

Beyond Data Collection: Therapeutic Dimensions of Culturally-Grounded Focus Groups in Aotearoa New Zealand

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Abstract

This reflective piece examines unexpected therapeutic outcomes that emerged during focus groups exploring mental health and resilience in Aotearoa New Zealand. The focus groups took place as part of a national study investigating resilience, mental health, and wellbeing. The study employed a culturally grounded methodology, utilising Māori practices that provided a unique and culturally affirming platform for engagement and safe dialogue. Following the primary thematic analysis, an emerging pattern suggested that participants were experiencing benefits through the group process itself. This prompted a return to the data with a more focused interpretive lens, guided by the question: How might focus groups when grounded in tikanga Māori (cultural protocols) support participant wellbeing and healing? Through this second phase of analysis, five key themes were identified: emotional release; group validation and support; personal growth and empowerment; cultural connectedness through tikanga; and the catalytic influence of resilient narratives. This article draws on the primary author's observations to reflect on how focus groups, when embedded in tikanga Māori, can serve as more than data collection tools; they can also become spaces of healing, cultural reconnection, and collective strength. These insights have implications for researchers working with Indigenous and marginalised communities internationally, highlighting the importance of culturally safe and responsive research practices.

Keywords

focus groups, therapeutic benefits, indigenous methodologies, māori, tikanga, qualitative research, resilience, mental health, biculturalism, research ethics, participant wellbeing, decolonizing methodologies, reflective practice, emotional wellbeing, cultural safety

Introduction

Qualitative research techniques, and focus groups specifically, have long been valued for their capacity to capture multiple voices, facilitate detailed discussion, and examine human experiences closely (Alessi & Kahn, 2023). While focus groups are traditionally used as data gathering tools to understand participants' perceptions, attitudes, and lived experiences, my recent experience as the primary author has highlighted their less-explored dimension: the personal and therapeutic potential for participants. As a researcher who both facilitated and participated in focus groups exploring resilience and mental health in Aotearoa New Zealand, I found myself witnessing transformative moments that transcended

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the research objectives. This reflection examines how Māori tikanga—cultural protocols and practices—influenced therapeutic qualities I observed among participants. Through cultural awareness and understanding, I seek to reimagine focus groups as an instrument for research that simultaneously creates space for healing and connection.

Contextualising My Reflections as Primary Author

I should place myself in this research before I offer my observations. Recognising the need for cultural leadership in this setting, I deliberately refrained from leading the group discussions even as a European researcher with relevant lived experience in mental health and resilience. My collaborative approach with a Māori rangahau (researcher) who led the discussions allowed me to observe the dynamics from a unique vantage point—as both participant and researcher. Focus groups have traditionally been valued as research instruments because they stimulate discussion, illuminate opinions, and enrich data through group interactions (Shahwan et al., 2022). Beyond what one-on-one interviews may provide, these interactions generate insights including social validation, discussion, and collective understanding of a phenomena. Yet, I entered this study wondering what else might occur in these places outside of data collection. According to recent studies, involvement in focus groups may lead to psychological and emotional benefits such as emotional nourishment, shifts in thinking, and increased wellbeing (Moloney, 2011). Participants in focus groups have described them as transformative experiences that increased self-awareness and empowerment while reducing stress and anxiety (Moloney, 2011). Nevertheless, existing international literature does not specifically examine which specific settings within focus groups create therapeutic outcomes, particularly in cultural specific contexts.

In Aotearoa New Zealand, Māori tikanga and other practices greatly influence group relationships (Meredith et al., 2025). Tikanga places an emphasis on culturally safe behaviours initially—meaning practices that respect participants' cultural identity and create environments free from marginalisation and judgment (Ramsden, 2002)—followed by relationship building (whanaungatanga), spiritual connection (wairua), and last on creating circumstances that promote wellbeing. Integrating tikanga into therapeutic environments enhances engagement, collective healing, and trust (Dudley et al., 2019). However, therapeutic dynamics in focus groups are rarely described in a manner that fully integrates these critical cultural aspects.

Within New Zealand's bicultural context, incorporating indigenous Māori methodologies has demonstrated enhanced research outcomes (Boardsworth et al., 2024; Rolleston et al., 2022). This integration of cultural frameworks offers valuable insights for researchers in other countries with colonial histories, such as Canada, America, Australia, and nations where

indigenous knowledge systems continue to provide rich, alternative approaches to understanding human experience.

