

**Ngā Mata Rua ā Māui—The Two  
Faces of Māui:  
The Beginnings of a Māui-based  
ADHD Psychoeducation  
Framework**

by

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A Research Paper completed as part of the Ngā Pae o te Māramatanga Raumati Internship Programme 2025-26 and as part of a project titled 'Te rere o te Piwakawaka: Modelling a maramataka-guided, strengths-based, lived-experience ADHD framework through Kaupapa Māori creative practice'. The internship was supervised by Associate Professor Byron Rangiwai and funded by the Ngā Pae o te Māramatanga 2025-26 Internship Grant.

Suggested citation: McKee, A. & Rangiwai, B. (2026). Ngā Mata Rua ā Māui—The Two Faces of Māui: The Beginnings of a Māui-based ADHD Psychoeducation Framework. [Internship report]. Ngā Pae o te Māramatanga. Auckland, New Zealand. <https://maramatanga.ac.nz/project/25-26INTS24>



This internship report was produced by the author as part of a NPM internship project under the supervision of the named supervisor and funded by the Ngā Pae o te Māramatanga 2025- 26 Internship Grant. The report is the work of the named intern and researchers and has been published here as provided. It may not represent the views of Ngā Pae o te Māramatanga. Any correspondence about the content should be addressed directly to the authors of the report.

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February 2026

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## **He Karakia Tīmatanga**

Manawa mai te mauri nuku

Manawa mai te rangi

Ko te mauri kei au

He mauri tipua

Ka pakaru mai te pō

Tau mai te mauri

Haumi e, hui e, taiki e!

*Gather the life force of the earth*

*Gather the life force of the sky*

*The life force within us is powerful*

*And shatters all darkness*

*It settles all within me*

*Bind it, come together, it is done!*

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## Executive Summary

This report defines ADHD as a common neurodevelopmental condition that affects attention, organisation, activity level, and impulse control. In adulthood, ADHD is associated with increased risks across education, employment, relationships, safety, mental health, and physical health. These risks accumulate over time and can reduce overall quality of life.

Effective treatments are available and can reduce harmful outcomes. Access to adult assessment and treatment remains limited. Adult presentations often differ from childhood presentations. Symptoms may be masked. Co-occurring mental health conditions can obscure diagnosis. Assessment requires time and specialist expertise. Public services are constrained. Private assessment is costly. Waiting times are long.

In Aotearoa New Zealand, substantially fewer adults receive treatment than prevalence estimates would predict. Access is unequal. Māori adults are under-served and face additional barriers within mainstream health systems. Published research focused specifically on Māori adults with ADHD across education, employment, mental health, and physical health remains limited. This evidence gap restricts service planning, clinical guidance, and policy development.

The report also broadens the clinical narrative. ADHD is commonly framed only in terms of impairment, which can increase shame and stigma. Evidence shows that some adults describe associated strengths, including creativity, high energy, intense task focus, humour, empathy, flexibility, and original problem solving. These strengths are not universal. They do not negate impairment. The same underlying traits can support functioning in some contexts and create risk in others.

A central contribution is a conceptual framework developed through narrative analysis to illustrate this dual expression of ADHD traits. The framework functions as a structured reflection tool. It prompts individuals to identify a trait, examine its expression in context, and determine whether it is supporting wellbeing and goals or contributing to strain or harm. It is intended to enhance self-understanding and improve clinical dialogue.

The framework is conceptual and has not been validated as a clinical intervention. Formal evaluation is required before routine implementation.

The report concludes with four priorities. First, improve adult access to assessment and treatment. Second, address inequities in access for Māori adults. Third, build focused research on Māori adults with ADHD across major life domains. Fourth, test whether dual-expression and strengths-informed frameworks improve psychoeducation, engagement, and measurable outcomes.

## **Kupu Tīmatanga: Introduction**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition defined by persistent and impairing inattention, disorganisation, and/or hyperactivity and impulsivity, expressed at levels inconsistent with developmental stage (American Psychiatric Association, 2022). Across the life course, ADHD is associated with elevated risks across health, education, employment, relationships, and safety. Population evidence links ADHD to increased rates of cardiometabolic conditions, sleep problems, injury, substance use disorders, mental health difficulties, and premature mortality, alongside substantial impacts on quality of life and social participation (Ahlberg et al., 2023; Cortese et al., 2025; Faraone et al., 2021; French et al., 2024; Garcia-Argibay et al., 2023; Li et al., 2023; O’Nions et al., 2025; Sun et al., 2019). These impacts generate major societal costs and place diagnosis and access to effective treatment at the centre of clinical and public health responses (Faraone et al., 2021).

Evidence indicates that pharmacological treatment can reduce several adverse outcomes, including accidental injuries, substance misuse, educational underachievement, depression, suicide, criminal activity, and teenage pregnancy (Faraone et al., 2021). Yet adult assessment and treatment pathways remain difficult to access in many settings, particularly where specialist capacity is constrained, waiting times are long, and care is concentrated in private provision (Skirrow et al., 2023). Diagnostic complexity introduces further barriers. Adult presentations often emphasise inattention, internal restlessness, and executive dysfunction, with symptoms frequently obscured by comorbidity, masking, and stigma. Assessment requires careful evaluation of developmental history, persistence, functional impairment, and alternative explanations, with clinical uncertainty at the margins of

impairment thresholds (Bogdańska-Chomczyk et al., 2025; Faraone et al., 2021; Fuermaier et al., 2024; Marshall et al., 2021; Schein et al., 2023; Song et al., 2021).

In Aotearoa New Zealand, national data indicate that adult treatment rates remain below expected prevalence estimates, with substantial unmet need despite growth in medication dispensing over time (Beaglehole et al., 2024; Cargo et al., 2022; Coghill et al., 2021; Lillis, 2024; Murray, 2025; Popit et al., 2024; Silk, 2025; Skirrow et al., 2023; Tipene, 2023). Inequities in access are pronounced. Māori experience systemic exclusion from mainstream care, and dispensing data indicate lower service access for Māori adults relative to population share (Beaglehole et al., 2024; Cargo et al., 2022; Ingham et al., 2025; Lillis, 2024; Murray, 2025; Silk, 2025; Tipene, 2023). There is limited published research focused specifically on Māori adults with ADHD across education, employment, mental health, and physical health contexts. This gap constrains service design, clinical guidance, and policy development (Ministry of Health, 2025; Murray, 2021, 2025; Rangiwai, 2023, 2024; Tipene, 2023).

This report responds to these clinical and evidence gaps by integrating three strands of work. First, it summarises clinical foundations, including definition, health and social impacts, treatment effects, and barriers to diagnosis. Second, it broadens the conceptual lens by synthesising evidence on strengths associated with ADHD and the wellbeing impacts of strengths-oriented meaning making (Atique et al., 2025; Attoe & Climie, 2023; Climie et al., 2015; Hargitai et al., 2025; Hoogman et al., 2020; Jelinkova et al., 2024; Miklósi et al., 2024; Schippers et al., 2022; Schippers et al., 2024; Stolte et al., 2022; Visser et al., 2024). Third, it outlines an Indigenous qualitative, interpretive approach that uses narrative and textual analysis to develop a conceptual framework for understanding ADHD traits as dual in expression and places this framework in analytic dialogue with contemporary ADHD science. The aim is conceptual development rather than hypothesis testing. The intended contribution

is a structured model that supports reflection on how the same trait can generate constructive outcomes in some contexts and harmful outcomes in others, with implications for clinical communication, psychoeducation, and future research design.

