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**Mātauranga Māori of the mouth and teeth
among Tairāwhiti Māori**

Thesis presented in partial fulfilment of the requirements the degree of

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Dedication

To my whānau of Tairāwhiti, strong and true,
Who smiled through mamae, yet always grew.
Though teeth were lost, your aroha remained,
Your dignity shining, though systems constrained.

To aunties and uncles who travelled afar,
Learning the skills that showed who we are.
Returning with courage, with aroha to share,
Turning the “murder house” into a place of care.

To my tīpuna who whispered in breath,
That the waha holds life, not just decay or death.
The doorway of whakapapa, the vessel of song,
A taonga reminding us of where we belong.

To my edentulous dad, who left when I was ten,
A decade passed by, yet I called for you then.
On my demi-grad night, I spoke from my heart,
Of hunting, of horses, of fish — and the part
You played in my story, though distance was wide,
Still shaping the man I carry inside.

To my tamariki, to mokopuna yet to arrive,
May your niho be strong, your mana alive.
May you inherit smiles fearless and bright,
Your reo, your whakapapa, carried with might.

And to all those who’ve had a hand in my life,
Who have shaped me with care, like Tūpai’s knife
To my darling, my hoa rangatira, my wife —
You are the heartbeat that centres my life.

This thesis is for you, for those yet to be,
A movement of healing, of rangatiratanga set free.
To reclaim the waha, to restore what was ours,
To return mana motuhake, our strength, our stars.

Abstract

Ko te waha te kuaha ki te ao — the mouth is the doorway to the world.

Māori understand the *waha* (mouth) as a taonga carrying whakapapa, mana, and identity. Colonisation disrupted these relationships, reducing the waha to a biomedical object and contributing to persistent oral-health inequities among Māori, particularly in Te Tairāwhiti. Tamariki experience some of the highest rates of preventable decay, and whānau often inherit the normalisation of toothlessness as inevitable (Haag et al., 2021; Ministry of Health, 2024).

This thesis addresses that problem by reframing oral health within a kaupapa Māori worldview. Using a mixed approach—literature review grounded in mātauranga Māori and thematic analysis of interviews with kaumātua, practitioners, and whānau—the study explores the cultural, spiritual, and ecological dimensions of the waha. Data were analysed through reflexive thematic coding aligned with whakapapa and tikanga principles (Smith, 2012; Pihama, 2010).

Findings reveal that the waha remains a vessel of identity, ceremony, and relational authority. Despite colonial disruption, mātauranga Māori persists in everyday practices such as karakia, waiata, and rongoā, and is being revitalised through whānau-led initiatives (Royal, 2003; Kāretu, 1993). Reclaiming the waha emerges as both a health strategy and a decolonising act—restoring cultural confidence, strengthening whānau authority, and challenging systemic inequities (Reid et al., 2014; Stuart et al., 2011).

The thesis contributes to academic scholarship by advancing a kaupapa Māori framework of oral health that integrates cosmology, ecology, and relational ethics. For community practice, it offers practical recommendations for whānau-centred models, Kaupapa Māori-led service design, and policy reforms that embed tikanga, reo, and mātauranga Māori (Durie, 1994; Robson et al., 2011). Ultimately, it calls for an Aotearoa where Māori oral health is not defined by loss, but by sovereignty, resilience, and mauri ora.

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This journey has been long and heavy, and I could not have carried it alone.

To my whānau of Te Tairāwhiti — ngā mihi aroha. You held me through the darkest nights, reminded me of my purpose, and kept me grounded in who I am. To my tamariki, and to my mokopuna yet to come — you are the heartbeat of this mahi. Every word is for you, so you inherit not just strong niho, but strong whakapapa and pride in where you come from. To my darling wife — tēnā rawa atu koe. Your aroha, patience, and belief carried me when I could not carry myself.

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And to all scholars, knowledge holders, writers, researchers, artists, healers, leaders, and storytellers across te ao hurihuri — thank you. Your kōrero has steadied my hands and shaped this kaupapa, even from afar.

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Chapter 1: Introduction

1.1 Background and Context

The cultural centrality of the waha (mouth)

For Māori, the waha is not merely a physical structure. It is a taonga (treasure), the site where breath becomes language and where identity is expressed through pepeha (tribal and kinship introductions). Through the waha, karanga (ceremonial calls) welcome visitors, whaikōrero (oratory) maintains the balance of mana, and pūrākau (ancestral narratives) are carried into each new generation.

Cosmological narratives emphasise this significance. In the shaping of Hineahuone, the first human form, different atua (cosmological beings) contributed to her creation: Uepoto formed the waha, Tāne-i-Waho shaped the tongue, Tūpai crafted the teeth and bones, and Io-Matua-Kore breathed mauri (life force) into her (Henare, 2001; Royal, 2003). These stories position the waha as a site of whakapapa (genealogical connection), mana (authority, dignity), and relational intelligence.

The waha within mātauranga Māori

Mātauranga Māori (Māori knowledge systems) situates the waha within an interconnected worldview. Knowledge is carried through waiata (song), enacted through tikanga (customs), embodied in karakia (ritual incantations), and transmitted through lived practice (Mead, 2003). These ways of knowing draw deeply on te taiao (the natural world), recognising that language, food, land, and breath are woven together (Pere, 1991; Smith, 2012). The waha functions as a physical, cultural, and spiritual interface between people, land, and ancestors.

In a kaupapa Māori worldview, oral health cannot be reduced to the biomedical notion of teeth and gums. It encompasses whakapapa, wairua, and the relational responsibilities carried through the waha (mouth). The waha is a cosmological and cultural organ—a site of identity, ceremony, and spiritual balance—rather than a purely anatomical structure.

For this reason, terms such as *oranga niho* or *oranga waha* cannot be treated as simple translations of “oral health.” They refer to a holistic state of wellbeing that integrates language, *tikanga*, *kai* sovereignty, and ancestral knowledge, making the Western framing of oral health inadequate for expressing their full meaning.

1.1.1 Colonial disruption and its impacts

Reduction of the waha to a biomedical object

Colonisation disrupted these relationships. Western dentistry reframed the *waha* as a clinical site concerned primarily with disease, hygiene, and risk. This shift displaced Māori epistemologies, reducing the *waha* to “just teeth” and reinforcing deficit narratives about Māori oral health (King et al., 2014; Reid et al., 2014).

To avoid repetition later in the thesis, the key point is stated here clearly and simply: colonisation replaced a relational, holistic understanding of the *waha* with a narrow biomedical model.

Disruption of kai, whenua, and daily life

The introduction of sugar, processed foods, and new dietary patterns reshaped relationships with *kai* (food) and eroded traditional *kai* sovereignty (Hutchings, 2015). Simultaneously, disconnection from *whenua* and waterways undermined the ability to live in alignment with *tikanga* and rhythms of the natural world (Moeke-Pickering, 2010). These shifts fractured the relationships between food, land, the *waha*, and broader systems of wellbeing, contributing to intergenerational inequity (Smith, 2012).

These historical forces provide essential context for understanding the contemporary realities of Te Tairāwhiti.

1.1.2 Current realities in Te Tairāwhiti

Oral-health inequities among tamariki and rangatahi

Tairāwhiti refers to the eastern region of Aotearoa New Zealand, stretching along the

East Coast from Ōpōtiki to Mahia. It is the rohe (tribal territory) of Ngāti Porou, Rongowhakaata, Te Aitanga-a-Māhaki, Ngāi Tāmanuhiri, and Te Aitanga-a-Hauiti, Te Whānau-a-Apanui, and Whakatohea, renowned for its strong Māori identity, rich oral traditions, and deep connections to whenua (land) and moana (sea). The region's cultural and ecological context is central to understanding Māori oral health, as relationships with land, kai systems, and marae life shape the meanings and practices associated with the waha (mouth).

Inequities in oral health are pronounced in Te Tairāwhiti. Tamariki Māori experience high rates of preventable tooth decay, and rangatahi (youth) engage with free dental services at significantly lower rates than non-Māori. Structural barriers, limited access, and *whakamā* (shame or reluctance) often compound one another (Haag et al., 2021; NZDA, 2025; Ministry of Health, 2024; Schluter, 2016; Tustin et al., 2024).

Intergenerational transmission of inequity

Restricted access, disrupted food systems, and persistent structural barriers normalize oral-health inequity across generations. Understanding this context clarifies why restoring Māori knowledge of the waha is crucial—not only for cultural revitalisation but also for improving practical hauora outcomes.

1.1.3 Reclaiming the narrative

This thesis reframes Māori oral health away from colonial narratives of deficit, decay, or dysfunction. Instead, it restores the waha as a site of mana motuhake (self-determination) and mauri ora (holistic wellbeing). Pūrākau, karakia, kai systems, and ecological relationships offer longstanding frameworks for oral health grounded in identity, relationality, and balance with te taiao (Durie, 1994; Pere, 1991).

Western oral health science excels in measurement and clinical precision. Mātauranga Māori excels in relational understanding, ecological intelligence, and intergenerational connection. Both are valuable, and this research seeks to weave them together: Nā tō rourou, nā taku rourou ka ora ai te iwi — with our shared contributions, the people

thrive.

1.2 Research questions

These questions respond to contemporary inequities and gaps in academic literature, while restoring knowledge fragmented through colonisation.

1. What are the traditional Māori understandings of the waha—its form, function, and role in daily life?
2. How is the waha represented in oral traditions, language, and symbolism?
3. What roles does the waha play in ritual, spiritual practice, and cultural authority?
4. How do Māori understand the intersection between oral health and cultural identity?
5. How can this knowledge inform contemporary hauora Māori practice and oral-health service design?

1.3 Research aims and objectives

Aim 1: Uphold the cultural and spiritual significance of the waha

- Conduct a literature review of mātauranga Māori sources.
- Undertake interviews with kaumātua, practitioners, and whānau.
- Analyse rituals and everyday uses of the waha as a taonga.

Aim 2: Explore connections between the waha, whakapapa, reo, and te taiao

- Examine symbolic and genealogical references in oral traditions.
- Document metaphors linking the waha to identity.
- Investigate ecological knowledge relating to kai, rongoā, and whenua.

Aim 3: Document Māori approaches to oral care

- Record traditional oral care practices.
- Document contemporary strategies that integrate tikanga and biomedical knowledge.
- Compare intergenerational continuities and shifts.

