future where these pūrākau may resonate with others within the addictions space, a prospective master's student for example, people who, like myself

and the whānau in this study, have faced similar challenges. Beyond mere statistics and comparative analyses of our community, I hope that this work has delved into the raw, confronting truths experienced by those navigating the journey away from addiction. This study portrays stories of recovery, the resilience of whānau, endurance through setbacks, solidarity and unity, and testaments to the miraculous transformations that unfold for future generations through abstinence-based ways of being. Abstinence from all substances is only one method of confronting addiction, but when Māori speak about 'mokopuna decisions,' my mind turns to the courage it takes to live free of drugs and alcohol.

Acknowledging the personal impact of research on the researcher is vital (Åkerlind, 2008; Herer & Schwartz, 2022). In many ways, the process undertaken here evoked feelings of isolation and despair, similar to those I experienced during addiction. Moreover, as I mentioned at the outset of this thesis, I had not yet studied in a tertiary institution without the aid of substances. So, my recovery and re-studenting process went hand in hand. Part of my journey as a returning student involved mustering the courage to share my work with others. I found myself sending voice notes to my peers, seeking feedback on paragraphs, explaining the theories I was learning, and asking what was missing, based on their experience. I found myself sitting on the couch with my flatmates at night excitedly rattling off some of the insights I had and relating them to certain occurrences in our lives. Learning to think things through with others, free of judgement or shame, helped to mitigate feelings of isolation. It was through these interactions that gaps were filled, and I gained more clarity and direction. Wāhine Māori researchers in recovery offered to review my work, marking a shift from solitude to collaboration. These shifts, facilitated by my recovery journey, enabled me to involve others beyond my study participants in my research process.

The strength of wāhine in conceiving whānau innovation strategies that is presented here intersects with Mana Wāhine and Tino Rangatiratanga (Pihama, 2020). While treatment can support wellbeing, defining what constitutes a healthy life for these wāhine is within their autonomy. The creative methods that they have integrated into their habiti shows their agency and strength as change makers (Simmonds, 2011). We celebrate and recognise their contributions to addiction recovery beyond the institution. This thesis thus belongs to my recovery community, enriched, and made more meaningful through their input. We take back power over our lives through the stories that we live through, reshape and share. These are stories that we can walk backwards into the future with as we forge new ways of being in the world with others.

My positionality on this kaupapa is one grounded in personal experiences and commitment to the wellbeing of whānau (Mackintosh, 2024). Thus, this study bore a responsibility to respectfully honour the narratives shared and the diverse cultural realities expressed. It carried a weight of obligation not only to my immediate community of recovery within which I live each day, but also to the broader Māori community that I float in and out of. Operating within clinical and client frameworks alongside this thesis that are heavily influenced by Western paradigms, and breaking free from these constraints, required additional effort.

Throughout the research process, I also witnessed people around me grappling with relapses and challenges. During these times, my own fears of relapse prompted some scary reflections on the thesis's relevance, considering the possibility that my findings could lose their significance if I were unable to maintain my personal recovery journey. On the other hand, it gave me more of a reason to push forward past those barriers. Navigating these internal challenges demanded a deliberate approach to revitalising my academic engagement. I relied on my reshaped habitus, returning to nurturing environments and established relationships. In moments of overwhelm, I prioritised self-care, allowing myself necessary breaks. Revisiting the foundational principles outlined in this study, I found comfort in the supportive network that buoyed me during times of uncertainty.

My professional environment served as a grounding space enriched by mentors and colleagues, tuakana who provided invaluable support and guidance. Equally important in my journey were 12-step meetings, a consistent source of care and support. I stress the importance of regular attendance, commitment to step-work, and the role of sponsorship, all of which were pivotal for me. My sponsor offered encouragement and taught me to be compassionate toward myself. Recovery isn't about performance; it's about consistently showing up for ourselves, even on difficult days when we don't feel like doing anything, and sharing our gifts of recovery with others. These reminders kept me focused on my purpose: to help the addict who still suffers.

My supervision team imparted me with a new way to view recovery, perspectives that I had not considered previously but aligned beautifully with the voice I aspired to have in this work that was unrealised when I began. This project has been a collective effort from its conception to the stack of paper it has become in its finality. Throughout the process of researching, theorising, and writing, we sought to present a new paradigm to explain the phenomenon of addiction, one that makes sense to whānau Māori. This new paradigm was sculpted through the continual conversations that I have had within the recovery

community. One benefit of being a wahine who is living through some of the realities presented in this thesis and working in the field is that everything in my personal and working life has some sort of relevance. It is through these side conversations that these theories have been solidified and reinforced over and over as evidence grounded in practice.

