

Phase Patterning and Prevention

Aligning Mental Health Crisis Patterns with Te Maramataka Māori: An Indigenous Temporal Framework from Aotearoa

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Abstract

This study examines whether mental health crises in the Whanganui region align with phases of Te Maramataka Māori, the Indigenous lunar and environmental calendar. Using 7 years of data from Whanganui regional datasets (2017–2024), including psychiatric admissions and suicide-related events, these crisis patterns were mapped against lunar phases. Guided by kaupapa Māori and data sovereignty principles, the analysis supported a quadrant framework, initiate, communicate, activate, evaluate, which was developed to align health planning with environmental rhythms. Findings indicated elevated crisis rates during the Tamatea, Korekore, and Turu phases, while Rākaunui and Mutuwhenua align with stability. The results suggest that Indigenous time systems may offer anticipatory insights and culturally grounded strategies to support a shift from reactive to preventative care.

Keywords

Maramataka, Māori lunar calendar, Indigenous knowledge, mental health, wellbeing, community-led health, resilience

Introduction

In Aotearoa New Zealand, the mental health system remains largely reactive, prioritising crisis response over prevention. Despite repeated reform efforts, Māori communities experience disproportionately higher rates of suicide, self-harm, and psychological distress than non-Māori (Ministry of Health, 2024). Services are under strain, demand continues to increase, and system responses remain limited in their ability to anticipate or prevent distress before it reaches crisis point. This raises an urgent question: what other frameworks might support a more preventative and culturally grounded approach to wellbeing?

Indigenous knowledge systems such as Te Maramataka offer one such framework. Te Maramataka is a Māori lunar and environmental calendar grounded in long-term observation of the moon, tides, stars, seasons and other tohu (environmental signs and patterns) within te taiao (Matamua, 2020; Warbrick et al., 2023). Worldwide, models similar to Te Maramataka, such as the Anishinaabe Medicine Wheel (Mashford-Pringle, 2023), the Fonofale in the (Pulotu-Endemann, 2001) Pacific, and Australian First Nations calendars (Calrke, 2009), help communities align with natural rhythms to predict periods of vulnerability and abundance. More than a tool for marking time, it is a relational system that guides activity, rest, reflection, and collective decision making. In this study, Te Maramataka is approached as a living Indigenous temporal framework with practical relevance for mental health planning and prevention.

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This article emerges from my work as a practitioner-researcher embedded in Whanganui (a regional city in the west of the North Island of Aotearoa) and Mōkai Pātea (an inland confederation of iwi in the central plateau of the North Island of Aotearoa). I began noticing recurring relationships between maramataka phases and community crisis data patterns in 2018. What began as a small exploratory observation developed into a longer term programme of practitioner research, guided by knowledge holders and whānau in these regions. This practitioner grounding is central to the research, and these observations prompted the question that underpins this article: whether mental health crisis events might also reflect patterns aligned with maramataka rhythms.

Drawing on 7 years of regional data (2017–2024), including psychiatric admissions, self-harm, family harm, and suicide-related events, alongside practitioner observation and community wānanga, the article explores the potential of Indigenous temporal systems to support anticipatory and preventative approaches to care. This article begins by outlining the theoretical foundations of Te Maramataka Māori and Indigenous temporal systems. It then describes the kaupapa Māori methodological approach and mixed-methods design used in the study. The article next introduces the quadrant framework developed through practitioner knowledge and maramataka rangahau (research), then presents the crisis pattern analysis and discusses its implications for preventative mental health practice.

Te Maramataka Māori

Te Maramataka Māori is a Māori lunar environmental calendar that supports the understanding of rhythms within te taiao. It is grounded in generations of observation of the moon, tides, stars, winds, rainfall, seasons, and other ecological tohu. Rather than functioning as a static calendar, Te Maramataka is a living relational system that guides when to act, gather, plant, harvest, reflect, rest, or prepare. In this way, it supports alignment between human activity and the wider environment. An example of this can be seen in the return of the pīpīwharau (shining cuckoo) to Aotearoa, signifying the arrival of spring. This correlates with local knowledge of certain star constellations and the bird's sound patterns, forecasting weather conditions from the bird's journey to help gardeners know what the season might bring, such as how many kūmara we can plant. For those who work with Te Maramataka, it is a relational framework grounded in people, place, environment, and Atua, opening awareness to shifts in energy, productivity, emotion and collective rhythm.