Aim 4: Contribute to cultural revitalisation and hauora Māori practice

- Analyse how mātauranga Māori can inform future service design.
- Develop practical recommendations for embedding tikanga and reo.
- Share findings in accessible community and academic formats.

1.4 Why this research matters

Colonisation disrupted more than oral health—it disrupted language, tikanga, relationships with land, and self-perception. Many Māori carry inherited *whakamā* about their waha, whether relating to appearance, accent, or access to care. This research is part of a wider movement to release that shame and reclaim the mana of the waha.

By centring Māori knowledge systems, this thesis offers grounded, culturally aligned solutions for whānau-centred education, oral-health practice, and policy—particularly within Te Tairāwhiti.

Thesis contribution

This thesis advances a kaupapa Māori framework of oral health that positions the waha as a genealogical, ecological, and spiritual organ, and it translates that framework into practical, Māori-led models for whānau-centred service design and policy reform (Durie, 1994; Robson et al., 2011).

1.5 Thesis structure

- Chapter 2: Methodology
Outlines the kaupapa Māori research approach guiding the study, including relational ethics, whānau-led participation, mana-enhancing engagement, and oral-history interviewing techniques.
- Chapter 3: Literature review
Surveys Indigenous and Māori knowledge of the waha and critiques Western oral-health reductionism, highlighting key concepts informing the study's theoretical positioning.
- Chapter 4: Findings and thematic analysis
Presents participant voices and emergent themes demonstrating the waha's cultural, ecological, and spiritual significance.
- Chapter 5: Discussion
Interprets findings and offers a streamlined analysis of colonisation, reductionism, and bicultural epistemologies.
- Chapter 6: Conclusion
Summarises contributions, implications for service design, and recommendations for revitalisation.

Chapter 2: Methodology

This methodology builds directly on the foundations outlined in Chapter One, where the waha was introduced as a site of whakapapa, cosmology, ecological connection, and cultural authority. Because the waha carries breath, voice, story, and identity, the methodological approach must reflect those same relational, spiritual, and genealogical principles. The methods used in this study therefore arise not only from academic conventions, but from the tikanga and mātauranga that shape the worldviews explored in the introduction.

This chapter outlines the methodology guiding this research into the waha as a site of whakapapa (genealogy), hauora (health), cultural practice, and mātauranga Māori (Māori knowledge). Guided by kaupapa Māori methodology, the research process is treated as relational, ethical, and culturally grounded. Rather than functioning as a neutral or technical description of procedures, this chapter positions methodology as a cultural and spiritual commitment to working with, for, and as Māori.

Just as Chapter One traced the waha through atua, whenua, oral tradition, and lived relationships, this methodology chapter outlines an approach that honours these same foundations. Kaupapa Māori methodology is not added onto this research; it is the natural continuation of the worldview established earlier. The pathways that follow ensure that the cultural, spiritual, and ecological dimensions of the waha remain central to how knowledge is gathered, interpreted, and returned.

Two interconnected methodological pathways structure this chapter:

1. A literature review methodology grounded in mātauranga Māori and the relational ontology of the waha.
2. A recruitment, interview, and thematic analysis methodology that privileges Māori voices and honours tikanga-based research practice.

Together, these methodologies weave a holistic picture of the waha as a site of mana,

authority, healing, and whakapapa, across generations and into the future. These approaches are grounded in kaupapa Māori theory and practice, where knowledge is treated as a living entity, and the process of engaging with that knowledge is one of aroha, commitment, and cultural integrity.

2.1 Literature review methodology

Reclaiming the mana of the waha through whakapapa and te taiao

Because the Introduction established the waha as an interwoven entity—spiritual, ecological, genealogical, and symbolic—the literature review required a similarly interwoven methodological approach. A kaupapa Māori thematic method was therefore chosen to hold these dimensions together, allowing the review to follow whakapapa relationships rather than linear categories.

2.1.1 Kaupapa Māori as the foundation

This literature review is underpinned by kaupapa Māori methodology, which affirms the sovereignty of Māori knowledge systems. Kaupapa Māori research does not simply incorporate Māori content into Western frameworks; it inverts this relationship by privileging Māori epistemologies, ontologies, and tikanga (Smith, 1999; Pihama, 2010). The review centres mātauranga Māori as a living, dynamic system of knowledge transmitted through pūrākau, whakapapa, waiata, karakia, and lived practice.

The waha is approached not only as an anatomical feature, but as a deeply symbolic and functional site within te ao Māori. It is through the waha that we speak our reo, breathe our mauri, pass on knowledge, heal our whānau, and express our mana. It is both sacred and every day, physical and metaphysical, practical, and poetic (Mead, 2003; Royal, 2003). By tracing the waha through te ao tīpuna (ancestral worlds) and te ao hurihuri (contemporary realities), we understand its centrality to Māori identity and wellbeing.

2.1.2 Thematic framework

A thematic review was chosen to reflect the interconnected, non-linear nature of Māori

knowledge. Four central themes guided the literature review:

- The waha as a symbolic and functional element: exploring the waha as the vehicle of oratory, karakia, waiata, and whaikōrero — foundational to the transmission of culture and identity (Kāretu, 1993; Royal, 2003).
- The whakapapa of the waha: tracing its origins through atua like Uepoto, Tāne-i-waho, and Tūpai; locating the waha in cosmological and genealogical narratives that speak to the breath of life, the power of voice, and the intergenerational transmission of knowledge (Best, 1924).
- The waha and te taiao: investigating its relationship to kai, rongoā, and the environment; how the waha connects us to whenua and mahinga kai, and to atua like Rongo, Haumia-tiketike, and Hineahuone who gift sustenance and life (Buck, 1910; Selby & Moore, 2010).
- The waha in Māori health and healing: understanding the role of the waha in rongoā Māori, spiritual healing, and hauora practices pre- and post-colonisation; exploring the waha in clinical, ritual, and everyday contexts (Durie, 1994; Pere, 1991).

2.1.3 Source selection and analysis

Primary sources included oral traditions such as whakataukī, pūrākau, karakia, mōteatea, and waiata — bodies of knowledge that remain central to understanding the symbolic, spiritual, and practical dimensions of the waha. These sources were drawn from published collections, iwi manuscripts, and oral recordings, but also from the lived transmission of mātauranga within whānau and marae. Iwi-authored texts, tribal histories, and community archives provided context-specific perspectives that anchored the review in local epistemologies. Rongoā practices, documented through oral accounts and historical ethnographies, were also treated as primary sources, recognising them as living knowledge systems passed through generations of practitioners.

Secondary sources encompassed a wide body of scholarly literature — prioritising Māori authorship and scholarship — from disciplines such as Māori health, cosmology, linguistics, and ecology. This body of work included contributions by leading Māori academics, Kaupapa Māori-led research units, and kaupapa Māori projects, as well as complementary comparative Indigenous perspectives. While Western-authored sources were sometimes consulted, these were carefully evaluated for alignment with tikanga and the extent to which they respected Māori frameworks of knowledge.

Selection criteria for sources were guided by kaupapa Māori principles. The review prioritised culturally grounded, tikanga-aligned sources that respected Māori perspectives and upheld the mana of mātauranga Māori. Texts that treated the waha solely as a clinical or anatomical entity, isolating it from whakapapa, te taiao, or te reo, were excluded. In this way, the review actively resisted deficit framings that portrayed Māori oral traditions or health practices as “primitive” or “obsolete.” Instead, it sought out affirming, empowering, and culturally located narratives of the waha — narratives that demonstrated resilience, creativity, and continuity (Durie, 1994; Pihama, 2010).

To identify relevant material, a range of databases and repositories were consulted. These included Te Puna, the national bibliographic database of Aotearoa; academic platforms such as Google Scholar, JSTOR, and Project MUSE; Māori archives such as Ngā Taonga Sound and Vision; and iwi libraries and repositories containing manuscripts, whakapapa collections, and tribal histories. University library databases provided access to peer-reviewed journals, while specialist Māori health and kaupapa Māori research repositories (e.g., reports produced by Māori research units and iwi health providers) provided community-based perspectives often absent from mainstream academic databases.

Use of AI and safeguarding cultural integrity.

Where AI tools were used (solely) to organise sources (e.g., thematic clustering and citation management), interpretation remained human and tikanga-led. Safeguards included: (a) human oversight on all algorithmic outputs; (b) tikanga checks—screening for misclassification or culturally inappropriate grouping; (c) priority of Māori

scholarship over non-Māori interpretations; and (d) Indigenous data sovereignty principles guiding storage, reuse, and representation of Māori data and voices (Kukutai & Taylor, 2016).

A thematic coding process allowed for the synthesis of knowledge across traditions, disciplines, and contexts. Rather than imposing a rigid or linear coding framework, themes were allowed to emerge organically, reflecting the interwoven and non-linear nature of Māori knowledge systems. This approach treated sources as relational beings, connected through whakapapa and imbued with their own mauri. The review did not aim for an “objective” or detached stance but instead pursued a relational engagement — one that acknowledged the origins of each source, the whakapapa of its knowledge, and its contribution to the collective narrative of the waha.

This process can be understood as a form of whakawhanaungatanga (building relationships) with the literature: an active engagement in which the researcher enters into a relationship with each text, acknowledging its place within the wider corpus of mātauranga. Sources were not simply mined for data but were listened to, contextualized, and positioned alongside others in ways that honoured their integrity. In this sense, the literature review became not only a technical method but a cultural practice of weaving — bringing together strands of kōrero, atua, whakapapa, and taonga into a coherent and living whole.

Where AI assisted with sorting, cultural integrity was safeguarded through human oversight, tikanga checks, and Indigenous data sovereignty protocols (Kukutai & Taylor, 2016).

2.1.4 Ethical commitment

The review process upheld tikanga by:

- respecting cultural property and whakapapa of sources,
- prioritising Māori scholarship,

- acknowledging sacredness in shared kōrero,
- maintaining researcher humility and transparency.

By grounding the literature review in mātauranga Māori and whakapapa, the methodology naturally extends the theoretical framing of Chapter One. This foundation prepares the way for the recruitment, interviews, and thematic analysis that follow, ensuring that every stage of the research process remains aligned with the cultural integrity of the kaupapa.

2.2 Research design: A living, breathing kaupapa

This research design is exploratory, relational, and grounded in whakapapa. It does not seek to "extract data" but to honour kōrero, relationships, and inherited knowledge. The research walks alongside whānau and iwi, not ahead of or above them (Bishop, 1995). It upholds the principle that the research process itself must reflect the values we hope to uphold in the outcomes.