Many express that their addiction has generational roots, stemming from family members who were addicts or from exposure to violence at home- *whakapapa*. These individuals are actively reshaping their family's norms, restructuring their lives around recovery, and confronting challenges such as depression and painful memories through the intensive self-work required to get well- *habitus*. They give gratitude to the programme and treatment centre- *spaces of care*. They are in the process of rewriting their life stories, learning to become nurturing parents not only to their children but also to themselves- *re-storying*. Occasionally, I hear an indigenous person share their journey as well. This is where my heart starts beating and I feel tears well up in my eyes because what they speak of is returning to the marae, whānau moving in together or getting their moko kanohi. And I do not just hear it, I see it as well in the new glow that they emit. This is the journey of recovery- a journey of reconnection to self and, culture.

Closing words

“Pukenga Maunga, Rerenga Wai”

Where there are peaks, water flows

(Limmer as cited in. Opai et al., 2022)

To return to the river analogy in these closing words, this thesis has explored waiora (wellness) through the metaphor of hurihanga wai (the cyclical journey of water). Just as rain gathers at the peaks of our mountains, symbolising the inception stage, water flows down from our maunga, revered in Te Ao Māori as repositories of mātauranga, and eventually reaches the whenua, where the rivers of lived experience converge. Knowledge cascades from our mountains like water, and where water flows, communities thrive. This whakataukī reflects our interdependence with mountains, illustrating how our challenges and triumphs strengthen us. Where there are peaks, water flows; where there are mountains to climb, tears flow.

Throughout history, our communities and livelihoods have clustered around water, highlighting its fundamental role in our lives. These waterways, connecting us to mountains and rivers, serve as anchors for our collective identity and our shared

responsibility to support each other in times of recovery. The completion of this thesis marks the rivers culmination at the ocean, where it can be accessed and embraced by all who encounter these narratives in the future.

This study has demonstrated longitudinal benefits of recovery from addiction that extend beyond the individual to the lifestyles, attitudes, and ways of life of our children and mokopuna. I express my gratitude to those who have contributed to this thesis. I acknowledge our repository of mātauranga for providing me with direction, and my team of supervisors and teachers both in this world and the next. I recognise those whose lives have been lost to addiction and the whānau impacted. Ultimately, I hope that this study can inform future research that celebrates our people.

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Appendices

Appendix A: Letter of support from Higher Ground



PO Box 45192, Te Atatu Peninsula, Waitakere 0651
118 Beach Road, Te Atatu Peninsula, Waitakere
T 09 834 0017 F 09 834 0018
W www.higherground.org.nz

Date: 25th July 2022

To whom it may concern,

I am writing this letter today in support of Lena Kemp who wishes to undertake a research project in the area of *Maori women in recovery*.

There has been much conversation that suggests urban Maori who have had minimal access to *he taonga tuku iho*, have become increasingly disconnected from their origins and intrinsic identity.

Research such as this would be useful to Higher Ground as it could inform planning for future residential programming and could potentially enhance the cultural component for women, which is at the heart of our residential program.

Another consideration is that while there has been much research looking at the impact of addiction for Maori and their communities, this particular research is focused specifically on *women* of Maori descent who are exploring their own health and wellbeing.

As this area is largely under researched, further development in this area would be highly beneficial to Maori women and the whanau and communities of which they are a part.

Please feel free to contact me if you require any further information is required, I can be reached on (09) 834-0017 Ext 140. Alternatively, you can email me at lusan@higherground.org.nz

I thank you for your consideration.

Nga mihi nui

A handwritten signature in black ink, appearing to read "L. Turton".

Lusan Turton
Community Counsellor

Appendix B: Study Flyer

 **MASSEY UNIVERSITY**
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Are you a wahine in recovery?

Then we are interested in hearing your whānau stories.

Tena koe, my name is Lena Kemp. I am a wahine Māori in recovery and now studying psychology. I am seeking Māori women with over 2 years of abstinence-based recovery from substance use-disorders, and your whānau members over 18 to take part in kōrero around your experiences of recovery for my Master's research project.

I would love to bring the experience strength and hope that I hear in our communities, and also the stories of your whanau members into the academic space.

If you work in the AOD or mental health sector you are encouraged to take part as you have valuable insights to offer.

A koha of a \$40 prezzy card will be offered for your contribution.