Contemporary scholarship describes Te Maramataka as both a knowledge system and an environmental framework that supports health and wellbeing by attuning activity to ecological cycles (Harris, 2013; Matamua, 2020; Roberts et al., 2006; R. Solomon & Peach, 2021). While there are shared maramataka concepts across Aotearoa, maramataka practice is not uniform. Hapū and iwi adapt maramataka according to local tohu, whakapapa, environment, and lived practice. This means Te Maramataka must always be understood as place based. In the context of this study, the maramataka knowledge drawn on is connected to Whanganui, Rangitīkei, and Ruapehu, and shaped through local practitioner knowledge, whānau observation, and relationships with knowledge holders from Te Awa Tupua and Mōkai Pātea.

Indigenous peoples across the globe have devised intricate calendrical systems that connect social organisation, ecological wisdom, and wellbeing with the cyclical patterns of the environment. Despite regional differences, these systems share a logic; they help communities anticipate vulnerability and abundance, sustain wellbeing, and align with ecological cycles. For example, the Medicine Wheel provides many North American First Nations a relational framework for balance across mental, emotional, spiritual, and physical aspects. Its quadrants serve as flexible guides for life phases, healing, and resilience (Wilson, 2020). Similarly, Fonofale and Te Whare Tapa Whā (a health model from Aotearoa), conceptualise health as a relational system grounded in family, spirituality, culture, and environment (Pulotu-Endemann, 2001). Australian Aboriginal seasonal calendars segment the year into ecological phases that guide mobility, food gathering, and ceremonial activities according to environmental changes (Janca & Bullen, 2003; Moller et al., 2009). These examples demonstrate that Indigenous temporal frameworks are not merely symbolic systems but practical guides for living in balance with the environment. Te Maramataka Māori can be understood within the broader whakapapa of Indigenous temporal systems.

This place-based understanding is central to the article. Te Maramataka as a practical Indigenous temporal system through which patterns of wellbeing and crisis may be interpreted in preparedness and relationally grounded forms of prevention.

Literature Review

A modern benchmark for maramataka revitalisation is Wiremu Tāwhai's (2013) *Living by the Moon: Te Maramataka o Te Whānau-ā-Apanui*, which records iwi-specific knowledge drawn from oral tradition, ecological observation, and daily practice. Tāwhai (2013) emphasised that maramataka is more than a technical calendar; it is a philosophy of living in harmony with te taiao. Building on this foundation, contemporary scholars have expanded understanding of maramataka as both an environmental knowledge system and a framework for wellbeing. Warbrick et al. (2023) described maramataka as "an Indigenous system of attuning with the environment, and its role in modern health and wellbeing," (p. 1), highlighting that it provides more than cultural symbolism; it is a system of ecological attunement with direct health applications.

Research has consistently positioned maramataka as a relational knowledge system grounded in environmental understanding, integrating cosmological, ecological, and empirical observation (Harris, 2013; Hikuroa, 2017; Roberts et al., 2006). Alongside this, scholarship has contributed to the revitalisation of Māori astronomy and timekeeping (Matamua, 2020; Whaanga et al., 2020), while also highlighting the diversity of maramataka practices across iwi and hapū (King et al., 2008; Robertson & Neville, 2008; Ropiha, 2000). More recently, both practitioners and scholars have begun applying maramataka frameworks within contemporary settings such as education, health, and wellbeing promotion (Collins, 2021; K. Solomon, 2021; R. Solomon & Peach, 2021; Warbrick et al., 2023). Together, contemporary application of long-held maramataka knowledge demonstrates the ongoing relevance of maramataka as both a cultural knowledge system and a systems-based framework for resilience and community wellbeing.

This work highlights how Indigenous temporal systems align well with principles found in contemporary systems theory. Complexity research recognises that health and social systems are adaptive, shaped by cyclical patterns, feedback loops, and emergent behaviour (Broughton, 2015; Hikuroa, 2017). In such systems, resilience and prevention of poor health outcomes for Māori (Sheridan et al, 2024) comes from recognising patterns, anticipating shifts, and responding in rhythm (rather than attempting to control isolated variables). Te Maramataka operates in this way, offering an Indigenous systems-based approach to wellbeing, where it's cycles signal periods of productivity, consolidation, or vulnerability. Its cyclical phases can be interpreted as feedback mechanisms, when recognised collectively, these signals allow communities to respond proactively, adjust activities, and support wellbeing before distress escalates into crisis (Mark et al., 2017; Pene et al., 2023). By linking Indigenous knowledge with complexity science, maramataka offers a culturally grounded yet globally relevant approach to preventative practice (Mercier, 2018).