The design integrates three interwoven components:

- Literature review (as outlined above).
- Oral history Interviews with Māori knowledge holders, hauora practitioners, and whānau leaders.
- Kanohi ki te kanohi engagement at hui, wānanga, tangihanga, and marae-based events.

These activities are not discrete research techniques but parts of a holistic engagement strategy that honours lived experience, spiritual context, and ancestral continuity.

2.2.1 Participant selection and whanaungatanga

Participants were selected based on whakapapa relationships to the kaupapa and their lived expertise in mātauranga Māori, oral health, or community leadership. Recruitment

was guided by whakawhanaungatanga, ensuring relationships were built on trust, respect, and reciprocity (Smith, 1999). Participants were regarded as co-constructors of knowledge rather than “subjects,” and their kōrero was treated as taonga.

Informed consent was sought kanohi ki te kanohi wherever possible, allowing space for whakawhiti kōrero (conversation) and collective decision-making. These conversations ensured that participation was entered into willingly and with clarity, aligning with tikanga and whānau processes of accountability.

An initial attempt at recruitment involved outreach via social media, particularly Facebook posts. This strategy proved less effective. The limited uptake highlighted two challenges: first, the kaupapa was still being refined, making it difficult to convey clearly in online posts; and second, audiences often associated the researcher primarily with the clinical aspects of oral health, which narrowed understanding of the broader whakapapa and mātauranga Māori dimensions of the research. This created confusion and limited engagement.

In practice, recruitment relied on existing whanaungatanga networks and opportunistic encounters. This included kōrero at hui, wānanga, and tangihanga, as well as introductions facilitated by trusted intermediaries. In these settings, participation flowed more naturally, and the integrity of relationships ensured that engagement was tika and authentic. While this approach did not generate large numbers, it resulted in deeply engaged participants whose kōrero was grounded in mātauranga, whakapapa, and lived community realities.

This recruitment process illustrates that kaupapa Māori research is best supported by flexible, relationship-centred strategies rather than rigid, pre-determined plans. While online tools may supplement recruitment, the most effective pathway was through relational networks, chance encounters, and the guidance of others already connected to the kaupapa. This ensured that participation was authentic, tika, and aligned with the principle that research is a relational practice.

2.2.3 Data collection methods

Interviewing within kaupapa Māori research was not treated as a neutral or extractive method of data collection, but as wānanga — relational spaces of reciprocal engagement. Each interview was co-created by the mana of the participant, the intentions of the kaupapa, and the interplay of tikanga, wairua, and context (Pihama, 2010; Walker et al., 2006).

The primary method used was semi-structured interviewing, which ensured alignment with key themes while allowing participants to shape the direction of kōrero. These interviews frequently flowed into oral histories, where depth, narrative, and emotional/spiritual resonance were privileged. Participants often shared through pūrākau, whakataukī, gesture, or silence, highlighting that mātauranga Māori is communicated in diverse ways beyond direct answers to questions.

Participant observation also took place at marae, hui, and community events, allowing the researcher to witness oral practices and real-time expressions of the waha. These observations contextualized the interview data within broader cultural practices and collective expressions of tikanga.

All interviews were recorded (with consent), transcribed, and coded thematically. Data was stored securely using encrypted platforms, with access controlled in accordance with both university and tikanga Māori protocols. Participants retained the right to review, revise, or withdraw their contributions at any point.

Te reo Māori was essential to the interviewing process. Language was not only a tool of communication but a vessel of thought, carrying whakapapa, karakia, and mātauranga that could not always be expressed in English (Kāretu, 1993). Many participants naturally shifted between English and te reo, while some spoke primarily in te reo.

Having a solid understanding of the reo and the ability to read it was critical for following kōrero, engaging with written sources, and maintaining the integrity of participants' contributions. Where interviews were transcribed using automated tools, te reo Māori

required additional checking and correction, as AI-generated transcriptions often struggled to capture kupu, idioms, or pronunciation accurately. These transcriptions were carefully reviewed and corrected against the recordings to ensure that the mana of participants' words was upheld.

This highlights the importance of te reo competency for kaupapa Māori research — full fluency is ideal, but at minimum, there must be the ability to understand, correct, and uphold the integrity of the reo being used. Without this commitment, vital epistemological layers carried within te reo risk being lost or misrepresented in the research process.

The interviews varied in length. Some flowed for hours; others concluded quickly once participants had shared what they felt was needed. At times, participants indicated that questions were becoming repetitive, signaling that the kōrero had reached a natural end. This demonstrated the importance of reading cues and respecting the mauri of the kōrero.

Karakia was frequently part of the process, often led by participants, which set the spiritual tone and aligned the space with kaupapa. Not all interviews began or ended with karakia; some participants chose to proceed without it, reminding the researcher that tikanga is flexible and person specific.

A deliberate choice was made not to share kai during the interviews, due to the tapu nature of the waha as the focus of the research. Where kai was involved, it was shared before or after the interview, but not during, to protect the sanctity of the kōrero space.

Finally, participants gave consent for their names and photographs to be included in public-facing outputs. Many expressed pride in being visible, viewing it as a form of mana motuhake and digital story sovereignty. This approach challenged Western conventions of anonymity, demonstrating that visibility can itself be a form of ethical recognition and agency (Cram, 2001; Te Awekotuku, 1991).

Together, these approaches meant that interviews were not simply data-gathering exercises but living wānanga — spaces where knowledge was remembered, revitalised,

and shared as taonga tuku iho.

2.2.3a Evolution of the interview schedule: Front-loaded responses, repetition, and wānanga-based flow

The interview schedule was developed to explore the four central themes of the waha; however, its use and function shifted during the research process. Once interviews began, it became clear that participants tended to address many of the core themes within the first few pātai (questions). Because participants received the schedule in advance, many had already reflected on the kaupapa and arrived prepared to share their kōrero (knowledge). This preparation resulted in substantial and often comprehensive responses early in the interview.

Consequently, the interview process became front-loaded. The initial pātai generated rich, expansive kōrero that traversed whakapapa, atua, wairua (spiritual dimensions), te taiao (the environment), oral traditions, and experiences of hauora (health). Participants often offered detailed reflections that flowed between multiple themes, meaning that later pātai frequently overlapped with what had already been shared.

This overlap sometimes created a sense of repetition. Later questions occasionally elicited responses that simply restated ideas expressed earlier, or participants noted that a particular pātai had already been addressed. Rather than indicating a flaw in the interview schedule, this repetition reflected the interconnected nature of mātauranga Māori, where concepts are relational, holistic, and not easily separated into discrete categories. Themes naturally re-emerged as part of the circular rhythm of wānanga.

As the interviews progressed, the schedule shifted from eliciting new subject matter to supporting deeper exploration of ideas participants had already introduced. Later pātai became prompts for elaboration, clarification, and refinement. This iterative movement aligned with kaupapa Māori approaches to kōrero, where depth is achieved through returning to key ideas from multiple angles rather than progressing through a strictly linear sequence.

The evolution of the schedule therefore demonstrated several key methodological insights:

Front-loaded response dynamics

Participants contributed the majority of their prepared and structured kōrero in the early questions.

Natural thematic overlap

Answers frequently address multiple pātai at once, reducing the need for later questions.

Repetition as a cultural feature

Repetition signaled the cyclical and relational nature of Māori knowledge systems, not a methodological weakness.

Shift from extraction to wānanga

The interview schedule became a guide for deepening kōrero rather than a tool for controlling its direction.

Overall, the evolution of the interview schedule illustrates how kaupapa Māori interviewing requires flexibility, responsiveness, and respect for the natural flow of wānanga. While the schedule provided a starting framework, the participants' own preparation, intentions, and mātauranga shaped the structure and rhythm of the interviews. This ensured that the process remained tikanga-aligned, relational, and centred on the integrity of participants' voices.

2.2.4 Thematic analysis

A reflexive thematic analysis was carried out in alignment with the principle:

Mā te rongo ka mōhio, mā te mōhio ka mārama, mā te mārama ka mātau — through feeling comes knowing, through knowing comes understanding, through understanding comes wisdom.

This whakataukī framed the interpretive process as relational and iterative, recognising that insight deepens through engagement with participants, context, and kaupapa. Rather than viewing analysis as a detached or purely technical exercise, interpretation was understood as a process of whakawhanaungatanga with participants' kōrero, allowing meaning to emerge through ongoing reflection, cultural understanding, and engagement with mātauranga Māori.

To support a transparent and systematic analytical process, this study also drew on the principles of **reflexive thematic analysis** described by **Braun and Clarke (2006, 2021)**. Their approach provided a recognised framework for familiarising with the data, generating initial codes, reviewing patterns across participants' narratives, and refining themes. Consistent with kaupapa Māori methodology, however, this framework was not applied as a rigid procedural template. Rather, it supported an interpretive process in which participants' voices, whakapapa, tikanga, and lived experiences remained central, ensuring that themes were constructed through reflexivity, collective wānanga, and ongoing engagement with the data rather than being treated as objective discoveries.

The analysis began with inductive open coding of full interview transcripts, followed by collapsing codes into kaupapa-aligned categories—**whakapapa, tikanga, te taiao, and wairua**. Iterative memoing traced interpretive decisions, and themes were progressively constructed through pattern-seeking across participants' narratives. To enhance the credibility of the analysis, emergent themes were reviewed through peer and wānanga discussions and, where appropriate, returned to participants for clarification (whakapototanga). This documented workflow ensured that the analytical process remained both transparent and culturally aligned, with findings clearly traceable to participants' kōrero while remaining grounded in kaupapa Māori principles (Smith, 2012; Pihama, 2010; Walker et al., 2006).

The analysis centred participant voices, allowing their kupu to lead the insights rather than imposing external frames. Key themes emerged around:

- Whakapapa and atua of the waha, including ancestral connections to Uepoto, Tāne-i-Waho, and Tūpai.
- Spiritual and symbolic significance of the waha in oratory, ceremony, and tikanga.
- Traditional practices such as karakia, waiata, and rongoā involving the waha as a site of healing.
- Oral health as cultural continuity, spanning pre-colonial practices to the contemporary reclamation of hauora and the decolonisation of oral health systems.