Methodology: Cultural Grounding of Our Approach

The focus groups took place as part of a national study exploring resilience, mental health and wellbeing across Aotearoa New Zealand. The wider project aims to develop a culturally appropriate resilience measure by integrating qualitative insights with national-level quantitative data. This research is set within the context of significant and persistent health inequities experienced by Māori communities. Māori consistently face disparities in health outcomes, including higher rates of mental distress, chronic conditions, and lower access to health services compared to non-Māori populations (Ministry of Health, 2024). Such inequities have their roots in historical and systemic marginalisation, highlighting the critical need for culturally responsive methodologies to accurately capture Māori experiences and effectively inform interventions aimed at improving wellbeing and health equity.

Participants were purposefully recruited from areas with a higher Māori populations to directly address these persistent inequities. Our approach aimed to amplify voices that are often underrepresented in healthcare discussions. To be eligible for the study, participants were required to be at least 18 years old and have experience with both mental health and resilience. Ten focus groups were conducted, each comprising approximately nine participants, across five urban and five rural areas of New Zealand. Rural areas were defined using Geographic Classification for Health urban-rural classification, which categorises rural areas based on population size, accessibility, and infrastructure (Whitehead et al., 2021). All sessions took place in community facilities that were accessible to participants. Focus group discussions were audio-recorded, transcribed verbatim, and analysed using thematic analysis as described by Braun and Clarke (2019). In total, 91 participants joined the focus groups, facilitated by one Māori rangahau (researcher). Of these participants, 56 (approximately 62%) identified as Māori. The role of the research lead included both group participation and non-directive leadership in the discussion. Our research approach followed Māori tikanga principles together with Lacey et al.'s (2011) Hui Process to establish a culturally safe therapeutic environment. The structure integrated Māori protocols such as.

- Mihimihi: Participants conducted formal introductions through which they established initial trust and rapport.
- Whanaungatanga: The process focused on building relationships through fostering connectedness and a sense of unity.
- Waiata: The group sang Māori songs both at the start and end of the session to create emotional connections among participants.

- Kaupapa: The core discussion session explored resilience alongside mental health and well-being topics.
- Shared Kai: The group shared food after discussion as a gesture of generosity while strengthening bonds and solidifying relationships.
- Poroporoaki: The group closed formally through acknowledgments and reflections and farewells which strengthened bonds of respect between members.

These culturally grounded practices created an open discussion space aligned with Māori values that promoted deeper participant involvement and, as I observed, significant therapeutic benefits.

Reflections on Therapeutic Dimensions

Emotional Release

The focus group environment allowed participants to experience deep emotional release when sharing their personal mental health challenges. The participants showed noticeable relaxation throughout the focus groups as their body language shifted from closed to open. The group dynamic produced catharsis when one member revealed that they had never shared such information with others before. Hearing the words out loud in this setting contributed to a sense of psychological release. Another participant described a compelling emotional experience: “I didn’t know how much I needed to be able to get that off my chest. I’ve been carrying that around for years.” The focus groups included multiple instances which demonstrated the strong emotional release. A participant shared their life story for the first time while explaining how linking their past trauma to present purpose gave them emotional power. “I didn’t realise this until I was an adult and moved my way through the process... That was the beginning of my healing. So it ties up to everything that I’m doing now, we need balance within ourselves and within our communities and organizations.”

Another revealed long-standing family patterns and inner struggles: “So my own dad, he still does not reclaim his heritage. So the journey is actually, feeling that Māori and what he’s been brought up to believe isn’t there. So we had a life of early severe domestic violence, losing my brother just before two years of age... Dealing with subsequent depression for several years.” As this participant shared this deeply personal history, I witnessed what appeared to be a profound moment of emotional unburdening. What I found most moving was how group members navigated difficult emotional territory together, creating a collective sense of emotional healing. The participant experienced a sudden understanding after listening to others’ narratives because they realised their past achievements. “Listening to everyone here has made me realise how much I’ve actually overcome. I tend to focus on what I’m still struggling with, but now I can see my own strength more clearly.” The experience of listening to

others at the gathering enabled this participant to understand their own personal achievements better: “There’s something healing about realising your private struggles are actually common experiences. It’s like the weight of them shifts when you know others understand exactly what you mean.” The focus group sessions demonstrated to me the deep emotional impact that can occur when people share their feelings together. The open vulnerability in this setting enabled members to share their burdens with each other thus creating a collective sense of comfort which exceeded my initial expectations as a researcher.