## **Clinical Foundations of Attention-Deficit/Hyperactivity Disorder (ADHD)**

### **Definition of ADHD**

The American Psychiatric Association defines ADHD—a common neurodevelopmental condition—thusly:

ADHD is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity. Inattention and disorganization entail inability to stay on task, seeming not to listen, and losing materials necessary for tasks, at levels that are inconsistent with age or developmental level. Hyperactivity-impulsivity entails overactivity, fidgeting, inability to stay seated, intruding into other people's activities, and inability to wait— symptoms that are excessive for age or developmental level (p. 37).

ADHD is associated with substantial lifelong health and social risks, including increased risk for obesity, asthma, allergies, diabetes mellitus, hypertension, sleep problems, psoriasis, epilepsy, sexually transmitted infections, abnormalities of the eye, immune disorders, metabolic disorders, low quality of life, substance use disorders, accidental injuries, educational underachievement, unemployment, gambling, teenage pregnancy, difficulties socialising, delinquency, suicide, and premature death (Faraone et al., 2021; French et al., 2024; Suetani et al., 2023). ADHD costs society hundreds of billions of dollars worldwide each year (Faraone et al., 2021). Medical diagnosis is the gateway to care, yet ADHD is substantially underdiagnosed worldwide (Faraone et al., 2021).

Māori experience systemic exclusion from mainstream care (Ingham et al., 2025). National data show that adult ADHD treatment rates remain well below expected prevalence (approx. 2-4%), with only about 0.6% of adults receiving medication despite a ten-fold increase in dispensing between 2006 and 2022, with Māori adults accessing fewer services than other population groups, indicating substantial unmet need Beaglehole et al., 2024; Cargo et al., 2022; Coghill et al., 2021; Lillis, 2024; Murray, 2025; Popit et al., 2024; Silk, 2025; Skirrow et al., 2023; Tipene, 2023).

## **Treatment and access**

Treatment with ADHD medications has been shown to reduce accidental injuries, traumatic brain injury, substance abuse, cigarette smoking, educational underachievement, bone fractures, sexually transmitted infections, depression, suicide, criminal activity and teenage pregnancy (Faraone et al., 2021). Stimulant medications for ADHD are more effective than non-stimulant medications but are more likely to be abused, and adverse effects of medications are typically mild (Faraone et al., 2021). Adult ADHD assessment and treatment pathways in Aotearoa New Zealand involve limited public provision, extended waiting times, and reliance on costly private services (Skirrow et al., 2023).

Māori are disproportionately under-served in adult ADHD treatment, comprising approximately 17% of the adult population but only around 10.1% of adults receiving ADHD medication, compared with 22.9% of children receiving medication, indicating a marked decline in treatment from childhood to adulthood (Beaglehole et al., 2024; Cargo et al., 2022; Lillis, 2024; Murray, 2025; Silk, 2025; Tipene, 2023).

## **Health and social impacts**

### ***Education***

No published research focused specifically on adult Māori with ADHD in educational contexts was identified. Evidence from non-Māori populations indicates that ADHD is associated with internalised shame, stigma, self-blame, self-hatred, lower self-esteem, elevated psychological distress, and persistent feelings of inferiority, brokenness, and fraudulence (Clouder et al., 2020; Godfrey-Harris & Shaw, 2023; Morley & Tyrrell, 2023; Sedgwick-Müller et al., 2022; Turner & Harty, 2025; Zhang et al., 2025). The literature identifies neuroinclusive learning design, ADHD-informed psychosocial support, and structured transitions into employment as key priorities for practice development and future research (McDowall & Kiseleva, 2024).

ADHD is also associated with substantial occupational burden, where educational disruption and comorbid developmental and mental disorders shape long-term employment outcomes (Chen et al., 2024; Jangmo et al., 2021). Young adults with ADHD are approximately four times more likely to occupy peripheral labour market positions, underscoring the importance of structured and inclusive education-to-work transitions, particularly for those with lower educational attainment, living outside major urban centres, or with comorbid mental disorders (Chen et al., 2024; Jangmo et al., 2021).

Experiences of shame, stigma, and exclusion within education are linked to later difficulties in employment participation and occupational functioning, suggesting cumulative disadvantage across education-to-employment pathways (Able et al., 2007; Gjervan et al., 2012; Masuch et al., 2019; Smith & McVeigh, 2025; Visser et al., 2025). Consistent with this pattern, national data show that adults without a formal ADHD diagnosis report substantially poorer psychological wellbeing and life outlook, indicating the accumulation of unmet need over time (Murray, 2025).

### ***Employment***

ADHD is heterogeneous, with individuals entering workplaces with varied profiles of strengths and challenges (Chan & Langberg, 2024; Faraone et al., 2024; Gordon & Fabiano, 2019; Jangmo et al., 2021). It carries substantial occupational burden, shaped by educational disruption, comorbid psychiatric conditions, executive functioning demands, person–job fit, and the availability of workplace supports (Chan & Langberg, 2024; Chen et al., 2024; Hotte-Meunier et al., 2024; Jangmo et al., 2021).

No research directly examines Māori adults with ADHD in workplace contexts. In Aotearoa New Zealand, adults with suspected but undiagnosed ADHD report lower quality of life than diagnosed adults despite similar symptom profiles, indicating harms associated with exclusion from assessment and support (Murray, 2025). Existing qualitative research with

adults with ADHD in Aotearoa New Zealand documents stigma, exclusion, and discrimination across adulthood, including employment-related experiences, though not Māori-specific (Murray, 2021). *The New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder* recognises impacts on adult functioning, including employment, but provides no guidance specific to Māori (Ministry of Health, 2025).

### ***Mental Health***

ADHD is associated with elevated risk of mental health difficulties across the life course, including anxiety disorders, depressive disorders, substance use disorders, and suicidal behaviour (Cortese et al., 2025; Sun et al., 2019). Functional impairment linked to ADHD can accumulate across education, employment, relationships, and finances, with downstream effects on psychological distress and quality of life (Cortese et al., 2025; Nair et al., 2025). Emotion dysregulation is common in ADHD and contributes substantially to impairment and internalising symptoms (Cortese et al., 2025; Shaw et al., 2014). Sleep problems, particularly insomnia severity, are also associated with lower quality of life and greater depressive symptom severity among adults with ADHD traits (Nair et al., 2025). Psychiatric comorbidity is common and is clinically important because it is associated with higher risk outcomes, including premature mortality driven largely by suicide and unintentional injury in population register data (Sun et al., 2019). There are currently no dedicated studies examining the mental health impacts of ADHD among Māori adults.

### ***Physical health***

ADHD is associated with poorer physical health across the life course, including elevated risk of sleep disorders, cardiometabolic disease, injury, and premature mortality (Ahlberg et al., 2023; Cortese et al., 2025; Faraone et al., 2021). Sleep disturbance is common in ADHD and is associated with fatigue, metabolic dysregulation, and increased

cardiovascular risk (Ahlberg et al., 2023; Faraone et al., 2021). Meta-analytic and population evidence shows increased cardiovascular and type 2 diabetes risk among adults with ADHD (Li et al., 2023; Garcia-Argibay et al., 2023). Longitudinal cohort research also shows reduced life expectancy among adults with ADHD, reflecting cumulative exposure to injury and chronic disease across the lifespan (O’Nions et al., 2025). No studies examine the physical health impacts of ADHD among Māori adults.