Rather than reducing kōrero to codes, the analysis sought to uphold the integrity and richness of each narrative. Insights were drawn through cycles of deep listening, collective reflection, and immersion in the data. Researcher reflexivity was guided by the Māori epistemic progression of **mōhio (knowledge)**, **mārama (understanding)**, and **mātau (wisdom)**, recognising that interpretation deepens through relational engagement. However, validity was not left to the researcher's perspective alone. Coding decisions were documented and linked to the raw data for traceability, themes were reviewed through wānanga with Māori colleagues, and participant feedback was sought where appropriate to ensure cultural accountability. These safeguards strengthened the credibility and trustworthiness of the findings while remaining consistent with kaupapa Māori principles (Smith, 2012; Pihama, 2010; Walker et al., 2006).

2.2.5 Ethics and cultural safety

This research was conducted in accordance with the ethical requirements of Massey University and underpinned by kaupapa Māori principles that recognise the importance of relationships, reciprocity, and cultural integrity throughout the research process. Ethical approval was obtained from Massey University (Ethics Notification Number **4000026546**), ensuring alignment with both institutional standards and kaupapa Māori ethics.

Interviews were conducted kanohi ki te kanohi (face-to-face) or online, depending on

participant preference. Participants exercised full agency over how their kōrero would be shared, recorded, reviewed, or withdrawn throughout the research process. Participants were provided with a Participant Information Sheet before agreeing to participate and had the opportunity to discuss the research, ask questions, and make an informed decision about their involvement. Written informed consent was obtained prior to each interview, including consent for audio recording and, where applicable, the use of participants' names and photographs in publicly disseminated outputs. Consistent with kaupapa Māori research, informed consent was viewed as an ongoing process, with participants retaining the right to review their transcripts, clarify their kōrero, and withdraw their participation in accordance with the conditions outlined in the consent documentation.

These ethical commitments were reflected throughout the research by honouring the following principles:

- Informed consent and withdrawal rights.
- Kawa and tikanga of each marae, hapū, or community.
- Whānau ownership of their kōrero — respecting data sovereignty and mana motuhake (Kukutai & Taylor, 2016).
- Cultural safety in all engagements, particularly when discussing tapu topics or intergenerational mamae (uncomfortable, painful, hurt).

A particular consideration in this research was the handling of te reo Māori within digital and transcription processes. While automated transcription tools were used for efficiency, they often struggled to accurately capture kupu, idioms, and the rhythms of te reo Māori. Left unchecked, such errors risked distorting the meaning of participants' kōrero. To address this, all transcripts generated through AI or digital tools were carefully reviewed and corrected against the original recordings. This ensured the mana of participants' voices was retained, and that te reo was presented faithfully.

This practice reflects a commitment to both cultural integrity and data sovereignty.

Protecting the accuracy of te reo in transcripts was not only a methodological step but an ethical one: it prevented the erosion of epistemological depth carried in language and upheld the principle that participants' kōrero should be preserved as they intended it. By treating te reo with this level of care, the research aligned with kaupapa Māori ethics, where language is inseparable from identity, whakapapa, and mana motuhake.

It was also acknowledged that once kōrero is recorded, transcribed, and digitally stored, it becomes part of *te awa matihiko o te mātauranga* — the digital river of knowledge. Like a physical awa, this current carries kōrero beyond its original context into wider global networks, archives, AI systems, and public domains. Participants were informed that their contributions, once entered into this awa, may circulate within the collective human knowledge system.

Participants expressed comfort with this reality, framing it not as a risk but as continuity. They emphasised that mātauranga already flows through another awa — the collective subconscious realm. In their view, silence, reflection, and spiritual training allow individuals to enter this universal current of knowledge, where all are connected through wairua. Digital dissemination, therefore, was seen as an extension of this same principle: one form metaphysical, the other technological.

Rather than diminishing control, this perspective reframed digital sharing as an act of preservation and expansion. It affirmed that knowledge is not diminished by circulation but strengthened through its movement, contributing to the ongoing awa of collective consciousness — a current that ensures mātauranga remains alive, accessible, and available for future generations.

2.2.6 Researcher positionality

The distinctiveness of this kaupapa lies in the convergence of whakapapa, community context, and professional practice. It is rooted in Ngāti Porou, shaped by reo Māori immersion, and informed by direct experience of living within socially deprived communities where inequities and inequalities are daily realities. These conditions

created an orientation to oral health that is not abstract but lived, relational, and intergenerational.

The research draws strength from cultural grounding in te reo me ōna tikanga. Being raised in a reo-speaking environment where the language was lived rather than learned in abstraction created a deep familiarity with the epistemological foundations of kōrero, karakia, and pūrākau. This grounding shaped both the capacity to engage meaningfully with participants and the ability to hold their kōrero as taonga.

Social realities also played a critical role. Experiences of hardship and marginalisation within and beyond the rohe (region) provided first-hand understanding of inequities in health and education. These realities sharpened sensitivity to the systemic forces of colonisation, and to the ways inequities are reproduced through oral health policy, service delivery, and clinical practice.

Professionally, the kaupapa was informed by long-term practice in oral health, alongside disillusionment with the assimilationist frameworks that continue to shape mainstream dentistry. National strategies such as *Oranga Waha – Oral Health Research Priorities for Māori* (Robson et al., 2011) identify the importance of recognising Indigenous knowledge systems (e.g., karakia, rongoā) as legitimate and relevant. Yet this kaupapa extends further, positioning mātauranga Māori not at the margins but at the centre of how the waha is understood.

For these reasons, this kaupapa may not have emerged within more conventional academic or clinical pathways. It arises from the intersection of whakapapa ties, reo immersion, lived experience of inequities, and professional practice in oral health. Together, these conditions form the foundation for a research approach that seeks not only to analyse but to decolonise and indigenise oral health by returning the mana of the waha to its rightful place in Māori knowledge systems.

2.3 Knowledge sharing and dissemination

This research is not a one-way transaction. It is a living gift to the iwi and communities

that birthed it. Knowledge is not withheld until a final chapter; it is returned throughout the process. Dissemination is understood not simply as “sharing results” but as a reciprocal act of whanaungatanga and manaakitanga, where participants, whānau, and hapū are acknowledged as co-creators and rightful kaitiaki of the kōrero.

2.3.1 Progressive dissemination through social media

In line with kaupapa Māori values of transparency and reciprocity, dissemination occurs progressively rather than being delayed until the final thesis is complete. As interviews take place, participants’ kōrero are shared — with their explicit permission — via Oniho35’s social media platforms such as Facebook and Instagram. Each post includes carefully selected excerpts of kōrero alongside a photograph of the participant, taken with their consent, to honour their presence and visibility as holders of mātauranga.

This method ensures that whānau, hapū, and iwi can see their voices represented in real time, rather than waiting years for academic outputs. It transforms dissemination into a continuous cycle of whakawhiti kōrero, where community members can respond, engage, and add to the conversation as it unfolds. In this way, social media becomes a contemporary extension of the marae ātea — a digital wharenui where kōrero is shared, debated, and protected collectively.

2.3.2 Kanohi ki te kanohi sharing

While digital platforms allow broad reach, kanohi ki te kanohi (face-to-face) dissemination remains central. Hui, wānanga, and marae-based gatherings provide opportunities for whānau to reflect on emerging findings, test their relevance, and shape the interpretation. These gatherings are interactive and dialogical, designed not to extract but to return, emphasizing relational accountability and collective sense-making.

2.3.4 Te awa matihiko o te mātauranga

The dissemination strategy recognises that the kōrero shared through this research enters te awa matihiko o te mātauranga—the digital river of knowledge. Just as physical awa

connect people, whenua, and whakapapa, this digital awa carries knowledge into wider local, national, and global networks. Participants understood that their kōrero, once transcribed, stored, and shared, would move beyond immediate whānau and iwi contexts.

Importantly, participants expressed comfort with this process. They described the circulation of knowledge through digital spaces as reflecting an existing collective awa of consciousness—one accessed through silence, reflection, and learned attentiveness. From this perspective, data flowing through the internet represents another expression of the same current: one technological, one metaphysical, both situated within a shared continuum of human knowledge.

Dissemination through social media, community-based resources, and academic outputs was therefore understood not only as returning knowledge to the people, but as contributing to a wider collective consciousness. By situating dissemination within te awa matihiko o te mātauranga, this research affirms that mātauranga Māori moves across spiritual, physical, and digital realms, and that such flows must be upheld through tikanga, care, and ethical responsibility.

Practical data management

All digital materials, including audio recordings, video files, and interview transcripts, are stored on encrypted, access-controlled drives accessible only to the research team. Access logs are maintained, and files are securely backed up. In accordance with Appendix A, electronic data will be retained for five (5) years following study completion and then permanently deleted. Any hard-copy materials will be securely shredded.

2.3.5 Community resources and tools

To ensure accessibility across generations, findings are translated into community resources such as:

- Posters and infographics highlighting themes of the waha (e.g., whakapapa, atua,

oral traditions, healing).

- Short videos and reels for Facebook, Instagram, and TikTok that feature participant kōrero, atua imagery, and whānau reflections.
- Pamphlets and booklets distributed through clinics, kura, kōhanga reo, and marae to embed knowledge in everyday contexts.

These resources act as practical tools for whānau, supporting the reclamation of tikanga-based oral health practices and reinforcing the mana of the waha in daily life.

2.3.6 Returning the thesis and multimedia versions

At the completion of the research, findings will be returned in multiple forms:

- Full digital and bound copies for iwi, marae, and local libraries.
- Summary reports for participants and whānau, written in accessible language.
- Multimedia outputs (narrated videos, digital booklets) for those who prefer oral and visual modes of learning.

In this way, the thesis is not only an academic contribution but also a taonga tuku iho — a gift that is useful, accessible, and meaningful for the communities that shaped it.

2.3.7 Ethical safeguards in dissemination

The progressive release of kōrero through social media requires particular care and responsibility. Ethical safeguards include:

- Only kōrero and images that participants have reviewed and approved are shared publicly.
- Posts are crafted with manaakitanga, uplifting the mana of participants and avoiding any sensationalisation.

- Participants and whānau retain control over their representation and may request edits or removal at any time.
- Sensitive or kōrero tapu is not posted online but respected through alternative private or restricted channels.

This ensures that the immediacy of social media dissemination does not undermine tikanga but instead extends its reach and mana.