Maramataka is also embedded within Māori cosmology. Atua such as Tangaroa, the atua of oceans and waterways, play an important role in this whakapapa of knowledge. Tangaroa's domain encompasses all waters – seas, tides, rainfall, soil moisture, and the water within the human body (Hanara & Jackson, 2019); from this perspective, human physiology and behaviour is understood as interconnected with environmental and lunar rhythms. K. Solomon (2021) similarly described maramataka as a system of relational elements where each lunar phase carries distinct emotional and energetic significance. These phases signal shifts between productivity, vulnerability, reflection, and restoration. Recognising these rhythms enables individuals and communities to anticipate periods of instability and prepare accordingly.

Western scientific research has occasionally examined the relationships between human behaviour and lunar phases, but their findings have often been considered inconclusive. For example, psychiatric reviews concluded that well-designed studies have failed to show convincing lunar effects (Iosif & Ballon, 2005, p. 319), while earlier meta-analyses found lunar variables "accounted

for less than one per cent of the variance in activities usually termed lunacy” (Rotton & Kelly, 1985, p. 300). These studies typically isolated variables and treated time as linear and neutral. Such approaches conflict with Indigenous epistemologies of time and knowledge that emphasise relational and cyclical understandings of temporal change (Smith, 2012, p. 47). Within te ao Māori, maramataka is understood as both empirical and spiritual, integrating observation of ecological patterns (Durie, 2004; Hanara & Jackson, 2019; K. Solomon, 2021; Warbrick et al., 2023). Each lunar phase guides decisions on fishing, planting, harvesting, and social activity (Tāwhai (2013), reflecting the dynamic relationships between people and environment.

Building on this whakapapa of knowledge, the present study explores whether mental health crisis events follow identifiable rhythms within Te Maramataka Māori. Within maramataka practice, different lunar phases are associated with shifts in energy, productivity, and vulnerability. These phases encompass times of vulnerability and uncertainty (such as Whiro and Tamatea), times of active energy and productivity (like Rākaunui and Korekore), and times focused on reflection and restoration (for example, Tangaroa and Mutuwheua).

While existing scholarship has demonstrated the cultural significance and contemporary relevance of Te Maramataka Māori, relatively little research has explored how maramataka rhythms might be applied analytically to large-scale wellbeing data. In particular, few studies have examined whether patterns of mental health crisis events may align with lunar phases or how maramataka frameworks might support anticipatory approaches to community wellbeing. Addressing this gap requires approaches that bring together practitioner knowledge, Indigenous temporal frameworks, and empirical datasets (eg. Population-level health data such as crisis callouts, hospitalisations and service use).

Following 7 years of practitioner observation, community wānanga, and iterative prototyping, this study developed an applied quadrant framework: initiate, communicate, activate, evaluate. The model, discussed later in the article, applies maramataka rhythms into practical modes of awareness and response grounded in practitioner knowledge.

Methodology

Kaupapa Māori Methodology

This research was grounded in kaupapa Māori theory, which positions mātauranga Māori as legitimate, authoritative, and central to the production of knowledge. Kaupapa Māori is not simply a methodological choice, it is a philosophical approach that is underpinned by tino rangatiratanga, whakapapa, and relational accountability. It affirms Māori ways of knowing, being, and doing, and seeks to privilege Māori worldviews in the framing, interpretation, and application of research.

Within this approach, knowledge is understood as inherently relational, situated within connections between people and place. As such, this research views data not as discrete or decontextualised units, but as expressions of lived experience embedded within whakapapa and collective wellbeing. This framing shapes how questions are asked, how analysis is undertaken, and how findings are understood and shared.

Building on Durie’s (2004) work at the interface between Indigenous and Western knowledge systems, this study brings these approaches together in dialogue while maintaining the primacy of mātauranga Māori. Te Maramataka Māori functions as the central analytical framework, guiding the interpretation of crisis-related datasets through a temporal lens. This is complemented by quantitative methods, which provide additional scale and pattern recognition.