### ***Barriers to diagnosis***

Adults face persistent barriers to ADHD diagnosis across clinical, conceptual, and system levels. Adult presentations dominated by inattention, internal restlessness, and executive dysfunction are frequently misattributed to other mental health conditions, reducing recognition and referral (Faraone et al., 2021; Song et al., 2021). Adult assessment is complex, requiring evidence of symptom persistence, developmental history, functional impairment, and exclusion of alternative diagnoses, which increases uncertainty (Bogdańska-Chomczyk et al., 2025). Impairment thresholds are difficult to define, as functional impact is subjective and symptoms overlap across conditions (Fuermaier et al., 2024; Marshall et al., 2021).

Comorbidity further complicates identification. Depression, anxiety, sleep disorders, and substance use commonly co-occur and often become the primary focus of care, delaying ADHD recognition (Faraone et al., 2021; Schein et al., 2023; Song et al., 2021). Limited clinician expertise in adult ADHD, constrained specialist services, and long waiting times restrict access to assessment (Bogdańska-Chomczyk et al., 2025; Faraone et al., 2021). Screening tools may assist identification but cannot confirm diagnosis and risk false positives when used in isolation (Bogdańska-Chomczyk et al., 2025; Fuermaier et al., 2024). Masking, compensatory strategies, and stigma further delay help-seeking and obscure lifelong

symptom trajectories (Schein et al., 2023). Currently, there are no studies that explore the impacts of barriers to diagnosis for Māori adults with ADHD.

## **Expanding the Conceptual Lens of ADHD**

### **The importance of positive reframing**

In the literature, ADHD is overwhelmingly deficit-framed. Strengths based reframing of ADHD is associated with improved psychological health through its effects on self-esteem, identity development, resilience, and reduced stigma related harm. Deficit focused narratives contribute to self-stigma, shame, and demotivation, shaping negative self-concepts across development (Faraone et al., 2021; Jelinkova et al., 2024; Visser et al., 2024). Many adults, particularly women diagnosed later in life, describe prolonged internalised criticism and guilt that diminish when ADHD is understood through more accepting and strengths oriented frameworks (Attoe & Climie, 2023; Holden & Kobayashi Wood, 2025). Empirical evidence indicates that recognising strengths such as creativity, humour, and self-reflection is associated with better wellbeing, with strengths mediating associations between ADHD symptoms and psychological outcomes, including self-esteem and life satisfaction (Miklósi et al., 2024; Schippers et al., 2022).

### **Strengths associated with ADHD**

Research on ADHD has historically adopted a deficit-focused lens. A focus on strengths does not minimise clinically significant challenges. It expands the conceptual frame to include capacity, resilience, and positive development. Engagement with genuine strengths associated with ADHD is associated with improved wellbeing and a stronger foundation for personal growth (Climie et al., 2015).

Recent research presents a more balanced account of ADHD that recognises strengths alongside impairments. Strengths are not universal, yet they are reported with sufficient frequency to influence identity, wellbeing, and life outcomes. Qualitative and quantitative studies indicate that many individuals with ADHD describe positive characteristics that cluster across domains including creativity, energy, cognitive engagement, social connection,

and openness to experience (Hargitai et al., 2025; Schippers et al., 2022; Schippers et al., 2024).

Creativity is one of the most consistently identified domains (Climie et al., 2015; Hoogman et al., 2020; Stolte et al., 2022). Frequently reported attributes include divergent thinking, originality, and enthusiastic engagement with ideas (Climie et al., 2015). Individuals with ADHD often describe flexible and unconventional approaches to problem solving. Empirical studies link ADHD traits with enhanced creative thinking and higher levels of real-world creative achievement, particularly at subclinical to moderate symptom levels (Hoogman et al., 2020; Stolte et al., 2022). These findings suggest that attentional variability and cognitive flexibility may support originality and novel problem solving in specific contexts.

Energy and drive also emerge as prominent features. Adults with ADHD commonly report high enthusiasm, strong momentum, and persistence when engaged in personally meaningful activities. These qualities can support sustained effort and productivity under enabling conditions (Hargitai et al., 2025; Schippers et al., 2022; Schippers et al., 2024). Traits typically described as hyperactivity may be experienced as vitality and readiness to act, particularly in stimulating environments.

Hyperfocus and higher-order cognitive engagement represent another frequently reported domain. Many individuals describe the capacity for intense concentration on intrinsically interesting or rewarding tasks. Research associates ADHD traits with hyperfocus, rapid cognitive processing, and strong analytical engagement in defined contexts (Hargitai et al., 2025; Schippers et al., 2022; Schippers et al., 2024; Schippers et al., 2025). Population-level data also indicate modest associations between ADHD traits and sensory sensitivity, cognitive flexibility, and deep task immersion (Schippers et al., 2024; Schippers et al., 2025).

Social and emotional strengths are also described in empirical work. Self-report and informant studies identify empathy, emotional sensitivity, humour, and sociability as commonly endorsed characteristics (Hargitai et al., 2025; Miller et al., 2024; Schippers et al., 2022; Schippers et al., 2024; Schippers et al., 2025).

Openness and spontaneity represent an additional cluster. Individuals frequently report flexibility, honesty, risk tolerance, and non-conformist thinking. Some studies suggest that characteristics typically framed as impulsivity may function as spontaneity or adaptability depending on context (Hargitai et al., 2025; Hoogman et al., 2020; Schippers et al., 2022; Schippers et al., 2024).

Large survey-based studies indicate that most adults with ADHD can identify multiple positive characteristics, commonly grouped around creativity, dynamism, flexibility, socio-emotional capacities, and higher-order cognitive engagement (Hargitai et al., 2025; Schippers et al., 2022; Schippers et al., 2024). Quantitative comparisons show that adults with ADHD more strongly endorse strengths such as humour, imagination, spontaneity, creativity, and hyperfocus than adults without ADHD (Hargitai et al., 2025).

Awareness and active use of personal strengths are associated with improved outcomes. Across ADHD and non-ADHD populations, strengths use is linked with higher wellbeing, improved quality of life, and reduced mental health symptoms. These findings support recommendations that strength-based psychoeducation should accompany symptom-focused treatment approaches (Atique et al., 2025; Coghill et al., 2021; Hargitai et al., 2025; Schippers et al., 2022).

### **Indigenous perspectives on ADHD**

Indigenous perspectives on ADHD extend beyond biomedical frameworks by situating behaviour within relational, cultural, and identity-based contexts. Although research

with Indigenous children and families has developed gradually over the past two decades, scholarship centred specifically on adults remains limited. The available literature from Australian Aboriginal and Māori contexts, alongside work from other Indigenous and culturally diverse populations, identifies consistent themes related to interpretation, diagnosis, access to care, and the cultural relevance of existing services.

Cultural interpretations of ADHD-like behaviour are often shaped by community norms and collective understandings of development. Research with Australian Aboriginal families indicates that high activity levels, impulsivity, and attentional differences are recognised as real and sometimes challenging yet may be interpreted within local child-rearing practices rather than immediately framed as clinical disorder. In some cases, such behaviour is viewed as mischief or personality, reflecting broader tolerance for variation in developmental expression (Loh et al., 2016; Loh et al., 2017; Ghosh et al., 2015). Studies in other Indigenous contexts similarly highlight holistic and community-centred interpretations of behaviour that include relational, spiritual, and ancestral dimensions, rather than locating difficulty solely within the individual (Song, 2024; Ghosh et al., 2015).