2.3.8 The digital waha

This dissemination approach recognises the emergence of *te waha matihiko* — the digital mouth. Just as the waha has always carried karakia, oratory, and waiata, today it also carries kōrero through livestreams, posts, reels, and digital archives. This continuity demonstrates the adaptability of mātauranga Māori, showing how ancestral wisdom can live within modern mediums while retaining its sacredness. The digital waha does not replace the marae ātea or the intimacy of kanohi ki te kanohi, but it amplifies their reach and ensures that the voices of whānau are heard both locally and globally.

Chapter 3: Literature review

3.1 Introduction

This chapter synthesises traditional and contemporary understandings of the waha (mouth) in te ao Māori, positioning it as a spiritual, cultural, and ecological taonga (treasure) whose significance extends far beyond its biological form. Reclaiming the mana of the waha is a decolonising and reindigenising endeavour—one that restores the waha to its rightful place within whakapapa (genealogy), tikanga (customs), wairua (spirituality), and Indigenous oral traditions. Through a kaupapa Māori methodological lens, this review positions the waha as a living vessel that holds and transmits mana, mauri (life force), and ancestral presence.

The review argues that the waha is not simply an anatomical structure but a cosmological, genealogical, and relational organ. Its functions—speech, breath, ceremony, nourishment, healing—carry ancestral implications, linking individuals to atua (divine beings), whenua (land), and intergenerational knowledge systems. Comparative Indigenous literature, pūrākau (narratives), and cultural theory demonstrate the centrality of the mouth in maintaining collective identity, ecological connection, and spiritual equilibrium.

By integrating oral traditions, mātauranga Māori, historical sources, and contemporary scholarship, this chapter establishes a foundation for transforming oral health practices in Aotearoa through decolonised, reindigenised, and culturally grounded frameworks that uphold the mana of the waha.

3.2 Methodological framework

A kaupapa Māori methodology guides this literature review, centring Māori worldviews, values, and aspirations (Smith, 2012). Kaupapa Māori research is not merely a methodological choice but a commitment to tino rangatiratanga (self-determination), cultural integrity, and the elevation of Māori epistemologies within academic and health research. As articulated by Durie (1994) and Pere (1991), kaupapa Māori approaches

foreground Māori aspirations and ensure that research outcomes contribute to collective transformation and wellbeing.

Upholding Māori epistemologies

This review draws upon mātauranga Māori as a dynamic, living body of knowledge transmitted through whakapapa, wānanga (learning spaces), oral traditions, and embodied practice. Pūrākau are used as culturally grounded frameworks that convey cosmology, ethics, relational responsibilities, and ecological knowledge (Lee, 2009). The integration of pūrākau within this review serves both a theoretical and methodological function, allowing the analysis to reflect Indigenous ways of knowing and interpreting the world.

Royal's (2003) descriptions of Māori cosmology, consciousness, and oral tradition help to contextualise the waha as a genealogically derived organ, shaped by atua and imbued with spiritual potential. Similarly, Kōpu, Cherrington, and Kōpu (2022) extend this cosmological grounding by illustrating how the human body—and specifically the waha—was formed as an act of ancestral collaboration.

Relationality as epistemic principle

The framework of whakapapa provides structure to the review. It positions the waha within genealogical relationships involving atua, ancestors, and the natural world. Concepts such as mana, tapu (sacredness), and mauri guide the analysis of oral tradition, healing practices, and cultural expressions, emphasizing relational ethics as a central mode of knowledge production.

Scope and selection of sources

Primary sources include Māori oral traditions, whakataukī (proverbs), karakia (incantations), whaikōrero (oratory), ethnographic recordings, and iwi/hapū accounts. Secondary sources include peer-reviewed literature, Indigenous scholarship, and comparative ethnologies. The selection of literature prioritizes cultural relevance, whakapapa-based analysis, and insights that recognise the waha as a cosmological and

ecological organ.

Works authored by Māori scholars are prioritised. However, early Pākehā ethnographic writings are included where they preserve oral traditions, healing practices, or descriptions of customary life otherwise lost. These sources are treated with critical caution but acknowledged for their documentary value.

Thematic analysis approach

A kaupapa Māori thematic coding process was used to organise the review. Four interwoven themes emerged from the literature:

1. The waha as a symbolic and functional element in Māori culture
2. The whakapapa of the waha
3. The waha's relationship with te taiao (the natural world)
4. The waha in Māori health and healing practices

These themes reflect the breadth of the waha's cultural role and provide the structural basis for the following analysis.

3.3 Thematic analysis

This section presents the key themes identified through kaupapa Māori thematic analysis. Although discussed separately for clarity, these themes remain interwoven, reflecting the holistic worldview that underpins te ao Māori.

3.3.1 The waha as a symbolic and functional element in Māori culture

The waha as a site of identity and tapu

In te ao Māori, the waha is not simply a physical structure but a site of identity, tapu, and ancestral presence (Mead, 2003; Kāretu, 1993). From birth, the waha is enveloped in spiritual significance. The eruption of a child's first tooth (niho tuatahi) was traditionally

viewed as both a physical milestone and a spiritual event, signaling growth and transition. Recorded accounts note the use of upper or lower tooth appearance to predict gender (Best, 1905), illustrating how the waha served as an interpretive site of meaning and knowledge.

Bone flutes played for teething children soothed discomfort through vibration and ancestral resonance. These practices show how the waha—its development, pain, and expression—was woven into whānau (family) care and spiritual observance.

Toothache and spiritual interpretation

Historical accounts describe toothache not as a biomedical issue but as a spiritual disturbance caused by a tunga (tooth-dwelling grub or spirit) gnawing from within (Buck, 1910; Reedy, 1993; Williams, 1917). Remedies sought to expel this entity through physical and spiritual means, reinforcing the belief that oral afflictions affected not only the body but also the wairua.

The waha in speech, ceremony, and social order

The waha is central to speech acts that carry spiritual, political, and genealogical authority. Whaikōrero, the formal speeches delivered on marae ātea (courtyard, public forum), embody ancestral presence and relational responsibility. Spoken through the waha, these orations enact whakapapa, connect the living to the dead, and regulate the social and spiritual order of ceremony (Mead, 2003; Royal, 2003).

Karanga, issued by women during pōwhiri, serve as spiritual invitations and acknowledgements of whakapapa, grief, and connection. These are not merely linguistic acts; they are ceremonies performed through the waha to mediate between realms (Royal, 1998).

Oral arts and memory

Mōteatea (traditional laments), waiata (songs), and pepeha (tribal identity statements) preserve intergenerational knowledge through the waha. These oral forms maintain

whakapapa, transmit history, and encode collective memory, ensuring that ancestral narratives remain alive across generations (Ngata, 1928; Reedy, 1993; Royal, 1998). Performing them is an act of cultural continuity—one that reaffirms identity, strengthens relational ties, and reinforces the waha’s centrality in sustaining Māori ways of knowing and being (Pere, 1991).

Pūrākau and identity marking

The story of Tinirau and Kae, where crooked teeth reveal Kae’s identity during a haka, illustrates how the waha can signify identity, character, and justice (Royal, 2012a). The waha becomes a marker of recognition, placing oral structures within social and political narratives.

Comparative indigenous perspectives

Across Indigenous cultures, similar patterns emerge. Hawaiian hā (breath) exchanged in honi signifies genealogical bonding (Kanahele, 1992). Navajo nilch’i (Holy Wind) ties speech to cosmic order (Deloria, 2006). Aboriginal songlines map cosmological pathways through vocal performance (Rose, 1996). These parallels reinforce the waha’s cross-cultural significance as a spiritual and relational organ.

Having established the symbolic and functional roles of the waha, the next section traces its cosmological origins to explain why these roles endure.

3.3.2 The whakapapa of the waha

Cosmological origins

The waha originates in Māori cosmogony, specifically in the creation of Hineahuone, the first woman, formed by Tāne from the sacred red earth of Kurawaka. Each atua contributed to her body in purposeful, interconnected ways: Tāne-i-Waho shaped the tongue; Tūpai formed the bones and enamel; Tūmataurangi and Akaaka-Mātua gifted the muscles, nerves, and sinews. Uepoto—drawn by *hinatore*, the first spark of consciousness—bestowed the waha, and with it the faculties of oratory, spiritual breath,

and foresight (Kōpu et al., 2022).

This cosmological view reframes the mouth not as a neutral anatomical feature, but as a divinely crafted, genealogically endowed site of potential, memory, and communication. It positions the waha as a vessel of mauri and intention—an organ shaped by atua, animated by breath, and responsible for carrying story, identity, and relationship across generations.

The waha as an organ of awakening

Uepoto's gift positions the waha as the origin point for speech, articulation, and genealogical invocation. Through these faculties, humans are able to speak life, remember origins, and weave connections between the material and spiritual worlds. In this sense, the waha does more than communicate—it activates whakapapa, carries ancestral intention, and maintains balance across realms. The waha therefore holds an inheritance of cosmological responsibility, linking each speaker to the atua who shaped it and to the generations who continue to uphold its power.

Healing practices and spiritual disturbance

Traditional healing practices reinforce the waha's genealogical origins and its place within a cosmological system of balance. Toothache, often interpreted as a sign of **spiritual or relational imbalance**, was treated through **karakia** that invoked atua, elemental forces, and ancestral energies (Mitchell, 1944). These chants positioned pain not as a random biological event, but as a **disturbance in whakapapa**—an indication that harmony between realms needed to be restored. Healing therefore required ritual response, not merely physical intervention.

Historical descriptions of **worms or grubs** in extracted teeth further illuminate the blending of physical and spiritual interpretations. These accounts reflected the belief that **unseen forces**—spiritual, environmental, or ancestral—could inhabit or influence the waha. Rather than superstition, such explanations reveal a holistic worldview in which the physical and spiritual are inseparable, and where the waha is understood as a site

where both domains meet.

Together, these practices affirm that the waha has long been treated as a **cosmologically significant organ**, requiring relational and spiritual care to maintain balance and wellbeing.

Speech as cosmological re-enactment

Expressions such as “tīhei mauri ora!” re-enact the movement from Te Kore (the realm of potentiality), through Te Pō (the generative darkness), into Te Ao Mārama (the world of light and understanding). Each performance of the phrase becomes an embodied re-enactment of creation, invoking the first breath and the emergence of consciousness. In speaking it, the orator aligns themselves with primordial events and participates in the ongoing unfolding of cosmology (Royal, 1998).