For more information about this project please contact Lena
[REDACTED]

This project has been reviewed and approved by the Massey University Human Ethics Ohiu Matatika 2. Application OM2 23/18. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohiu Matatika 2, telephone 09 414 0800 x 43347, email humanethics2@massey.ac.nz.

Appendix C: Participant Information Sheets

Wāhine Māori experiences of abstinence-based recovery from substance-use disorder in Aotearoa New Zealand, a Kaupapa Māori perspective.

Participant Information Sheet

Researcher: Lena Kemp (Masters student)

Supervisors: Dr Shemana Cassim, Dr Pita King.



Tēnā koe | An invitation

This participant information sheet provides you with information about the study and details of what your participation will involve if you consent to take part.

I invite you to take part in a study that aims to gather the stories of wāhine Māori and whānau experiences of abstinence-based recovery from substance-use disorders. I invite any whānau members over the age of 18 to be involved. You are welcomed to participate if you work in the AOD sector as you will have valuable professional insights to offer that could benefit service provision in Aotearoa. I am interested in hearing your stories of drug and alcohol addiction and recovery from both a personal and professional view, and from the perspective of your whānau. You are also welcome to bring any objects or photographs or other expressions such as drawings that may be important to your recovery journey, that we can discuss. Please read the information provided and get in touch with us if you would like any more information.

Ko wai mātou? | Who are we?

I am a wahine Māori in recovery and am currently working as a support worker in the mental health and addiction sector. I have a dual role as a recovering person working as a support worker, and a Masters student working on a project about recovery from addiction. I have experienced the many challenges and miracles of recovery. This project is a kaupapa close to my heart and a partial requirement towards completing my master's degree in health science. I feel passionate about giving back to our recovery community and helping other whānau Māori in this space. I hope to bring some of the profound kōrero of whānau resilience that I hear within our recovery communities into a piece of academic writing. My supervision team are researchers and lecturers within the indigenous community psychology space. This project is funded by the Health Research Council.

He aha tēnei kaupapa i hirahira ai? | Why is this topic important?

Reducing alcohol and drug-related harms for Māori is a priority in the mental health setting. It is understood that addiction impacts the whole whānau, and when one person heals, the whole whānau heals too. Women face many challenges to seeking treatment, such as our pēpi and tamariki, what happens in our homes, and our whānau commitments. Nevertheless, there are many wāhine out there that want support, but haven't been able to get the help they need because the support in our country do not offer the right kind of care to us as Māori. There is a small amount of research that shows the voices of our whānau so that the addiction sector can better cater to Māori addiction needs. Research is important because it can lead to changes in the way the health system works. My goal within this study is to start a conversation about what works for our whānau and how wāhine Māori recover.

Pehea au i kimihiā? | How was I identified and why am I being invited to participate in this research?

You have been identified by the researcher or another peer as a wahine Māori in abstinence-based recovery (without the use of any substances) for 2 years or more, or a whānau member of someone of this description. I invite you to take part in this research because you have worked towards a life free of addiction for yourself and your whānau.

Ka aha rā i roto i tēnei rangahau? He aha ngā āhuatanga? | What would my participation involve?

Taking part in one or two kanohi-ki-te-kanohi interviews (between 1-3 hours each), at a venue and time convenient to you in Auckland (outside of your workplace and/or working hours), or online if you prefer. I would like to have a kōrero with you about your experiences of recovery, this can either be individually or with your whānau in a group hui if you prefer. You are welcome to bring along any photographs, drawings, or meaningful objects to the interview if you would like to discuss these as part of your recovery journey. Broad topic areas might include:

- What challenges you have faced in recovery so far.
- The impact of recovery on your whānau.
- Your experiences with support services.

With your permission, these interviews will be audio recorded. Information shared before the recorder is turned on will not be used in data analysis. You do not have to answer every question and you can stop the interview at any time and/or request for the recording device to be switched off, without explanation. If you wish to withdraw at this point, then please let me know and I can delete the recording. However, if you wish to turn the recorder off only as a break, then we can have the break, and resume the interview whenever you feel ready, and I can turn the recorder back on with your permission. Information shared while the recorder is off will not be used in data analysis unless you provide consent for this information to be used.