Māori scholarship has begun to contribute early adult-focused perspectives. Autoethnographic reflections on adult diagnosis and academic life with ADHD draw attention to the limited availability of adult services and emphasise the importance of culturally meaningful interpretive frameworks for understanding experience (Rangiwai, 2023; Rangiwai, 2024). These contributions are significant in that they centre adult lived experience and articulate the need for conceptual models developed from within Indigenous contexts.

Empirical work focusing directly on Indigenous adults remains sparse. One example is the development of a model of care within an Aboriginal community-controlled service in

Queensland, where adults presenting with ADHD-like symptoms are assessed through comprehensive psychiatric evaluation embedded within a culturally grounded, community-governed setting. This model explicitly avoids a narrow focus on ADHD in isolation and instead situates assessment and support within broader health and social contexts (Suetani et al., 2023). Such approaches indicate movement toward integrated, culturally responsive service design for adult populations.

Barriers to diagnosis and treatment are consistently reported. Studies note lower rates of stimulant use and reduced access to specialist services among Aboriginal populations, alongside concerns about misdiagnosis and apprehension regarding medication and identity (Loh et al., 2016; Loh et al., 2017; Ghosh et al., 2015; Suetani et al., 2023). Diagnostic pathways and treatment systems are often experienced as Western in orientation and individualistic in focus, which can limit cultural relevance and accessibility. Help-seeking may be further shaped by stigma, limited information, and a preference for community-based and family-inclusive forms of support (Slobodin & Masalha, 2020; Hoang, 2025).

Despite these challenges, evidence across multiple Indigenous contexts indicates that ADHD-type symptoms and associated functional impacts are recognised as meaningful and legitimate concerns. Studies from the Brazilian Amazon and Australian Aboriginal communities show that families often seek support, though they tend to favour approaches that are culturally adapted, holistic, and inclusive of family and community relationships (Azevêdo et al., 2019; Loh et al., 2016; Song, 2024; Suetani et al., 2023).

Significant gaps remain in the literature. Most research continues to centre children, parents, or service delivery models, with relatively little attention given to adult lived experience. There is also limited work examining gendered experiences, intersectionality, and identity formation in relation to adult ADHD within Indigenous populations, although

emerging studies from other cultural minority groups are beginning to explore these dimensions (Goyal et al., 2025; Nagar et al., 2025).

## **Māori Conceptualisations of ADHD**

### **Existing research on Māori adult ADHD**

There is limited research examining Māori conceptualisations of ADHD, indicating a substantive gap in the literature (Rangiwai, 2023, 2024, Tipene, 2023). The Māori term for ADHD, Aroreretini, offers a distinct linguistic framing. It translates as “attention goes to many things” (Opai, 2022) and reflects an understanding of cognitive difference that departs from deficit-oriented models dominant in Eurocentric research traditions.

Works from Diana Kopua et al. (2020), reflect a Kaupapa Māori-based approach to mental health, using knowledge grounded in pūrākau to connect emotional behaviours to traditional narratives. This notion is a powerful therapeutic tool; it promotes well-being by focusing on relational healing and cultural grounding (Kopua et al., 2020). The use of pūrākau as a clinical approach may also hold relevance for ADHD support, as narrative methods enable meaning-making, support self-determination, and align with Kaupapa Māori-informed approaches to wellbeing (Standing & Kahu, 2021).

The pīwakawaka is used as a culturally grounded symbol of ADHD within Kaupapa Māori research (Rangiwai, 2024). Its natural mannerisms mirror behavioural traits of ADHD, such as quick movement, curiosity, and adaption. The metaphor utilises whakapapa-based learning as a key tool for ADHD treatment for Māori, and describes it in a sense that is familiar, strengths-based, and culturally reaffirming (Rangiwai, 2024). This narrative is one of few academic literature that focuses on the Māori perspective of ADHD, however it still aligns with alternate Māori mental health models, and traditional ways of being.

Research of Māori conceptualisations for ADHD, although limited, prioritise a strength-based, culturally grounded approach. This reduces stigma, often correlated with Western literature, and allows Māori with lived experience with ADHD to connect to

traditional knowledge systems, Māori narratives, and a tikanga-based approach to their behavioural traits. This perspective attempts to compensate for criticisms regarding Eurocentric approaches to ADHD and instead prioritises Māori needs in treatment (Kopua et al., 2020).

## **Methodological Approach and Knowledge Sources**

### **Kaupapa Māori Methodology**

This study adopts a qualitative, interpretive design grounded in narrative and textual analysis and situated within a Kaupapa Māori methodological paradigm. Lived experience and understanding of Te Ao Māori, both personally and collectively, position pūrākau as whakapapa-based knowledge. This stance recognises these narratives as valid knowledge sources and affirms the communicative forms of Mātauranga Māori and Te Ao Māori (Lee, 2009).

The wider body of literature situates the study within a qualitative, interpretive Indigenous paradigm that centres Māori knowledge systems, lived experience, and community priorities as legitimate sources of evidence. Kaupapa Māori research is described as both methodological and epistemological, with transformative aims that include decolonisation, collective wellbeing, and community development (Haitana et al., 2020; Wilson et al., 2021). Within this orientation, knowledge is relational and socially constructed through connections among people, histories, and communities (Kawharu et al., 2023). Research grounded in this approach places lived realities, collective voices, and community-defined priorities at the centre of inquiry (Boardsworth et al., 2024; Hokowhitu et al., 2020; McCarty et al., 2025; Meredith et al., 2024).

Interpretive approaches are frequently integrated with Indigenous frameworks to generate theory from experience while remaining accountable to cultural context and collective knowledge (Wilson et al., 2021). Qualitative inquiry can sustain interpretive depth and cultural alignment when research design is shaped by Indigenous values, kinship structures, and community relationships (Kawharu et al., 2023; Lipsham, 2020).

Narrative methods are recognised as distinct and valid knowledge practices. Pūrākau function as narrative systems that transmit intergenerational knowledge, cultural values, and

philosophical insight, and operate as both communication tools and analytic frameworks (Lipsham, 2020; Pouwhare, 2023; Wolfgramm et al., 2022). Narrative approaches have been used to examine leadership formation and collective memory (Wolfgramm et al., 2022), develop family-centred methodologies (Lipsham, 2020), explore women's experiences and safety (Wilson et al., 2021), and revitalise cultural concepts embedded in story traditions and knowledge systems (Hikuroa, 2017; Pouwhare, 2023).

Stories of Māui are therefore treated as primary analytic material. Narrative analysis identifies behavioural features within specific episodes and interprets meaning through plot structure, actions, consequences, and symbolic elements. The narratives are analysed as culturally located knowledge that carries layered insight into human behaviour and experience.

Interpretive textual analysis is applied to oral traditions, written retellings, and academic accounts. Each version is examined as a text. Recurring motifs, variations, and symbolic elements are compared across sources to strengthen interpretive depth and internal coherence.

The study is conceptual in aim. It does not test a hypothesis. It develops a framework that organises behavioural traits into dual expressions. This framework emerges through systematic interpretation and classification without measurement or prediction.

A comparative interpretive strategy is also used. Narrative elements identified in the stories are examined alongside contemporary clinical ADHD literature. Observed behavioural features are mapped to established psychological constructs to create analytic dialogue between Māori narrative knowledge and psychological research.

Reflexivity forms part of the method. The researcher's interpretive position is acknowledged. Ongoing dialogue with a supervisor, whānau, and community members

supports critical examination and refinement of interpretation, consistent with relational accountability.