Ethical Framework

This study followed both Māori and institutional ethical approval (AUTEK Reference number: 25/296) to protect participants, uphold data sovereignty, and to ensure safe reporting of sensitive information such as suicide and self-harm. All processes were informed by Te Ara Tika (Hudson et al., 2010), Māori data sovereignty principles (Kukutai & Taylor, 2016), and local tikanga governing the use of community knowledge. Māori governance approval and oversight were provided through iwi and community partners, who retain authority over data use, its interpretation, publication and the right to withdraw.

All quantitative data were fully anonymised by data custodians prior to analysis. Personal identifiers were removed and events aggregated to lunar phases rather than individual cases. In line with national suicide-reporting guidelines, no identifiable details, methods of suicide, or small-area data are presented. Data were stored securely on Aotearoa-based encrypted servers accessible only to the research team.

Wānanga and practitioner reflections were collected with informed consent, including clear communication about the limits of confidentiality in group settings. Participants were able to withdraw their contributions prior to analysis, and all excerpts were paraphrased or de-identified to protect privacy. Local tikanga informed processes, such as karakia, whakawhanaungatanga, and structured reflective wānanga were used to maintain emotional and spiritual safety for participants throughout the research process.

Together, these ethical practices ensure that the analysis remains grounded in whakapapa, relational accountability, and collective wellbeing, reflecting the kaupapa as a community-led process.

Data Sources

This study draws on two primary sources of evidence. The first comprises quantitative crisis-event data obtained through regional partnerships, including more than 15,000 anonymised records spanning from 2017 to 2024. Incident types included acute psychiatric admissions, seclusion events, family-harm screenings, suicide deaths, and police callouts.

The second source consisted of qualitative insights generated through practitioner wānanga, prototype testing, and community interpretation of the data. These engagements created space for practitioners and community members to reflect on patterns emerging within the dataset and relate them to lived experience, local context, and maramataka knowledge.

Within mātauranga Māori frameworks, observation extends beyond visual or numerical data to include sensory, environmental, and relational awareness. Attention to shifts in wind, light, and environmental energy is integral to interpreting maramataka phases. Such observations are recognised as relational forms of intelligence within Indigenous knowledge systems (Hanara & Jackson, 2019; Healthy Families Whanganui, Rangitikei, Ruapehu, 2021; Kovach, 2021).

Data Analysis

Quantitative Analysis

Quantitative analysis involved mapping each crisis event to its corresponding lunar phase within Te Maramataka Māori. Events were grouped by phase and frequency counts were calculated across the dataset to identify patterns of incidence across the lunar cycle. Suites of related phases such as Tamatea, Korekore and Tangaroa were also examined to explore whether clusters of incidents occurred across these multiple phases.

Qualitative Analysis

Qualitative analysis drew on practitioner and clinical interpretation, wānanga kōrero, and embodied observation grounded in Whanganui ways of knowing. Community participants and practitioners reflected on how particular maramataka phases were experienced within everyday life. These insights helped contextualise the numerical patterns and provided relational interpretations of emotional, environmental and social rhythms associated with different lunar phases.

Integrative Interpretation

The final stage of analysis integrated qualitative findings through triangulation. Rather than relying solely on inferential statistical modelling, the analysis prioritised pattern recognition across lunar phases, supported by practitioner interpretation and community validation through wānanga. This integrative approach ensured that findings remained meaningful to community practitioners while maintaining analytical transparency.

Quadrant Framework

The quadrant framework used in this study was developed prior to the crisis-pattern analysis, emerging through maramataka rangahau, practitioner observation and the re-remembering of Indigenous temporal knowledge embedded within community practice. Through sustained engagement with lunar phases, environmental tohu, and practitioner reflections, recurring patterns of response became evident. These reflected cyclical modes of initiation, communication, activation, and evaluation within community living.

Grounded in mātauranga Māori, the framework was developed as an interpretive tool to make sense of these patterns. In this study, it is applied as an analytical lens to explore whether patterns within regional crisis data align with rhythms of maramataka.

Initiate (Yellow)

Early phases such as Whiro and Tamatea signal beginnings characterised by uncertainty, preparation, and heightened emotional vulnerability. This is a time for setting intentions, heightened awareness, and gentle planning.