Group Support and Validation

Throughout the focus groups, participants showed outstanding mutual support throughout our session which established an environment where everyone felt comfortable to discuss their emotions openly. Participants showed supportive behaviour through both verbal and non-verbal means which included nodding and maintaining eye contact and offering gentle verbal support. The behaviours confirmed commonalities in experiences and visibly reduced feelings of loneliness. A powerful illustration emerged when a participant shared a deeply personal account about domestic violence and family trauma. Another participant responded softly “Take your time—we’ve all experienced something similar.” That basic statement led many participants to display supportive gestures which showed they completely understood the situation.

The power of cultural recognition became evident when one member observed, “Hearing you all understand exactly what I mean about our whānau approach to healing—without having to explain or justify it—that’s powerful.” The group setting provided unique validation for culturally specific narratives and experiences that individual interviews might not have achieved. The participants showed clear relief after they understood that their individual challenges shared commonalities. The participant stated that “There’s something healing about realising your struggles are actually common experiences—it’s like the weight of them shifts when you know others understand exactly what you mean.” The mutual validation became so apparent to me that I understood it as a core therapeutic benefit of the focus group rather than just a secondary effect. Participants experienced noticeable improvements in their emotional health through the process of sharing and acknowledging their experiences in the supportive environment which exceeded my initial expectations about the research design.

Empowerment and Personal Growth

I was particularly moved by participants’ expressions of empowerment and personal growth resulting from their involvement in our focus group. The supportive and safe environment allowed space for profound self-reflection and recognition, allowing participants to articulate their resilience

in new ways. One participant's insight particularly resonated with me: "Listening to everyone here has made me realise how much I've actually overcome. I tend to focus on what I'm still struggling with, but now I can see my own strength more clearly." The focus group process helped participants develop stronger confidence in their personal growth and their own abilities. Another participant expressed surprise at the transformative nature of the experience: "I believed I was contributing to research activities until I gained this new perspective about my life journey." This unintended yet valuable personal insight gained through group interaction challenged my previous understanding of focus groups as primarily data-gathering tools.

The dialogue among participants seemed to reshape their self-concepts and highlight their strengths. One participant noted the empowering influence of group feedback: "Explaining how I've coped with these challenges makes me realise how much wisdom I've actually gained." Through collective discussion, participants not only described experiences but reinterpreted them positively. As a researcher-participant, I found myself wondering how often we overlook this potential for empowerment in our methodological considerations. The practice of receiving and giving affirmations within the group helped participants—and me—appreciate our own capacities more deeply, supporting ongoing personal growth that extended beyond the research objectives.

Influence of Māori Cultural Practices (Tikanga)

In alignment with the culturally grounded methodology described earlier—mihimihi (introductions), whanaungatanga (relationship-building), kaupapa (core discussion), waiata (songs), kai (shared food), and poroporoaki (formal closing)—the analysis revealed how each cultural practice facilitated therapeutic interactions and emotional safety. Participants consistently emphasized how mihimihi provided an essential foundation for emotional comfort, trust, and openness: "After we all shared our connections through mihimihi, it didn't feel like a research study anymore. It felt like being seated amongst extended whānau (family)." Another participant highlighted how mihimihi specifically fostered deeper connections, enhancing the willingness to engage: "There's something different about telling your story when you've already connected initially. I felt like people genuinely knew me prior to speaking of my experience." Moreover, the sharing of whakapapa (genealogy) significantly reduced anxiety and established psychological safety, as one participant reflected: "Once we started speaking whakapapa, I was somewhat less nervous and more relaxed about talking." These observations clearly illustrate how Māori cultural practices, integral to our methodological approach, actively facilitated therapeutic exchanges rather than serving merely as cultural formalities.

Manaakitanga (hospitality, kindness, generosity) manifested throughout our sessions as participants demonstrated empathy and compassion toward each other. One participant

addressed the emotional value of this shared compassion: "The compassion that was present in this space provided me with a sense of safety enough to disclose things I've never shared with anyone." The cultural significance of sharing kai (food) was highlighted when a participant reflected, "Sitting down and sharing kai together after opening up like that has always been our way. It just feels like it brings everything full circle." This comment illuminated for me how cultural practices create a sense of completion and wholeness in group processes.