The literature informs the analysis but does not serve as primary data. It functions as a secondary analytic lens that situates interpretations within existing scholarship and supports development of the conceptual framework, while Māori narrative authority remains central.

## **Narrative Analysis: Māui as a Human Model**

### **Pūrākau as a knowledge source**

Pūrākau is an increasingly recognised knowledge source in Kaupapa Māori research (Clifford, 2023). These traditional narratives embody epistemological constructs, historical knowledge, and culturally grounded views of human behaviour (Lee, 2009).

Upon analytic review, traits of ADHD are also present among many pūrākau, specifically ones revolving around Māui-tikitiki-a-Taranga. These stories discuss representations of ideal principles and behaviour but also suggest the implications of consequence (Reilly, 2023).

### **Māui in Pūrākau**

Māui-tikitiki-a-Taranga is a central culture-shaping figure within pūrākau and remains a powerful vehicle for language, identity, and decolonising practice. His stories present complex and often contradictory expressions of human behaviour. Māui demonstrates capability through actions that benefit humankind, while also embodying consequence through decisions that generate harm, disorder, and the conditions that lead to his own death.

Māui appears across Māori and wider Polynesian narratives as an ancestral hero, trickster, and change-maker who challenges boundaries and reshapes the world (Cliffe-Tautari, 2019, 2024). Accounts explain key features of the cosmos, including the fishing up of Te Ika-a-Māui, the obtaining of fire, and the attempt to overcome death. These narratives embed teachings about courage, innovation, resistance to norms, and the risks attached to transgression (Cliffe-Tautari, 2019, 2024; Pouwhare, 2016, 2022).

Within scholarship, pūrākau are understood as sacred epistemological texts that hold ethical, social, and cosmological knowledge. They are not simple myths or children's tales (Pouwhare, 2016, 2022). Māui's failed bid for immortality with Hine-nui-te-pō encodes

teachings about mortality, sexuality, and the authority and power of women (Pouwhare, 2016, 2022).

In contemporary contexts, Māui narratives function as living knowledge. Oral performance supports the revitalisation of language, ceremonial practice, and values disrupted through colonisation (Pouwhare, 2016, 2022). In education, Māui as a shapeshifter and boundary-pusher has been used to reframe perceptions of Māori students, positioning complexity, creativity, and challenge as strengths (Cliffe-Tautari, 2019; Harris et al., 2023). In research, pūrākau that draw on Māui support interpretive and analytic approaches that connect esoteric and explicit knowledge (Black et al., 2023; Pouwhare, 2022; Williams, 2023). Māui's death narrative also functions as an ethical text that informs contemporary discussions about mortality and assisted dying (Karakā-Clarke et al., 2025; Pouwhare, 2016).

Scholars show that colonisation altered how Māui stories were transmitted. Elements considered confronting, including sexuality and violence, were removed or softened. Narratives were reframed as harmless folklore or children's fables, which reduced their perceived epistemic depth and cultural authority (Pouwhare, 2016, 2022). Current work reconnects fragmented narratives and returns to earlier imagery and knowledge forms to restore depth and coherence (Pouwhare, 2016, 2022).

Re-centring Māui-tikitiki-a-Taranga within pūrākau aligns with broader efforts to recognise mātauranga Māori as a living system of knowledge (Hikuroa, 2017; Pouwhare, 2022).

### **Māui, Premature Birth, and ADHD**

A key finding of this report is the identification of a conceptual link between Māui's premature birth in pūrākau and contemporary evidence on developmental risk factors for ADHD. This interpretation is advanced as an original analytic insight derived from close

reading of narrative detail alongside current empirical literature. It is not presented as diagnostic or evidentiary. It instead identifies a point of convergence between traditional narrative description and research demonstrating that preterm birth is associated with increased likelihood of ADHD across the life course (Crump et al., 2023; Fraiman et al., 2023; Tso et al., 2022).

Preterm birth is associated with hypoxia and oxygen-related brain injury, altered development of frontal–striatal circuits, and reduced neural connectivity efficiency, which are implicated in attention regulation and executive functioning differences (Beer et al., 2022; Chung et al., 2020; Crump et al., 2023; Scheuer et al., 2021). Within pūrākau, Māui is described as exhibiting behaviours consistent with contemporary characterisations of ADHD traits, including impulsivity, risk-taking, creativity, persistence, and emotional reactivity. These traits can be read alongside current diagnostic frameworks such as the DSM-5-TR, which defines ADHD through persistent differences in attention regulation, activity level, and impulse control (American Psychiatric Association, 2022). It is therefore plausible, though not empirically demonstrable, that traditional accounts of a prematurely born figure such as Māui may reflect culturally situated observations of behavioural characteristics that contemporary research associates with ADHD.

### **The duality of Māui**

As culture hero, Māui introduces elements central to human survival and social organisation: he secures fire, fishes up land, reshapes species, lengthens the days, and transmits ritual knowledge (Reilly, 2023). These acts expand human capability and alter material conditions of life; they reposition humanity within the cosmos and reduce reliance on ancestral powers (Reilly, 2023). This dual positioning aligns with Māori understandings of pūrākau as repositories of collective memory and leadership identity, where figures embody both valued traits and cautionary consequences within the same narrative frame (Wolfgramm

et al., 2022). Each transformative act is accompanied by deception or provocation, for example, Māui deceives Mahuika, withholds information, ignores the authority of elders, manipulates kin, and breaches social expectations (Reilly, 2023).

Māui's life reflects tension between belonging and estrangement. Māui seeks recognition from his mother and becomes incorporated into family structures: he marries and participates in social life (Reilly, 2023). He also harms relatives, starves his grandfather, transforms his brother-in-law into a dog, and neglects kin obligations (Reilly, 2023).

Māui's identity moves between human and supernatural domains. He shape-shifts into birds, travels across worlds, contests atua, and crosses cosmological boundaries (Reilly, 2023). These capacities signal exceptional status. Māui's emotional life remains recognisably human; he displays pride, irritation, ambition, courage, and failure (Reilly, 2023).

Courage and hubris follow the same structure. Māui demonstrates persistence and strategic intelligence in pursuing difficult aims; he continues despite warnings that he confronts forces beyond ordinary reach (Reilly, 2023). Māui's attempt to overcome death represents the height of aspiration and the moment of excess; his destruction restores cosmological order and confirms mortality and human limitations remain intact (Reilly, 2023).

## **Ngā Mata Rua ā Māui: The Two Faces of Māui**

### **Expressions of Strength**

Māui is used in this framework as a cultural exemplar through whom behavioural traits commonly associated with ADHD are interpreted as strengths that hold individual and collective value. Within pūrākau, he illustrates both the opportunities and tensions associated with these traits, offering a culturally grounded account that positions them as purposeful and capable. He is widely described as a change maker, boundary challenger, and innovator whose persistence, courage, cleverness, and adaptability benefit both himself and others. This narrative positioning has been used to reframe behaviours often labelled as difficult in rangatahi as expressions of agency, leadership potential, and creative capacity (Cliffe-Tautari, 2019). Pouwhare (2022) demonstrates that Māui narratives function as complex cultural knowledge, encoding serious social and human concerns and legitimising non normative ways of thinking and acting as meaningful and powerful

Within this interpretive frame, Māui's actions can be read as expressions of hyperfocus, creativity, cognitive flexibility, strong adaptive capacity, high energy, persistence, and a willingness to challenge limits, qualities that align with strengths identified in ADHD research. Qualitative studies with successful adults consistently report hyperfocus, creativity, energy, resilience, persistence, and nonconformity as positive attributes associated with ADHD traits (Sedgwick et al., 2018). Research on subclinical ADHD traits links attentional variability with divergent thinking and idea generation (Boot et al., 2017). Population based findings identify associations between ADHD traits and self-reported strengths such as adaptability, cognitive flexibility, and dynamic engagement with new experiences (Schippers et al., 2024).