Communicate (Red)

These phases from Huna to Turu, often involve increased interpersonal interaction and heightened emotional expression. Conscious communication, de-escalation, and activating support networks are vital.

Activate (Green)

Around Rākaunui and Korekore, outward energy and momentum are strongest. These phases support coordinated action and collective mahi when grounded in clarity and relational accountability.

Evaluate (Purple)

Toward Tangaroa through Mutuwheua, energy begins to wane. These phases support reflection, emotional processing, and integration of learning, allowing for closure and strengthening long-term resilience.

Serving as both a research tool and a guide for practice, the model reflects local place-based cyclical understandings of time and resists linear interpretations of wellbeing.

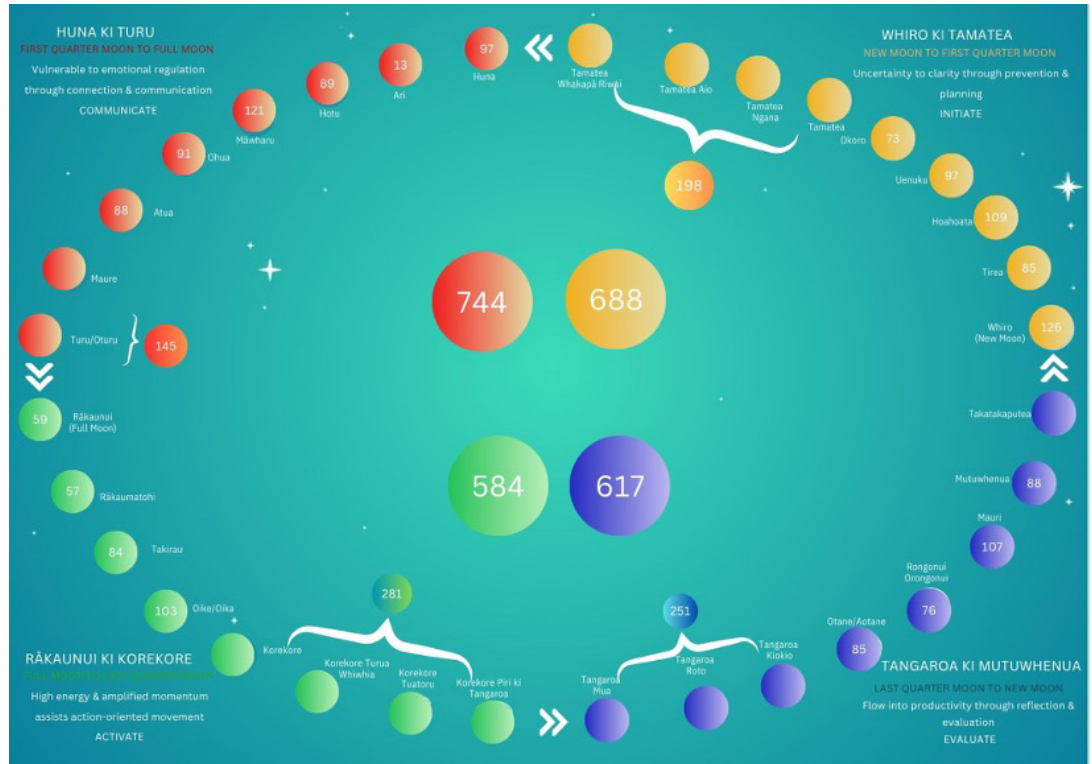


Figure 2 Maramataka crisis patterning

Figure 2 illustrates the relationship between lunar phases and key mental health and wellbeing indicators, including hospital admissions, suicide rates, family violence, and police interventions. For analytical purposes, the data are grouped into four lunar segments:

- Whiro ki Tamatea
- Huna ki Turu
- Rākaunui ki Korekore
- Tangaroa ki Mutuwhehua

The figure 2 visualisation indicates elevated levels of crisis-related events during Tamatea and Turu phases, while Rākaunui and Korekore phases generally show lower levels of crisis activity. These patterns suggest that maramataka rhythms may provide anticipatory insight that could support early intervention and community wellbeing planning.

Results

Analysis revealed that crises were unevenly across the lunar phases. Instead, of appearing randomly, incidents tended to cluster within suites of related phases, Tamatea, Korekore, and Tangaroa. These suites often spanned several consecutive nights during which crisis-related events occurred more frequently.