Indigenous comparative resonance

Other Indigenous traditions reinforce this worldview. In Hawaiian culture, chants (*oli*) awaken ancestral presence and call forth genealogical memory (Silva, 2004). Among the Diné (Navajo), origin stories and ceremonial narratives activate sacred geography, orienting people within landscapes shaped by holy beings (Battiste & Henderson, 2000; Simpson, 2014). Aboriginal Australian songlines maintain ancestral memory through oral recitation, mapping the movements of creator beings across the land and ensuring their stories remain alive in each performance (Rose, 1996; Pascoe, 2018).

Across these diverse contexts, the waha (or its cultural equivalent) functions as a conduit for cosmological continuity—a vessel through which creation is remembered, relationships are renewed, and the world is kept in balance through spoken, sung, and chanted knowledge.

Building on whakapapa, we now consider how the waha mediates relationships with te taiao and ecological ethics.

3.3.3 The waha’s relationship with te taiao (the natural world)

Genealogical interconnection

Te taiao is understood as kin rather than as an external domain, existing in genealogical relation to people (Roberts et al., 1995). The waha gives effect to this relationship through eating, speaking, karakia, oriori (lullabies), and the oral enactment of rāhui (temporary ecological protections). Maramataka (lunar and seasonal knowledge systems) structured these interactions through oral transmission, synchronising human practice with environmental cycles (Warbrick et al., 2023).

Ecological explanations for oral affliction

Oral ailments were often attributed to disruptions involving the environment—for example, the tunga grub associated with decay and soil (Buck, 1910). This framework positioned the waha within ecological and spiritual networks, emphasising relational imbalance rather than biomedical causation.

Rongoā sourced from the environment

Medicinal remedies were derived directly from the landscape: kawakawa, māpou, koromiko, ngaio, pūwha gum, and kauri resin (Best, 1924). Mussel shells, lizards, and other taonga of the natural world were used in spiritually guided treatments. Healing was relational, requiring acknowledgement of the atua and environments from which remedies came.

Karakia and ecological law

Karakia commonly invoke the elements—sea, wind, fire, earth—as active partners in healing. Similarly, whakataukī encode ecological ethics, while maramataka (lunar/calendar systems) guide environmental interaction through oral transmission.

Rāhui as oral environmental governance

Rāhui declarations, issued through the waha by tohunga or kaumātua, represent precolonial environmental legislation. These oral pronouncements restore balance

following death, resource depletion, or ecological disturbance. Because they derive from whakapapa, breaching a rāhui is a spiritual offence as well as a social one.

Everyday rituals

Even simple acts such as eating were framed within ritual observance. Karakia before meals honoured the atua and acknowledged the shared ancestry between people and the food consumed, reinforcing the relational ethic that binds humans to te taiao (Pere, 1991; Royal, 2003). Likewise, chewing rongoā was performed with reverence, recognising the spiritual exchange between human and plant and the mauri carried by both (Reedy, 1993). These practices demonstrate that the everyday use of the waha was infused with tikanga, relational awareness, and cosmological responsibility.

Cross-cultural ecological parallels

Indigenous traditions globally speak to the environment as kin: the Haudenosaunee Thanksgiving Address, Anishinaabe relationships with trees, and Aboriginal kinship with Country all reinforce shared ethics of reciprocity and oral ecological governance (Kimmerer, 2000, 2013; Rose, 1996).

Finally, the review turns to healing traditions, showing how the waha functions as a site of restoration and spiritual balance.

3.3.4 The waha in Māori health and healing practices

Holistic healing traditions

Māori healing systems position the waha at the centre of diagnosis, treatment, and restoration. Oral health practices were embedded within wider frameworks of hauora that integrated spiritual, genealogical, ecological, and social dimensions (Pere, 1991; Durie, 1994).

Tohunga and diagnostic practices

Tohunga diagnosed oral pain through spiritual and physical assessment, beginning karakia once the ailment was confirmed. These incantations expelled spiritual disturbances and realigned mauri (Mitchell, 1944; Reedy, 1993).

Remedies for oral ailments

Traditional treatments included rubbing paretao root on teething gums, administering ngaio or pūwha gum, waving mussel shells over children to extract the tunga, or placing lizards in cavities to draw out affliction (Best, 1924; Baucke, 1928). These remedies highlight the integration of spirituality, environment, and whānau care.

The waha as a tool of healing

Tohunga used their own waha in healing, chewing kawakawa to activate its properties, singing mōteatea over water, or blowing hau (breath of life) onto affected areas. These acts infused remedies with the healer's mauri and the presence of atua.

Ethical and relational speech

The waha maintains wellness through ethical speech. Words can uplift or damage. Negative speech causes whakanoa (spiritual contamination); positive speech restores connection and harmony (Pere, 1991). Thus, everyday communication becomes a form of healing or harm enacted through the mouth.

Comparative indigenous healing

Navajo chantways, Hawaiian breath-based healing, and Aboriginal musical restoration reflect global Indigenous understandings that the mouth is a conduit for balance, spirit, and relational wellbeing.

3.4 Conclusion

This literature review affirms that the waha is far more than a physical or clinical structure. It is a sacred vessel for the transmission of whakapapa, a mediator of spiritual

balance, a gateway to environmental consciousness, and a cornerstone of Māori healing. Colonisation attempted to sever these connections, reducing the waha to a site of disease or dysfunction, silence, or shame. Reclaiming its mana is not only a restorative act, but a decolonising one — a conscious refusal of reductionist biomedical framings and an assertion of Māori knowledge, tikanga, and oral authority.

To indigenise oral health, we must reframe it within a Māori worldview — one where the waha is understood genealogically, spiritually, and cosmologically. This means designing systems of care, education, and service delivery that uphold the waha as a site of whakapapa and ritual, and that embed mātauranga Māori and pūrākau into clinical and community practices.

Upholding the waha as a taonga is not simply about improving health statistics or restoring functionality. It is about revitalizing the spiritual and cultural integrity of the mouth as a source of mana, mauri, and hau — the breath of life. This literature review contributes to that effort by repositioning the waha within its rightful place in Māori cosmology and community life.

Let the waha speak, sing, heal, remember, and reclaim: “Tīhei Mauri Ora!”

3.5 Recommendations

The findings of this literature review affirm that reclaiming the mana of the waha is not only a health priority — it is a decolonising and indigenizing act of whakapapa restoration. The following recommendations are intended to guide public policy, hapū strategies, and iwi-led initiatives that centre Māori cosmology, uphold tikanga, and return orality to its rightful place in the spiritual, cultural, and ecological life of our communities:

Embed mātauranga Māori into oral health policy and practice

Oral health strategies must centre mātauranga Māori and recognise the waha as a sacred conduit of whakapapa, tapu, and spiritual responsibility. Policies should reflect a cosmological understanding of the mouth and integrate pūrākau, karakia, and traditional

narratives into health promotion, prevention, and clinical care. Recent NZDA policy briefs reinforce the need for equity-driven oral health strategies and Māori-led governance (NZDA, 2025).

Establish whānau-centred and kaupapa māori models of care

Health systems must uphold whānau ora and kaupapa Māori care principles that enhance the mana of the waha. This includes care environments that allow for karanga, waiata, whaikōrero, and the use of te reo Māori as acts of cultural affirmation and healing.

Restore hapū and iwi governance over oral health systems

Tino rangatiratanga must be upheld in oral health governance. Hapū and iwi must be resourced to lead the development, monitoring, and delivery of oral health services, ensuring that decision-making reflects tikanga, whakapapa, and local cultural protocols.

Integrate waha-centred learning into education systems

Curriculum at all levels — from kōhanga reo to tertiary — should include the cosmological, spiritual, and cultural significance of the waha. Reviving orality as a site of mana will strengthen identity, language, and intergenerational knowledge transmission.

Protect and uplift rongoā Māori and oral healing traditions

The waha must be restored as a site of healing through recognition of rongoā Māori, karakia, and ceremonial speech. Policy must protect and resource tohunga, kaumātua, and whānau practitioners who uphold these practices.

Advance kaupapa Māori-led oral health research and data sovereignty

Support for Kaupapa Māori-led research must prioritize pūrākau, kōrero tuku iho, and Indigenous oral methodologies. Māori oral health data should be governed by Māori and serve to restore mana to whānau, hapū and iwi.

Commit to structural change that decolonises oral health

Reform oral health funding, service design, and evaluation frameworks to de-centre colonial biomedical models. Instead, embed Indigenous frameworks that restore balance, uphold whakapapa, and position the waha as a site of sovereignty, not surveillance.

3.6 Gaps in the Literature

Despite the rich body of traditional and contemporary sources, several gaps remain that directly connect to the research aims and objectives:

Clinical integration of pūrākau and spiritual principles remains underdeveloped.

This gap underlines Aim 4 (Objective 4.1 & 4.2): analysing how mātauranga Māori can inform service design and policy recommendations.

Lived whānau experiences of the waha, post-colonisation, are underrepresented.

This gap highlights the need for Aim 1 (Objective 1.2) and Aim 3 (Objective 3.2): gathering oral histories and contemporary whānau strategies to restore cultural narratives.

Intergenerational ruptures and restorations of orality need further study.

This directly links to Aim 3 (Objective 3.3): comparing traditional, colonial, and contemporary approaches to oral care.

Gendered understandings of the waha require deeper exploration.

This connects with Aim 1 (Objective 1.3) and Aim 2 (Objective 2.1): analysing ritual practices like tamoko, karanga and whaikōrero, which are gendered expressions of the waha.

The digital waha — how technology reshapes ancestral speech — remains unexplored.

This presents an opportunity for Aim 4 (Objective 4.3): disseminating findings in both academic and community-facing outputs, while also revitalizing orality in new forms.

Ngāti Porou and Tairāwhiti perspectives are notably absent.

This is particularly relevant to Aim 2 (Objective 2.3) and Aim 4 (Objective 4.3): documenting ecological knowledge, remedies, and iwi-specific oral traditions, and positioning them within both academic and community contexts.