Scholars argue that these characteristics can benefit individuals and communities and warrant recognition as valuable aspects of human variation (Sedgwick et al., 2018; Schippers

et al., 2024). Storytelling research further identifies narrative as a mechanism for developing identity affirming and celebratory accounts of neurodivergent experience, countering deficit focused interpretations (Betts et al., 2022). Māui's exceptional qualities, preserved through oral transmission, therefore support a strengths based understanding of neurodivergent traits and demonstrate how persistence, unconventional thinking, adaptive skill, and focused engagement can contribute to problem solving and innovation for both the individual and the collective (Cliffe-Tautari, 2019; Pouwhare, 2022).

### ***Excessive Curiosity***

Curiosity drives learning and exploration through intrinsic motivation to reduce uncertainty, supported by dopaminergic reward systems that encode knowledge as inherently valuable (Kenett et al., 2023; Modirshanechi et al., 2023). It is associated with improved wellbeing, memory consolidation, and sustained engagement across the lifespan. Curiosity increases when knowledge gaps are identifiable and learning progress is possible, then declines as gaps close, which regulates exploration and limits inefficient information seeking (Ten et al., 2020; Poli et al., 2024). Experimental and computational research further shows that curiosity supports latent learning, cognitive map formation, creativity, and flexible problem solving through active question generation and strategic information foraging (Wang & Hayden, 2021; Koutstaal et al., 2022; Kenett et al., 2023).

These mechanisms are reflected in fire episode where Māui seeks fire for cooking and travels to the domain of Mahuika, an ancestral being who holds fire within her fingers and toes (Reilly, 2023). Each time she gives him a burning digit, he deliberately extinguishes it and returns to ask for another, repeating the process until she has almost no fire left; as the encounter intensifies, the remaining fire is thrown into several trees, which then become the source from which humans later generate flame (Reilly, 2023). The episode centres on a clearly defined knowledge gap: how fire can be accessed, controlled, and reproduced

independently of its original source. Each extinguishing operates as iterative testing, generating information about the limits and transferability of the resource. Through repeated engagement, uncertainty is progressively reduced, and fire shifts from an embodied, restricted possession to a distributed and reproducible material resource.

### **Expressions of Challenge**

In some traditions, Māui is portrayed as disruptive and transgressive, with achievements intertwined with morally ambiguous and harmful conduct. He appears as a trickster, rule-breaker, and challenger of authority who overturns convention and pursues goals with limited regard for consequence (Reilly, 2023). His actions generate tension within his family and reflect ambivalence toward kinship obligations and social expectations (Reilly, 2023). These narrative features parallel empirical evidence linking ADHD with impulsivity, reduced inhibitory control, and emotional dysregulation, which are associated with relational strain, interpersonal conflict, and risk-taking behaviour (Marques et al., 2024).

This alignment is evident in repeated acts of deception and relational harm. Māui tricks his father, deceives Mahuika by extinguishing the fires she gives him, ignores warnings in dangerous situations, steals food intended for his grandfather, starves him to obtain his jawbone, and humiliates his brother-in-law by transforming him into a dog (Reilly, 2023). Emotional dysregulation is highly prevalent in adults with ADHD. Meta-analytic evidence demonstrates substantial elevations in emotional lability, irritability, explosive reactions, and difficulty returning to baseline arousal (Soler-Gutiérrez et al., 2023). Executive and inhibitory control difficulties predict aggressive and disruptive behaviour, with emotional dysregulation mediating the association between impaired inhibition and interpersonal harm (Baamer, 2025). Māui's volatility and relational ruptures can therefore be read alongside documented mechanisms linking impaired inhibition and heightened emotional arousal to harmful outcomes.

Māui also demonstrates sustained risk-taking and confrontation. He uses his own blood as bait, challenges powerful ancestral beings, and seeks mastery over elemental and cosmic forces, including an attempt to overcome death (Reilly, 2023). Evidence associates ADHD with elevated rates of accidents, occupational instability, legal problems, and relationship breakdown, frequently linked to impulsive and poorly regulated behaviour (French et al., 2024). Adults with ADHD also show higher rates of depression, anxiety, loneliness, and burnout, with emotional dysregulation identified as a major contributor to functional impairment (Callahan et al., 2025).

Within pūrākau, moral ambiguity functions as collective instruction, where innovation and harm coexist and consequence restores balance (Wolfgramm et al., 2022). Reading Māui's disruptive and harmful episodes alongside ADHD constructs does not reduce him to pathology. It situates volatility, overreach, and relational fracture within documented neurodevelopmental mechanisms while preserving pūrākau as an epistemic framework that holds aspiration, transgression, and limit within the same narrative field.

### ***Impulsivity***

Impulsivity is a core feature of ADHD, involving rapid, unplanned actions with limited consideration of consequences (Einarsson et al., 2024; Yan, 2024). Recent research links impulsive behaviour to reduced response inhibition and difficulty regulating action across cognitive and attentional domains (Yan, 2024). Neurobiologically, impulsivity is associated with differences in monoamine systems that regulate motivation, reward, and behavioural control, with growing evidence highlighting the role of serotonin alongside dopamine and noradrenaline in shaping hyperactivity–impulsivity and emotional regulation (Solomon et al., 2025; Faraone et al., 2025).

These differences are linked to rapid responding and difficulty delaying gratification. Studies continue to show that adults with ADHD experience challenges in deferment of

reward and decision-making, reflecting heightened sensitivity to immediate outcomes and reduced tolerance for delay (Einarsson et al., 2024). Together, this evidence suggests that altered neurochemistry can increase the likelihood of acting quickly, with less pause to evaluate risk or long-term consequences (Einarsson et al., 2024; Solomon et al., 2025; Faraone et al., 2025; Yan, 2024).

Across oral traditions, Māui is portrayed as a restless, boundary-testing figure who acts quickly, challenges authority, and pursues change with little hesitation, traits that align with contemporary descriptions of impulsive action. He is depicted as a mischievous trickster who disrupts established patterns, takes risks, and persists despite warnings in order to achieve immediate goals (Reilly, 2023). These rapid, goal-directed actions, often undertaken with limited regard for consequences, provide a culturally familiar illustration of urgency, responsiveness, and risk-taking that closely parallels behavioural accounts of impulsivity.

### ***Emotional Reactivity***

Emotional reactivity, often described in the clinical literature as emotional dysregulation, is a well-established and impairing feature of ADHD. It is characterised by rapid emotional responses, irritability, low frustration tolerance, and difficulty returning to baseline after emotional arousal (Paulus et al., 2021). Large reviews show that emotional dysregulation is highly prevalent across the lifespan and closely associated with social and relational difficulties, including conflict and unintended harm to others (Beheshti et al., 2020; Jaisle et al., 2022). Although emotional dysregulation occurs across neurodevelopmental conditions, ADHD shows one of the strongest independent associations with emotional lability and reactive emotional responding (Astenvald et al., 2022).