Tamatea phases showed sustained volatility and were associated with heightened emotional intensity. Korekore phases were often linked to increasing pressure and fatigue. Tangaroa phases displayed more variable patterns, sometime associated with turbulence and at other times with periods of clarity. One phase emerged as a distinct anomaly within the dataset. Turu appeared as a singular phase associated with elevated suicide-related events. Unlike the broader suites of phases, which displayed patterns across multiple nights, Turu appeared as an isolated point of disruption within the lunar cycle.

Community interpretations closely reflect these patterns. Whānau often described Tamatea as emotionally intense and unsettling; “It feels like there’s an emotional storm brewing during Tamatea; you’re just on edge waiting for it to pass.” Korekore was described as a time of low energy and emotional fatigue; “During Korekore, it’s like walking through a fog. Everything seems more exhausting, from getting out of bed to dealing with family tensions.” Tangaroa was described as variable, sometimes turbulent and sometimes calming; “A wave of calm after the storm that temporarily smooths out the chaos.”

Takirau also emerged as significant within practitioner interpretation. Whānau and practitioners consistently described it as a phase associated with emotional openness and relational connection: “You can feel the ripple in the air on Takirau nights, prompting us to connect more deeply.” While Turu was identified primarily through quantitative analysis, Takirau was recognised through experiential knowledge, highlighting the value of integrating lived knowledge with statistical patterns.

Practitioners reported adapting programme planning in response to these rhythms. Many avoided scheduling intensive interventions during Tamatea and Korekore, instead prioritising lighter wellbeing activities or check-ins with whānau. Reflective or evaluative activities were often scheduled during calmer phases such as Mutuwhenua or particular Tangaroa moons. These patterns reflect the maramataka knowledge, environmental tohu, and lived experiences of Whanganui, Rangitikei, and Ruapehu regions. As previous research noted, maramataka systems are inherently place-based and vary across iwi and rohe (Hikuroa, 2017; Warbrick et al., 2023).

Discussion

The findings of this study suggest that crisis-related events within this regional dataset follow identifiable rhythms across suites of phases, such as Tamatea, Korekore, and Tangaroa, while certain phases show lower levels of crisis activity. In addition, Turu appeared as a singular phase associated with elevated suicide-related events. These findings support the interpretation that both cyclical suites and singular lunar markers may influence patterns of wellbeing within communities.

Community interpretations of these patterns reinforced the quantitative findings. Whānau and practitioners described Tamatea and Korekore as emotionally turbulent periods, while Tangaroa was associated with clarity following unsettled phases. Turu was frequently characterised as a night that “stands on its own,” reflecting disruption not explained by surrounding phases. These perspectives highlight how lived experience and environmental awareness form part of maramataka interpretation. These findings align with existing scholarship describing maramataka as a relational system linking cosmology, ecology, and wellbeing (Hikuroa, 2017; Warbrick et al., 2023). Rather than functioning as a deterministic calendar, maramataka provides communities with signals that help anticipate shifts in environmental and emotional conditions.

Within this framework, uncertainty is not treated as a failure of prediction but as a broader relational awareness. Recognising patterns while acknowledging uncertainty allows communities to develop forms of “risk literacy” grounded in environmental observation and collective interpretation. Such approaches contrast with biomedical systems that often prioritise linear models of cause and effect.

International research has similarly emphasised the importance of cyclical understandings. Bautista-Valarezo et al. (2020) described Andean health systems as grounded in cycles of balance and disruption. Wilbur and Gone (2023) highlighted Indigenous survivance as continuity punctuated by moments of renewal, while Green and Lynch (2022) and Rimon-Zarfaty and Schweda (2023) critiqued biomedical models of time that overlook cyclical and relational patterns of wellbeing.

Taken together, these findings suggest Indigenous temporal frameworks may support more anticipatory approaches to mental health and community wellbeing. Rather than responding only once crises occur, organisations may benefit from recognising rhythms that signal periods of vulnerability or stability.