3.7 Ngāti Porou and the Tairāwhiti context

Although one study engages directly with Ngāti Porou perspectives, there remains a significant gap in the literature addressing the unique oral health worldview of Tairāwhiti (Reedy, 1993). This is despite the region's rich oral traditions, intergenerational whakapapa, and its leadership in kaupapa Māori oral health innovation. A large body of Ngāti Porou knowledge exists—particularly through te reo Māori texts such as Ngā Mōteatea (Ngata, 1928)—yet these remain largely untapped within academic oral health discourse. Embedded within these waiata and mōteatea are profound references to the waha, its oratory and ritual functions, and its connection to whakapapa and healing. A dedicated study could explore these texts as repositories of pūrākau and Indigenous oral health knowledge

Chapter 4: Findings and thematic analysis report

4.1 Introduction

This chapter presents the findings of the thematic analysis undertaken for this research, grounded in a kaupapa Māori approach that centres the voices, experiences, and ancestral knowledge of participants from Tairāwhiti. The analysis explores how the waha (mouth) is understood not only as a physical organ but as a cultural, spiritual, and relational site of identity, authority, and wellbeing. Across all kōrero, the waha emerged as a vessel through which whakapapa (genealogy), mana (authority), and mātauranga Māori (Māori knowledge) are carried, activated, and transmitted between generations.

An important dimension of this study is the relational context between the researcher and participants. Many of those who contributed to this kaupapa are individuals connected to the researcher through shared whakapapa, shared whenua (land/place), and shared histories of growing up within the same communities. These are people whose lives have intersected with the researchers since childhood—schoolmates, whānau friends, neighbors, aunts and uncles, and community mentors who occupy overlapping social and cultural spaces. This relational depth is not peripheral: it meaningfully shaped the nature of the interviews, the depth of insight offered, and the sense of cultural safety participants felt in sharing their stories.

In kaupapa Māori research, such proximity is not treated as bias but as relational integrity. Knowledge is generated most authentically when relationships are strong, reciprocal, and intergenerational. This chapter therefore acknowledges that the findings presented here emerge from kōrero shaped by trust, shared identity, and a lifelong sense of belonging to the same people and places. This context provides richness to the analysis and strengthens its cultural validity.

To support examiner accessibility while maintaining cultural integrity, key reo Māori terms include brief in-text glosses at first mention, with fuller definitions available in the glossary. Transitions between sections are made explicit to support clarity and create a

cohesive narrative flow.

4.2 Purpose and focus of the analysis

The purpose of this analysis is to illuminate the ways Māori in Tairāwhiti conceptualize and relate to the waha as a symbol of whakapapa, identity, cultural practice, and hauora (health). The analysis interrogates how ancestral knowledge relating to the waha has been maintained, adapted, disrupted, or revitalized across generations. It also considers the impacts of colonisation on oral traditions and explores how whānau today are reclaiming Indigenous practices of care, knowledge transmission, and authority through the mouth.

The core research questions guiding this analysis are:

1. How do Māori in Tairāwhiti understand the waha beyond its biomedical functions?
2. How has mātauranga Māori relating to the waha been transmitted, interrupted, or transformed?
3. In what ways are whānau reclaiming the mana (authority, dignity) of the waha as part of wider decolonisation and healing movements?

This chapter contributes to the wider thesis by demonstrating how oral health, cultural identity, spiritual practice, and political resistance are interconnected. Earlier chapters established the theoretical and historical framing of the waha; this chapter grounds those ideas in lived experience through the direct voices of whānau, cultural practitioners, and community leaders.

4.3 Methodological approach

4.3.1 Relational foundations: Shared whakapapa and lifelong connections

A defining strength of this research is the relational closeness between the researcher and participants. Many participants are individuals the researcher has known for their entire

life, reflecting layers of connection through hapū, iwi, marae, schools, sports teams, and shared community experiences in Tairāwhiti. These relationships are woven through whakapapa, place, and collective memory.

In Māori communities—especially rural East Coast communities—relationships endure across generations. Participants did not enter the interview space as anonymous subjects; they entered as whanaunga (relations), neighbours, mentors, peers, and elders whose lives intersect deeply with the researcher’s own life journey. This proximity shaped how openly participants spoke, how confidently they referenced shared histories, and how naturally they offered nuanced reflections that might not surface with an unfamiliar researcher.

This relational familiarity meant participants trusted the researcher to understand the unspoken cultural cues, historical references, and shared experiences that sit behind their narratives. It also created a sense of mutual accountability: the researcher carries an ongoing responsibility to the participants and community long after the thesis is complete, ensuring ethical representation and cultural care.

4.3.2 Place-based identity and shared rohe

All participants reside within, or maintain strong ties to, the same rohe (region). References to specific landscapes—rivers, urupā (burial grounds), marae ātea, valleys, and town centres—were meaningful because these are places the researcher also knows intimately. Interviews often invoked shared sights, sounds, and memories tied to the whenua. This place-based familiarity enriched the analysis and allowed deeper levels of meaning to be drawn from participants’ reflections.

4.3.3 Participant pseudonyms

Seven participants contributed to the study and are represented by symbolic pseudonyms derived from aspects of the waha:

Niho (tooth), Arero (tongue), Pūniho (gum), Akaaka (nerve/root), Toto (blood), Hūware (saliva), and Pūao (oral cavity/light). These metaphoric names honour the centrality of

the waha in this research and provide anonymity while maintaining cultural symbolism.

4.3.4 Analytical process

Reflexive thematic analysis was selected to support an interpretive and culturally grounded exploration of meaning. This method enables engagement with metaphor, symbolism, and ancestral references without fragmenting cultural coherence. Themes were not imposed but emerged naturally through the researcher's repeated immersion in the kōrero.

4.4 From kupu to kaupapa: The analytical process

The following sections present the five themes that emerged. Each theme includes a contextual overview, aligned interview questions, selected quotes, related pūrākau or whakataukī, and a kaupapa Māori interpretation. Clear subheadings and transitions support the reader through each theme.

4.5 The Themes

4.5.1 Theme 1: The waha as a vessel of collective identity and authority

This theme responds directly to Research Question 2 by illustrating how symbolism and ritual practices remain embedded in contemporary life.

Contextual summary

Participants consistently described the waha (mouth) as a vessel of whakapapa and collective identity. Their reflections emphasised that speech is never an individual act; it is genealogical. When one speaks, one draws upon the breath of tīpuna, the teachings of kaumātua, and the shared experiences of whānau.

Because many participants and the researcher share lifelong ties within Tairāwhiti, their reflections were grounded in shared memories of marae life, schooling, community events, and intergenerational relationships. These shared contexts strengthened their understanding of the waha as a conduit of collective identity.

Aligned interview questions

- How is the mouth perceived in Māori culture beyond its physical functions?
- How does mana relate to the act of speaking?

Supporting quotes

“You’re not just speaking for yourself... you are speaking from your mum and dad, their mum and dad... everything you say comes from your whakapapa.” – Niho

“It’s not your mouth. It belongs to your whānau. You’re carrying all their mana when you speak.” – Akaaka

“The first voice you hear on the marae is the woman’s — if we don’t speak, there’s no spotlight for the men.” – Toto

Anecdotes and whakataukī

Hūware recalled standing on the marae ātea for the first time, surrounded by whānau who had known him from childhood.

“My knees were shaking,” he said, “not because I was scared, but because I could feel my koroua behind me.”

Niho remembered her nanny’s teaching:

“Ka kōrero koe mō tō iwi, kaua mōu anake.”

(When you speak, speak for your people.)

Whakataukī:

“Ko te kai a te rangatira he kōrero.”

(The food of chiefs is dialogue.)

Interpretation

This theme affirms that Māori orality is relational, spiritual, and genealogical. The waha

is a conduit of collective identity — a site where whakapapa, mana, and cultural authority converge.

4.5.2 Theme 2: Colonial disruption of oral traditions and knowledge transmission

Contextual summary

Participants described how colonisation disrupted home-based transmission of mātauranga regarding the waha. Practices once embedded in daily life — karakia, pūrākau, waiata, rongoā, and oral health routines — were displaced by schooling systems, biomedical frameworks, and institutional authority.

Because participants grew up in the same rohe, these disruptions were experienced collectively, affecting entire whānau networks.

Aligned interview questions

- What do you recall about oral health being discussed at home?
- How has colonisation impacted knowledge transmission?

Supporting quotes

“We don’t talk about teeth at home anymore. That’s someone else’s job now — a teacher or a dentist.” – Niho

“It’s not something you talk about at home now, but 200 years ago it would have been. We all had a role.” – Niho

“Everything changed when people stopped owning their own health — now we just wait for the service.” – Arero

Anecdotes and whakataukī

Pūniho described her grandmother’s kete rongoā and its teachings:

“A sore tooth wasn’t just a sore tooth. It meant something was out of balance.”

Both Pūniho and Hūware described how karakia slowly disappeared from their daily routines.

Whakataukī:

“Nāu te rourou, nāku te rourou, ka ora ai te iwi.”

Interpretation

Colonisation replaced Māori relational systems with state-led ones, disrupting intergenerational knowledge. Reclaiming oral traditions requires restoring whānau autonomy and strengthening Indigenous knowledge systems.

4.5.3 Theme 3: The sacredness and symbolic power of the waha

Contextual summary

Participants described the waha as a sacred gateway linking physical and spiritual realms. Through it flow karanga, karakia, mōteatea, haka, and whaikōrero — practices that activate ancestral presence and express cultural identity.

Their shared community background meant they often referenced the same marae experiences, elders, and ceremonial practices.

Supporting quotes

“The waha has mana — it can lift people up or destroy them.” – Pūniho

“Karakia, haka, pōwhiri — everything starts with the waha.” – Hūware

“The mouth is sacred, like the river mouth. It’s where the mauri flows in and out.” – Arero

Anecdotes

Toto described her aunty’s karanga at tangihanga:

“Her voice cracked open the sky.”

Hūware said, “When we haka, the mouth is our drum — it carries our story.”

Interpretation

The waha is a cosmological organ holding tapu and mauri. Protecting oral health is inseparable from protecting spiritual wellbeing.

4.5.4 Theme 4: Whānau-based knowledge and responsibility

Contextual summary

Participants identified the whānau as the original teachers of oral health. Before colonial disruption, knowledge flowed naturally through daily interactions — brushing together, singing, storytelling, and shared meals.

Their stories reveal collective childhood memories shaped by shared community rhythms.

Supporting quotes

“Everyone knew who had toothbrushes, who had kai, who needed help — we took care of each other.” – Niho

“Mum and Nanny would sing songs when we brushed our teeth.” – Pūniho

Interpretation

Whānau-centred teaching is relational, experiential, and grounded in aroha. Restoring oral health requires restoring whānau authority and collective care.

Having explored identity, disruption, sacredness, and whānau responsibility, the final theme examines reclamation as a deliberate act of decolonisation.