Accounts describe Māui reacting strongly in overstimulating situations and in moments of perceived rejection or threat to status, experiences that align with contemporary descriptions of emotional reactivity and rejection sensitivity in ADHD. Pūrākau

communicates this intensity through events such as the aftermath of slowing the sun, and the episode where Māui sings the wings of a Tīeke bird after it refused to bring him water (Grey, 1855; Reilly, 2023). A similar response is seen when he transforms his brother-in-law, Irawaru, into a dog, driven by jealousy after Irawaru proves to be the stronger fisherman (Reilly, 2023; Westervelt, 1910). These actions reflect low frustration tolerance, reactive anger, and emotional overshooting described in ADHD-related emotional dysregulation, where responses can be intense and disproportionate to the initial trigger (Albesisi & Overton, 2023).

### ***Rebellion***

Rebellious behaviour is often linked to ADHD, although it is not a core diagnostic feature and is more accurately explained through common comorbid conditions, particularly oppositional defiant disorder (ODD) and conduct disorder (CD). ODD involves persistent defiance, argumentativeness, anger, and spite toward authority, whereas CD involves rule breaking, aggression, and antisocial behaviour (Mphahlele et al., 2023). Co-occurrence is common. Approximately half of children with ADHD meet criteria for ODD and about one fifth show CD features, with consistently higher levels of anger, oppositional behaviour, and conduct problems than peers (Sivagnanamurthi et al., 2024). In ADHD combined presentation, oppositional, irritable, and aggressive behaviours frequently cluster across development and show strong associations with ODD (Mayes et al., 2024). Behaviours described as rebellious map onto established clinical constructs: frequent arguing and refusal align with ODD; rule breaking, lying, and stealing align with conduct problems; and anger outbursts and irritability align with emotional reactivity linked to ODD (Mphahlele et al., 2023; Mayes et al., 2024). Persistent conflict with authority and legal involvement are most likely when ADHD co-occurs with ODD or CD (Modesti et al., 2025). These outcomes reflect interacting influences, including neurodevelopmental differences in impulse control,

reward processing, and self-regulation that increase rapid responding and resistance to demands (Posner et al., 2020), alongside coercive parent–child dynamics and family stressors such as harsh or inconsistent parenting and maltreatment, which elevate risk for both ADHD symptoms and externalising behaviour (Claussen et al., 2022).

Māui is consistently portrayed as a figure who challenges authority, disregards instruction, and overturns established limits. He is described as a restless trickster and “born rebel” who repeatedly defies conventions and intervenes in situations others would leave undisturbed (Reilly, 2023). He deceives his father to uncover concealed knowledge, ignores warnings from elders, and persists in hazardous actions despite resistance from his brothers (Reilly, 2023). In the episode of fishing up land, he refuses direct orders to stop and continues despite being told he is interfering with powerful forces (Reilly, 2023). His confrontation with Mahuika is similarly driven by defiance. He repeatedly extinguishes the fire she provides and returns for more until her control over it collapses (Reilly, 2023). These actions illustrate sustained boundary testing, noncompliance, and deliberate disruption of social and cosmological order in pursuit of change. Rebellion functions as a central organising feature of his conduct, shaping interpersonal conflict and producing transformative consequences that alter the material conditions of human life (Reilly, 2023).

### ***Unintended harm***

Impulsivity, emotional dysregulation, and executive dysfunction can produce unintended harm across the lifespan. Impulsivity, including emotional impulsivity, drives rapid decisions and reactive behaviour that increase risks such as overspending, risky driving, substance use, unplanned sexual behaviour, and interpersonal conflict, contributing to accidents, legal problems, and relational strain (Ahlberg et al., 2023; Rosenthal et al., 2023). It is also linked to life instability across adulthood, including job changes and relationship breakdowns (Ahlberg et al., 2023; Martz et al., 2023). Emotional dysregulation is common

and impairing, contributing to social and occupational impairment, accidents, substance misuse, and poorer mental health (Soler-Gutiérrez et al., 2023). Executive dysfunction and inattention further contribute to unintended harm through difficulties with planning, organisation, and working memory that undermine education, employment, and independent living, and are linked to lower attainment, unemployment, and financial stress with lasting effects on income and career (Kosheleff et al., 2023; Christiansen et al., 2021; Cherkasova et al., 2021). Across life domains, these features are associated with relationship instability (Ahlberg et al., 2023; Hinshaw et al., 2021), lower educational outcomes (French et al., 2024; Kosheleff et al., 2023), job instability (Ahlberg et al., 2023; Kosheleff et al., 2023), and increased risks of accidents, substance misuse, and self-harm (French et al., 2024). Harms often begin in childhood and persist into midlife (French et al., 2024; Cherkasova et al., 2021).

Across Māui narratives, moments of transformation and achievement often sit alongside moments where harm occurs within close relationships. One account describes how Māui repeatedly takes food intended for his grandfather, and feeds himself instead, ultimately starving him to death before removing the jawbone to fashion a hook for later use in his fishing feats, including drawing up the great fish that becomes land (Reilly, 2023). It could be argued that Māui was so determined and intensely focused on this larger objective that he overstepped relational boundaries in ways that caused severe unintended harm, with the grandfather's death emerging as a tragic consequence of behaviour oriented toward achieving a transformative goal. The narrative presents this act as a profound breach of expected care toward an elder relative while also showing that the instrument taken from this loss became central to actions that produced enduring benefits for humanity (Reilly, 2023).



## **Ngā Mata Rua ā Māui: Framework Development**

### **Ngā Mata Rua ā Māui**

A framework was developed from a Kaupapa Māori perspective to conceptualise ADHD traits as dual directional in expression. It positions each trait as having the capacity to generate both constructive and harmful outcomes, contingent on context, regulation, and relational impact. The framework operates as a structured classification tool that enables Māori with ADHD to identify specific traits, analyse their expression, and deliberately differentiate their effects in everyday situations. It supports conscious appraisal of when a trait is serving individual and collective wellbeing and when it is contributing to relational or functional difficulty.

The framework is titled *Ngā Mata Rua ā Māui*, translated as *The Two Faces of Māui*. The term *mata* denotes face and conveys surface expression, signalling the observable behavioural manifestations associated with ADHD. Māui is invoked because the framework is grounded in close analysis of his characteristics and associated pūrākau, in which qualities such as impulsivity, curiosity, emotional intensity, and risk-taking produce both innovation and disruption. Across narratives, these traits generate transformation and progress while also creating relational strain and consequence. The framework therefore employs Māui as an organising metaphor to structure reflection on the dual potential embedded within each trait, providing a culturally anchored mechanism for critical self-understanding and intentional regulation.

### **Conceptual Design**

This framework conceptualises the notion of “two faces.” It recognises that each ADHD trait is present as a stable characteristic, while its expression and management vary according to context, relational expectations, and situational demands. The framework does

not categorise traits as inherently positive or negative. It distinguishes how their manifestation shifts across environments and levels of regulation.

Each trait is understood to emerge from *Te Kore*, described as the realm of potential (Royal, 2012). From this potential state, a trait may manifest through either *Te Mata Pūmanawa*, representing natural talent and intuitive cleverness, or *Te Mata Manawaroa*, representing endurance and resilience. These expressions are not fixed categories. They denote differentiated outcomes shaped by self-awareness, environmental conditions, and relational impact.

### ***Te Mata Pūmanawa***

*Te Mata Pūmanawa* recognises the constructive capacities associated with ADHD. This orientation challenges deficit framed accounts that position ADHD primarily as impairment (Timimi, 2018). It foregrounds strengths such as curiosity, leadership, sustained hyperfocus, rapid idea generation, and adaptive problem solving, particularly in contexts that permit autonomy and self-direction (Climie et al., 2015). Within this face, ADHD traits are understood as sources of initiative, creativity, and momentum.