You are able to withdraw from the study at any time up to two weeks after the interview. I can send you the transcript for you to review so that you can check that it has been recorded accurately and that you are comfortable with how you are being portrayed anonymously. If you'd like to see your transcript, please circle the option on the Participant Consent Form. I can also give you the summary of findings once the project is complete. If this is something you'd like, please circle the option on the Participant Consent Form. A koha of a \$40 Prezzy Card will be offered to each person who takes part in these interviews for your contribution to this study, and kai will be offered during the interview.

Pehea au e whakaae ki te rangahau nei? | How do I agree to take part in this research?

Choosing to participate in this research project is voluntary and you can withdraw from the study at any time before or during your interview. You are able to contact me through my contact details provided below. You can also withdraw up to 2 weeks after your interview. You are also welcome to speak to anyone about the project before you decide whether you'd like to participate.

Mā wai tōku whatumanawa e tautoko? | How will my privacy be protected?

size of the recovery community in Auckland, but I will check with you before using any potentially identifiable information in my work.

The material from your interview will be used towards writing a master's thesis (a piece of academic writing). This may include using your quotes or statements relating to any other objects or drawings we use in the interviews to illustrate what you have said. These different types of information may also be used in future conference presentations, or journal articles.

The transcripts and recordings of interviews will be stored securely on a password-protected Massey University server for a period of six years, after which will be destroyed. My supervisory team will only see information where your name has been changed. If you withdraw from the study, your information will be either destroyed immediately or given back to you, at your request.

He aha ngā painga o tēnei rangahau? What are the benefits of this research?

This study is important because of the high incidence of addiction needs amongst whānau Māori. Participation in this study will give you the opportunity to use your lived experience to positively impact others and reshape negative representations of Māori who experience substance-use disorders. Your contribution will mean that your voice is heard on an academic platform, and will add to the current understandings of what helps wāhine Māori and their whānau to recover.

He aha ngā hē? Pēhea au e tautoko i a koe? | What are the risks or discomforts, and how will these be alleviated?

If we discuss anything during the interview that is distressing to you or your whānau where you might feel you need a break, we can stop the interview until you are ready to commence, and I will help you to find appropriate support services. If you decide to share anything relating to any general illegal activity that has shaped your pūrākau, I will ensure it will remain anonymous, and these accounts may be included in my thesis, with your consent. However, I encourage you not to disclose information relating to illegal activity that present risk or threat of immediate harm. If such information is shared, it will be deleted from the transcripts, and will not be included in this research, and I will consult with Higher Ground and follow their policies on how to handle such disclosures. Some free services are:

- *Lifeline* – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- *Suicide Crisis Helpline* – 0508 828 865 (0508 TAUTOKO)
- *Healthline* – 0800 611 116
- *Depression Helpline* – 0800 111 757 or free text 4202
- *Puāwaitanga* - 0800 782 999
Māori alcohol and drug helpline - 0800 787 798

Mā wai au hei kōrero atu? | Whom do I contact for more information?

If you are interested in participating in this study, or have further questions about your involvement, please feel free to contact me, Lena Kemp, for further information. All communications will be confidential.

I look forward to meeting you, hearing your stories and working together. Thank you for your time.

Contact details

Lena Kemp (student researcher)

Email: [REDACTED]

Shemana Cassim (supervisor)

Email: s.cassim@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/18. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, telephone 09 414 0800 x 43347, email humanethics2@massey.ac.nz

Appendix D: Consent Form



Consent Form

Project title: Wāhine Māori experiences of abstinence-based recovery from substance-use disorder in Aotearoa New Zealand, a Kaupapa Māori perspective.

Researchers: Lena Kemp (student), Dr. Shemana Cassim (supervisor), Dr. Pita King (supervisor)

- I have read the Participant Information Sheet, and understand the nature of this research and why I have been selected. I have been given the opportunity to ask questions and have them responded to satisfactorily.
- I have had sufficient time to consider whether I agree to take part.
- I understand that my time for this study is voluntary and that I may withdraw at any time during the interview and withdraw any of the data I have provided (things that I have said during the interviews) up until 2 weeks following my interview with the researcher.
- I understand that my participation in this study is confidential and that all efforts will be made to ensure that any information or material that could identify me will be anonymised when it is used in any write up relating to this study (e.g. thesis, publications). However, I also understand that complete anonymity cannot be guaranteed, but that the researcher will check with me before using any potentially identifiable information in her work.
- I permit the researcher to use the objects/drawings/photographs or other artistic expressions I supply to help illustrate my story alongside any kōrero.
- I understand that face-to-face interviews will be audio recorded and Zoom interviews will be video recorded and stored in a secure location.
- I understand that I can request for recording devices to be turned off but this does not imply withdrawal from the study.
- I understand the information shared while the recorder is off will not be used in data analysis.
- I understand that I will be given the option to edit the transcript of my interview and that I can request to be sent a summary of the findings (whereby I will need to provide the researcher with the relevant contact details).
-
- I wish/ do not wish to see the** transcription of my interviews (please circle one)