Participants also engaged in profound reflection on the spiritual connections formed through waiata (songs). One participant shared, "When we sang together, I felt part of something bigger than the room. It grounded the whole experience in something deeper." Another highlighted the emotional freedom experienced: "Singing together created a quiet reflective mood. It felt almost sacred." These observations revealed to me how Māori cultural practices created not just a culturally appropriate methodology but fundamentally shaped the therapeutic potential of our focus group. The integration of tikanga wasn't merely respectful inclusion—it was the foundation upon which therapeutic exchange was built.

Resilience Narratives as Therapeutic Catalysts

During our focus groups, I observed that when individuals recounted their experiences, it facilitated a collective recognition of common problems, significantly alleviating feelings of isolation. One participant remarked on the profound impact of realising that others have experienced similar hardships: "There is a healing power in knowing your personal struggles are, in fact, shared experiences. It is as if the burden that comes with them is lifted when you know that other people know exactly what you are saying." The sense of relief associated with recognising similar experiences was evident when an individual commented, "I felt like I was the only one that had that feeling. Hearing everyone share the same experiences makes my feeling of loneliness better." This perception of normalcy appeared to provide comfort. The therapeutic benefits of articulating health challenges and coping strategies were apparent, as participants derived solace from the realisation that others shared similar experiences. "When we recognise that we have all encountered these challenges previously," stated a participant, "it takes away their ability to scare us."

The profound emotional reactions from participants, whether via laughter, tears, or gestures of acknowledgement, genuinely moved me, highlighting a connection to shared experiences while encouraging more open sharing within the group setting. These instances showed that the enquiries centred on resilience were not merely for data collection; they were catalysing discussions. Participants often expressed that listening to the resilience narratives of others enhanced their ability to identify their own strengths. A participant voiced, "Listening to others' narratives has highlighted the

significance of my accomplishments.” Another participant emphasised the influence of narrative sharing on mental wellbeing, asserting, “Putting my strategies into words has increased my awareness of the valuable lessons I’ve gained from overcoming these obstacles.” During the focus groups, I observed changes in participants’ nonverbal communication and their verbal and emotional expressions. Transitioning from reserved body language to open gestures. These behavioural changes signified a sense of empowerment derived from the collective recognition of personal growth, resilience, and the capacity to recover from challenges.

Reflections on Interconnectedness: Beyond Method to Meaning

My experience with this focus group has transformed my understanding of research methodology. What began as a data collection exercise revealed itself as a profound demonstration of interconnectedness—a concept central to both Indigenous epistemologies and emerging scientific understandings of our material world. In *te ao Māori* (the Māori worldview), nothing exists in isolation—people, land, ancestors, and the spiritual realm are all interconnected (Stewart, 2020). *Whakapapa* (genealogy) and *wairua* (spirit) are not abstract ideals but living relationships that bind us to our *tūpuna* (ancestors), to each other, and to the *whenua* (earth). This interconnectedness was not merely discussed in our focus group—it was enacted and experienced through the cultural practices that structured our gathering.

As I witnessed the therapeutic exchanges emerging naturally from our culturally grounded approach, I began to understand that *wairua*—derived from “wai” (water) and “rua” (two), reflecting the spiritual and physical dimensions of existence—is not singular but collective. It is cultivated through relationship to culture, to *whakapapa*, to *atua* (spiritual forces), to *whenua*, and to each other. Even when geographically apart, participants described remaining spiritually connected, sustaining them through loss, hardship, and ambiguity. What I observed in this focus group offers a powerful counter-narrative to Western models of individualism that often shape our research methods, but also the direction of research questions and ethical considerations. Instead, this experience demonstrated that wellbeing is mutual, reciprocal, and infused throughout space, time, and generations. The therapeutic dimensions I witnessed were not accidental by-products of our methodology—they emerged naturally from a process that honoured interconnectedness as its foundation.

Conclusion: Reimagining Focus Groups as Therapeutic Spaces

This reflective journey has profoundly shifted the understanding of focus groups as a research tool. Initially viewed primarily as a data collection method, focus groups emerge as potentially powerful therapeutic spaces when conducted with cultural

sensitivity and awareness. Consistent with findings from Moloney (2011), the therapeutic dimensions—emotional release, group support and validation, empowerment and personal growth, cultural groundedness, and resilience through shared narratives—suggest that focus groups can serve a purpose far beyond generating data. When designed with attention to cultural values and practices, as indicated by Dudley et al. (2019), they can create spaces for healing, connection, and transformation.