Pūrākau illustrates that these capacities are not without limits. In narratives involving Māui and the pīwakawaka, intensity and overexertion carry consequence. Drawing on Rangiwai's interpretation of the pīwakawaka as a metaphorical representation of ADHD, excessive pressure placed on this small, active bird signifies the strain that occurs when intensity is unregulated (Rangiwai, 2024). The metaphor signals that strength, when applied without modulation, can become destabilising.

Hyperfixation demonstrates this boundary. Deep concentration can produce exceptional output when aligned with priority tasks. It becomes detrimental when competing responsibilities are neglected. Similarly, rebellion may catalyse innovation and social change,

yet elevated risk taking can generate relational or practical harm. Overextension of energy and drive increases vulnerability to burnout.

*Te Mata Pūmanawa* therefore requires conscious regulation. Traits must be permitted to move through *Te Kore* as potential and expressed in proportion to situational demands. Balance is central. This face holds significant power, and its contribution is realised fully only when integrated with its complementary expression. Understanding both faces enables deliberate calibration of intensity, preserving strength while reducing harm.

### ***Te Mata Manawaroa***

*Te Mata Manawaroa* represents the expression of ADHD traits when hyperactivity, inattention, impulsivity, or emotional intensity lead to functional difficulty. This face includes careless errors, diminished sustained attention, exhaustion, and emotional dysregulation. It captures moments when drive exceeds regulation and when cognitive or affective demands surpass available capacity.

Within pūrākau, Māui can be read as acting under pressure to demonstrate worth within prevailing social expectations. At times, his actions appear propelled by urgency to redeem perceived difference and to convert it into recognised value. These episodes suggest dysregulated intensity rather than calculated strategy. In such moments, Māui exemplifies *Te Mata Manawaroa*, where strength shifts into strain.

This face holds equal legitimacy alongside *Te Mata Pūmanawa*. It is not a deficit category but an expression that signals need for recalibration. When present, attention to mental safety, relational impact, and energy sustainability becomes essential. These moments indicate opportunities for structured reflection, regulation, and support.

Recognising when this face is active constitutes a critical skill. Deliberate identification enables individuals to pause, adjust expectations, seek assistance where

required, and reduce risk of escalation into emotional dysregulation, burnout, or impaired impulse control. Through this awareness, *Te Mata Manawaroa* becomes a site of learning and containment, contributing to long term stability and self-understanding.

### **Framework applications**

This framework does not require individuals to privilege one expression over another. It supports systematic recognition of how specific ADHD traits manifest in context and what consequences are likely to follow. The focus is on structured classification and discernment. Individuals identify which expression is active, how it shapes behaviour, and what regulatory response is indicated.

Through this differentiation, traits are evaluated in relation to situational demands, relational impact, and longer-term sustainability. The framework enables users to determine whether a trait is functioning as a strength within the present context or signalling overload, dysregulation, or strain that requires adjustment. It does not pathologise all ADHD characteristics, and it does not minimise clinically significant impairment.

Application relies on disciplined reflective questioning: Which expression is active? What is its observable behavioural effect? Is this expression aligned with current goals, obligations, and relationships? Does it require containment, redirection, pacing, or external support? In this way, the framework operates as a structured self-appraisal tool that strengthens regulatory awareness, reduces misinterpretation of trait expression, and supports deliberate, contextually informed decision making.



**Figure 1: Ngā Mata Rua ā Māui**

## **Kupu Whakamutunga: Conclusion and Future Research**

This report has examined ADHD as a complex neurodevelopmental condition with substantial and cumulative consequences across the life course. International evidence demonstrates elevated risks across mental health, physical health, injury, and premature mortality, alongside significant social and economic costs (Ahlberg et al., 2023; Cortese et al., 2025; Faraone et al., 2021; French et al., 2024; O’Nions et al., 2025; Sun et al., 2019). Effective treatment is associated with reduced adverse outcomes, yet access to timely assessment and care remains limited, particularly for adults. In Aotearoa New Zealand, treatment rates remain below expected prevalence. Māori adults are under-represented in treatment data and face constrained service access, alongside a marked absence of research examining adult outcomes across education, employment, mental health, and physical health domains (Beaglehole et al., 2024; Cargo et al., 2022; Lillis, 2024; Murray, 2025; Tipene, 2023). This evidence gap constrains policy development, service design, and equitable resource allocation.

The report also broadened the conceptual lens through which ADHD is interpreted. Deficit-dominant narratives are associated with stigma, shame, and reduced self-concept, whereas strengths-oriented meaning-making is linked with improved wellbeing, self-esteem, and adaptive functioning (Attoe & Climie, 2023; Jelinkova et al., 2024; Miklósi et al., 2024; Schippers et al., 2022). Empirical research identifies recurrent strengths associated with ADHD traits, including creativity, cognitive flexibility, persistence, energy, humour, empathy, and sustained task engagement under specific conditions (Climie et al., 2015; Hargitai et al., 2025; Hoogman et al., 2020; Schippers et al., 2024). These capacities do not diminish the reality of impairment. They demonstrate that underlying traits can produce constructive or harmful outcomes depending on regulation, context, and environmental fit.

An interpretive qualitative approach grounded in narrative and textual analysis was then introduced. Traditional narratives were treated as legitimate knowledge sources and placed in analytic dialogue with contemporary ADHD science. Analysis of Māui narratives identified a consistent duality in behavioural expression. Traits linked with curiosity, risk-taking, persistence, emotional intensity, and rapid action generated both transformation and disruption within the narrative field. Innovation and courage coexisted with relational strain, impulsivity, and unintended harm. This duality informed the development of a structured interpretive framework.

Ngā Mata Rua ā Māui conceptualises ADHD traits as dual in expression. It does not classify traits as inherently positive or negative. It recognises that each trait can support capability or create difficulty depending on context, regulation, and relational impact. Te Mata Pūmanawa refers to constructive expressions such as creativity, initiative, curiosity, and adaptive thinking. Te Mata Manawaroa refers to dysregulated expressions of the same traits, including impulsivity, emotional reactivity, exhaustion, and functional strain. These expressions are dynamic and context-dependent.

The framework remains conceptual. Its clinical utility has not been empirically evaluated. A clear next step is systematic development and testing as a psychoeducation and clinical communication tool. Formal evaluation is required before recommending routine application.

Significant evidence gaps remain. There is limited research focused specifically on Māori adults with ADHD across life domains, including education, employment, mental health, and physical health. Gendered experience, intersectionality, and identity development are under-examined. Addressing these gaps is necessary to inform targeted service provision, workforce development, and policy reform.

This study does not test a hypothesis or propose diagnostic revision. Its contribution lies in integrating clinical evidence, strengths-based research, and narrative interpretation within a coherent framework. It provides a structured account of how ADHD traits can hold dual potential and how this duality can be rendered analytically visible. Future research should examine whether such models improve clinical understanding, therapeutic engagement, psychoeducation, and community-led support for adults with ADHD.

## **He Karakia Whakamutunga**

Ka wehe atu tatou

I raro i te rangimārie

Te harikoa

Me te manawanui

Haumi e, hui e, taiki e!

*We are departing*

*Peacefully*

*Joyfully*

*And resolute*

*We are united, progressing forward!*

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