- I wish / do not wish** to receive a summary of the project findings (please circle one)

(Participant Name)

(Participant Signature)

(Date)

(Researcher name)

(Researcher signature)

(Date)

Appendix E: Interview Guide

Mahere kōrero| Interview Guide

Wāhine Māori experiences of abstinence-based recovery from substance-use disorder in Aotearoa New Zealand, a Kaupapa Māori perspective.

Ko ngā kōrero hei timatanga/ whakawhānaungatanga | (First meeting) Introduction:

- Offer to start with karakia
- Thank participant for their time and agreeing to participate
- Introduce self/background
- Explain aims of research and interview
- Verbally go through participant information sheet, and answer any questions/clarify any doubts
- Give participant information sheet and consent form - sign
- Consent for turning voice recorder on

Ngā pātai mo tāna haerenqa | Recovery Questions

Can you tell me a bit about yourself and your background?

Can you tell me a little bit about your recovery?

- *Definition*
- *Challenges*
- *Benefits*
- *Pre-recovery*

Kōrero e pā ana ki tō ake wheako hei wahine Māori | Can you tell me about your experience as wahine Māori in this space?

- Unique assets/strengths of wahine Maori?
- Insights from recovery journey?

I pehea te mate waranga i whakaaweawe/ patu rānei i tō whānau? | How has your substance use and recovery impacted your whanau?

- *Whānau history?*
- *Tamariki?*
- *Other support networks?*

Nā wai koutou hei tautoko? | Can you tell me a little bit about your experience with support services?

- *Challenges?*
- *Positive aspects?*
- *Ideas for improvements?*
- *Challenges?*

Ngā pātai mo tana mahi hauora | Professional Questions (if they work in the AOD sector)

Can you tell me about your experiences working in the addiction sector?

- *Why did you decide to work in this space?*
- *Benefits?*
- *Challenges?*

Ngā pātai ki te mema whānau | Whānau member Questions

- Can you tell me about your experiences of ___ recovery as a whanau member?
- What was life like before recovery?
- Were there any challenges or struggles along the way?
- Can you tell me about the changes in your whanau since recovery?
- Have there been any gifts and benefits?
- Can you tell me about any positive stories that we can learn from?
- How were your experiences with support services?
- Can you tell me about any lessons learned?
- Is there any advice you might have for us/others in your position?

Children Questions

- Can you tell be about your life growing up with your parents in recovery?
- What was it like having parents who don't drink or use drugs?
- Can you tell be about growing up with the 12 step fellowships and Higher Ground?
- What is your relationship with your mum and dad like today?
- How do you feel about drugs and alcohol today?
- Have there been any challenges or struggles along the way?
- Have there been any gifts of recovery?
- Can you tell me about any stories that we can learn from?
- Can you tell me about any lessons learned?
- Can you imagine what life would be like if your parents were still using?

Kōrero whakakapi (pātai/ mihi/ karakia) | Closing Questions

Do you have anything else you would like to say?

How do you envision the future for you and your whānau?

Are there things about recovery as wahine Māori that you wish outsiders could understand?

Thank participant for their time

-offer to close interview with karakia

-share kai together

Appendix F: Personal Safety Plan

Lena Safety Plan

Some interventions I will put in place to ensure my safety pre, during, and after the interview processes

- I will let my supervisors and peers know when I will be at the interview and where they will be undertaken (likely to be in an interview room/ board room at Higher Ground, in which case some staff members there will be aware of where I am, as I will be required to sign in and out).
- I will always keep my phone fully charged (but on silent) and on my person during interviews, so I am able to contact support people if and when required.
- I will organise a debrief with my supervisors following all interviews, which will likely be during our bi-weekly supervision sessions, and send them an email if I have any concerns after the interviews (due to potentially triggering kōrero).
- If I need immediate support I have 3 people who are available to support me, my counsellor from CADS (Catherine), my case manager from Higher Ground (Lusan) also my sponsor (Carly).
- To ensure my safety in the interview space, I will make sure I identify and am familiar with all exits in the room. I will ensure that I will sit near, or with direct/clear access to the exit, but in a way that is respectful to the participant(s).