Researchers have an opportunity, and perhaps a responsibility, to recognise and work with this therapeutic potential. This does not imply converting research into therapy, but rather acknowledging that methodological choices have impacts beyond data quality—they affect the wellbeing of those who participate in research. Incorporating cultural practices—in this case, Māori *tikanga*—is not merely about cultural respect or methodological appropriateness. As Meredith et al. (2025) emphasise, these practices fundamentally shaped the therapeutic potential of our focus group by creating conditions for authenticity, connection, and mutual support.

Living in Aotearoa New Zealand’s bicultural context offers unique opportunities to integrate Indigenous methodologies that enhance research outcomes and participant experiences (Boardsworth et al., 2024; Rolleston et al., 2022). Researchers in such contexts bear responsibility to explore how Indigenous methodologies might not only decolonise our research practices but also enhance their therapeutic potential for participants. To ensure these approaches are implemented safely and effectively, researchers must engage in ongoing cultural competency training, build meaningful partnerships with Indigenous experts, actively seek and follow Indigenous guidance, and continually reflect on their positionality, assumptions, and biases. Aligned with insights from Ramsden (2002), the therapeutic benefits observed through incorporating Māori methodologies suggest these approaches could offer similar benefits across various cultural contexts where Indigenous knowledge has historically been marginalised in research practices. Such culturally grounded methods could therefore be particularly valuable in countries impacted by colonisation, including Canada, America, Australia, and beyond. Collaborating closely with Indigenous experts to create culturally safe environments is essential to achieving this goal.

Moving forward, researchers should approach focus groups with greater awareness of their therapeutic dimensions and intentionally consider how cultural values might enhance both research outcomes and participant experiences. This invites the broader researcher community to reimagine focus groups not just as methods for extracting knowledge, but as opportunities for creating healing spaces grounded in cultural wisdom and practices.

Broader Implications for Research and Practice

In the realm of healthcare research specifically, these results indicate that the distinct divide, between research and

therapeutic action could potentially restrict our comprehension of both areas. When engaging with populations facing health disparities approaches that integrate knowledge and establish healing environments might uncover genuine perspectives while also tackling the very disparities under investigation. Additionally, there are implications for knowledge translation and the application of scientific discoveries. Findings generated through culturally grounded approaches may be more readily accepted and implemented by the communities they concern, as participants develop a sense of ownership and connection to the research process itself. This indicates that incorporating therapeutic elements into research design could actually enhance the influence and uptake of findings. From a policy standpoint, government entities and healthcare providers aiming to tackle disparities might contemplate mandating sensitive approaches that acknowledge the healing possibilities, in research involving marginalised groups.

For researchers from Western or European cultural backgrounds these insights invite humility and a willingness to step back from positions of methodological authority. Recognising the healing knowledge found within indigenous practices challenges the idea that Western research models are always superior in scientific investigations. Instead of seeing one method as the ultimate approach to research; it might be more beneficial to acknowledge that each tradition has its own strengths and weaknesses depending on the situation and goals, at hand. Finally, there are implications for how we conceptualise the relationship between researcher and participant. Rather than viewing participants primarily as sources of data, a therapeutic perspective invites us to consider them as collaborators in a process that has potential for mutual transformation. This shift in stance—from extractive to relational—may be essential for conducting ethical research in contexts shaped by historical trauma and ongoing power imbalances.

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Ethical Considerations

Ethical approval was obtained from the Human Research Ethics Committee of the University of Waikato [HREC(Health)2024#37], adhering to ethical principles consistent with Te Tiriti O Waitangi (Treaty of Waitangi) and ensuring cultural safety throughout the research process.

Consent to Participate

All participants provided informed consent after receiving detailed information about the study's purpose, procedures, potential risks, and benefits. Participation was voluntary, and participants could withdraw at any time.

Consent for Publication

Participants consented to the use of anonymised data for publication purposes. Identifiable information has been removed to ensure confidentiality and privacy.

Author Contributions

S.S. Heinz: conceptualisation, methodology, investigation, data curation, formal analysis, writing—original draft, visualisation. A.-J. O'Brien: methodology, formal analysis, validation, writing—review and editing, supervision. M. Parsons: project administration, writing—review and editing. C. Walker: conceptualisation, review and editing. M. O'Sullivan: conceptualisation, review and editing. P. Rouse: conceptualisation, review and editing. J. Whitehead: methodology, writing—review and editing. M. Edmonds: writing—review and editing.

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Data Availability Statement

Data subject to third party restrictions.

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