Practitioners in this study reported adjusting programme planning in response to maramataka phases. For example, some avoided scheduling intensive interventions during Tamatea and Korekore periods, while prioritising reflective or evaluative activities during calmer phases such as Mutuwhenua. These approaches enabled practitioners to align organisational activities with perceived community rhythms. Practitioners who adapted their planning to these patterns found both suite-based and singular approaches helpful. However, institutional systems often operate according to rigid, linear calendars, tied to fiscal cycles and administrative timelines that make it challenging to accommodate these Indigenous rhythms. As Durie (1998) noted, biomedical models of health frequently frame wellbeing as a progression from illness to cure, overlooking cyclical dimensions of wellbeing. Integrating Indigenous temporal frameworks into service planning therefore requires greater flexibility within institutional structures.

The patterns identified in this study are specific to the Whanganui, Rangitikei, and Ruapehu regions. Maramataka frameworks are inherently place-based and shaped by local environmental conditions, whakapapa, and community knowledge (Hikuroa, 2017; Warbrick et al., 2023). As such, the rhythms observed here should not be assumed to represent other iwi or regions. The governance of such knowledge remains critical when Indigenous data, derived from their contexts, are interpreted and applied (Kukutai & Taylor, 2016). Community-led interpretation, therefore, remains essential to ensuring that maramataka-informed approaches support wellbeing without distorting cultural knowledge.

Conclusion

This research began with a simple question: “Can Te Maramataka Māori help us predict and prevent mental health crises?” Drawing on 7 years of listening, observing, and working alongside whānau and practitioners, the findings suggest that it can.

Across the dataset, crisis events were not randomly distributed but tended to cluster within particular maramataka phases. Suites such as Tamatea, Korekore, and Tangaroa were associated with heightened emotional intensity and vulnerability, while phases like Mutuwhenua were generally associated with calmer and more reflective conditions. Turu emerged as a singular phase linked to elevated suicide-related events, while Takirau was recognised through whānau experience as a time of emotional openness and relational connection. Together, these patterns reflect the lived experience of our communities and the wisdom of our environment, embedded within maramataka practice.

Te Maramataka is therefore more than a calendar; it is a relational framework shaped by local tohu, whakapapa, and relationships between people and environment. In systems where Māori are often excluded from decision-making, enabling communities to interpret health data and apply their own knowledge shifts responses to wellbeing challenges, making them more timely, culturally grounded, and aligned with community rhythms. At the same time, these insights highlight the importance of Indigenous governance. Without community leadership, attempts to adopt maramataka-informed approaches risk losing the cultural depth that gives them meaning.

Supporting wellbeing in this context requires moving beyond reactive crisis response towards more anticipatory approaches to care. Indigenous temporal frameworks offer one pathway for doing so, helping communities recognise rhythms of vulnerability and stability within their environments. By bringing together mātauranga Māori, practitioner knowledge, and empirical data, this study demonstrates how Indigenous knowledge systems can contribute new perspectives to preventative health practice. In a New Zealand health system that remains largely reactive, this shift enables responses toward anticipatory, culturally grounded approaches aligned with community rhythms.

Ultimately, the future of wellbeing may depend not only on new interventions, but on remembering and honouring the rhythms that have long guided relationships between people, place and environment.

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GLOSSARY

Atua	Deity
Hapū	Sub-tribe
Huna	10th phase on the Taiuru Maramataka
Iwi	Tribe
Karakia	Prayer, incantation
Kaupapa Māori	Māori approach
Korekore	21st phase on the Taiuru Maramataka (
Maramataka	Māori lunar calendar
Maramataka rangahau	Māori lunar research
Mātauranga Māori	Māori knowledge
Mōkai Pātea	Collective of Iwi in the inland pātea region
Mutuwhenua	Last phase of the Taiuru Maramataka
Pīpīwharauoa	Shining cuckoo
Rākaunui	Full moon
Rohe	Region, boundary
Takirau	19th phase on the Taiuru Maramataka
Tamatea	6th phase of the Taiuru Maramataka
Tangaroa	24th phase of the Taiuru Maramataka
Tangaroa	Deity of the ocean
Te ao Māori	Māori world
Te Awa Tupua	Whanganui River
Te taiao	Natural environment
Te Whare Tapa Whā	Māori health model
Tino rangatiratanga	Self-determination
Tohu	Sign, mark
Turu	16th phase of the Taiuru Maramataka
Wānanga	Learning forum
Whakapapa	Genealogy, lineage
Whakawhanaungatanga	Relationship building
Whānau	Family
Whiro	1st phase of the Taiuru Maramataka

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