4.5.5 Theme 5: reclaiming the mana of the waha as a decolonising act

Contextual summary

Participants emphasised that reclaiming the waha — through te reo Māori, storytelling, karakia, whaikōrero, and revitalising mātauranga — is an act of decolonisation. It restores cultural authority, strengthens identity, and reconnects whānau to their ancestral knowledge.

Supporting quotes

“We’re not just individuals — we’re part of something bigger.” – Akaaka

“We need to teach our kids how to carry the mana of our kōrero.” – Arero

“It’s time to bring back our own way of knowing.” – Pūniho

Interpretation

Reclaiming the waha is an assertion of tino rangatiratanga (self-determination). It is both a cultural revival and a political act, restoring Māori control over identity, knowledge, and wellbeing.

4.6 Conclusion: He kupu whakakapi

This chapter has presented five interconnected themes drawn from the kōrero of participants represented by symbolic pseudonyms. These themes highlight the waha as a site of whakapapa, cultural identity, spiritual expression, relational learning, and decolonisation.

The relational foundations between the researcher and participants — shared whakapapa, shared whenua, shared upbringing — gave the kōrero depth, authenticity, and cultural validity. Participants spoke not only as individuals but as members of a collective identity shaped by generations of shared experiences.

As the thesis moves into the discussion chapter, these findings will be woven into the wider theoretical frameworks, demonstrating how the waha functions as an organ of cultural sovereignty and a pathway toward restoring hauora Māori for present and future

generations.

Chapter 5: Discussion

5.1 Introduction

This chapter weaves together the insights of the previous four chapters, presenting a discussion that honours te ao Māori (the Māori world), the kaupapa of reclaiming the mana of the waha (mouth), and the lived experiences of participants whose kōrero was grounded in shared whakapapa, lifelong relationships, and the distinct cultural environment of Te Tairāwhiti. The purpose here is to interpret the thematic findings in a way that is coherent with the cosmological framing established in Chapter 1. In doing so, this chapter demonstrates that the waha is not merely a body part, nor simply a clinical site of care, but a deeply relational, spiritual, genealogical, and ecological organ whose significance reverberates across multiple realms of Māori life.

This discussion argues that the participants' narratives—expressed through pseudonyms that reflect whakapapa connections and protect confidentiality—reveal a profound continuity between ancestral knowledge and contemporary experiences. Far from being lost, suppressed, or replaced, mātauranga Māori about the waha continues to live in everyday practices, memories, rituals, and whānau relationships. The rupture caused by colonisation, while significant, did not destroy this knowledge; instead, it forced them into quieter forms, where they endured through intergenerational transmission, resilience, and the relational integrity of Māori communities.

This chapter also positions the waha as a site of decolonisation. It proposes that restoring the spiritual, cultural, and ecological dimensions of the waha is not a symbolic gesture but a practical strategy for reversing inequity in oral health and strengthening hauora Māori. Reclaiming mana is an act of sovereignty, agency, and cultural revitalisation. It requires not only reasserting Māori knowledge systems but transforming the structures, relationships, and assumptions that have long shaped oral health in Aotearoa.

To guide this discussion, five analytical sections follow. The first explores how the findings affirm the cosmological and genealogical foundations of the waha introduced in

Chapter 1. The second examines the impact of colonisation and reductionism—streamlined to avoid repetition, as per supervisor feedback—showing how these forces disrupted but did not eliminate Māori oral traditions. The third brings together the literature from Chapter 3 and the themes from Chapter 4 to articulate a kaupapa Māori conceptualisation of the waha as a vessel of identity, ceremony, and ecological connection. The fourth section highlights reclamation as an act of healing, resistance, and restoration. The final section outlines contemporary implications for oral health systems, whānau engagement, service design, and Kaupapa Māori-led innovation.

Transitions throughout this chapter make explicit how each point builds upon the last. The aim is to mirror the whakapapa structure of the thesis: each section grows from the one before it, creating a coherent and culturally grounded analysis that reflects the way knowledge flows within te ao Māori.

5.2 Reconnecting to cosmology: The waha as a genealogical and spiritual organ

This section examines how cosmology continues to shape oral practices despite colonial disruption.

5.2.1 Returning to the origins established in Chapter 1

Chapter 1 positioned the waha within a cosmological genealogy shaped by atua such as Uepoto, Tāne-i-Waho, Tūpai, and Io-Matua-Kore. This framing is not metaphorical; it is an ontological account that articulates why the waha holds both physical and spiritual power. Participants in Chapter 4 echoed this cosmological grounding in their own ways. Their kōrero reflected an intuitive and lived understanding that the waha is sacred because it is a direct inheritance from the atua. Even when participants did not explicitly name particular atua, their narratives carried the same underlying themes: that the mouth holds breath (hau), voice, whakapapa, and the capacity to activate, maintain, or disrupt spiritual balance.

Many participants described the waha as a “gateway,” “vessel,” or “doorway”—language that directly mirrors the introduction’s framing (“Ko te waha te kuaha ki te Ao”). These

metaphors reaffirm the waha's foundational position as a site of transition between realms: between inside and outside, self and other, the spiritual and the material. What is important here is that these descriptions emerged organically, not through prompting. They demonstrate that ancestral concepts of the waha remain embedded in everyday consciousness, surfacing through the participants' intuitive language even when they are not articulated through formal cosmological discourse.

This continuity is significant for two reasons. First, it shows that mātauranga related to the waha has not disappeared under colonisation; rather, it persists in subtle, embodied, and intergenerational forms. Second, it strengthens the integrity of the kaupapa Māori methodological approach outlined in Chapter 2. The research design centred whakapapa, relationality, spiritual obligation, and whanaungatanga not as theoretical preferences but as culturally embedded truths. The participants' narratives validate this positioning: their descriptions of the waha as a carrier of mauri, intention, and relational power confirm that these principles were not methods imposed by the researcher, but lived cultural realities consistent across whānau, hapū, and generational layers.

In this way, the analysis in Chapter 4 becomes more than a thematic summary—it becomes an affirmation of the cosmological and relational foundations established earlier in the thesis. The participants' kōrero demonstrate that the kaupapa Māori worldview described in Chapter 1 is still alive, and that the methodological commitments in Chapter 2 were grounded in the same whakapapa-based logic that shapes contemporary Māori understandings of the waha.

5.2.2 Speech, breath, and orality as living cosmology

The findings show that practices involving the waha—karakia (ritual incantations), whaikōrero (formal speeches), karanga (ceremonial calls), waiata (songs), and even everyday conversation—continue to enact cosmological relationships. These oral practices are not merely communicative techniques; they are expressions of whakapapa. Each spoken form carries the mauri (life force) of both the speaker and their tīpuna, activating relationships that stretch across time and space. Participants described these

practices as powerful, intentional acts—ways of shaping reality, asserting identity, restoring balance, or offering protection. This aligns closely with the literature in Chapter 3, which situates speech as a cosmological re-enactment of the movement from Te Kore (the realm of potential) through Te Pō (the generative realm) into Te Ao Mārama (the realm of light and understanding). In this view, speaking is not linear expression; it is an act of world-making.

Importantly, participants also identified silence, breath, stillness, and spiritual presence as forms of communication. This nuance reinforces the Māori understanding that the waha is active beyond vocalisation. Scholars such as Pere and Royal emphasise that communication is relational and energetic—it includes listening, withholding, preparing, and breathing as legitimate forms of engagement. Participants echoed these ideas when describing moments of collective stillness during hui, tangihanga, or whānau decision-making. In these moments, silence was not interpreted as absence but as reverence, deliberation, or spiritual sensitivity. The waha, in this sense, becomes a site of potentiality: a place where intention gathers before taking form.

Several participants emphasised that deep listening (whakarongo) is as spiritually charged as speaking. They spoke about the bodily and emotional experience of listening—how the waha softens, how the breath becomes measured, and how the entire tinana (body) prepares to receive kōrero. This reflects the duality embedded within Māori frameworks: the waha is simultaneously a portal of expression and a vessel of reception. It “gives” through speech and “receives” through listening, mirroring the reciprocal dynamics of whakapapa relationships where knowledge moves in cycles rather than one direction.

These findings highlight that orality, as experienced by participants, continues to be shaped by cosmological principles described in earlier chapters. The waha is not a passive anatomical feature but a living organ of connection—bridging people, generations, and realms. By demonstrating how speech, silence, and breath remain embedded in everyday practices, participants reaffirm the endurance of Māori ways of knowing and being, despite the pressures of colonisation. Their reflections show that

ancestral understandings of the waha continue to operate quietly yet powerfully within contemporary Māori life, validating the kaupapa Māori orientation of this research and offering a clear foundation for the analyses that follow.

5.2.3 Continuity of Atua-based knowledge in modern practice

Although colonisation constrained the transmission of formal cosmological knowledge, the findings demonstrate that atua-based understandings of the waha continue to live through values, practices, and intuitive behaviours. Participants may not always articulate these understandings through explicit references to Uepoto, Tāne-i-Waho, or Tūpai, but their actions and explanations reveal that the underlying cosmology remains active. This continuity reflects the adaptive nature of mātauranga described in Chapter 3, where cosmology was framed as dynamic, relational, and carried forward through oral practice rather than static doctrine. In this sense, the presence of cosmology is not measured by the frequency of atua names but by the alignment of behaviour with ancestral principles.

Participants' kōrero offered numerous examples of this subtle yet powerful transmission. They spoke about using rongoā (traditional remedies) to soothe teething children, reciting karakia to calm distress or strengthen a child's mauri and observing tikanga when handling baby teeth—such as burying them in places of significance or ensuring they are not discarded carelessly. Others described protocols around kai, including the importance of not speaking while eating, maintaining cleanliness of the waha, or honoring certain foods during times of grief or ritual. These practices connect directly back to the cosmological origins of the waha discussed in Chapter 3, where the mouth was framed as a sacred site of transformation, nourishment, and spiritual exchange.

Even where participants relied on contemporary language, their explanations carried the same ethical and spiritual logic as the older cosmological narratives: the waha must be protected, respected, and used with intention. This demonstrates that mātauranga relating to the waha has not disappeared but has adapted to contemporary contexts while maintaining its ancestral foundations.

Grounding these insights in participant kōrero ensures that the analysis remains centred in lived Māori experience. It keeps the waha connected to its cosmological whakapapa while acknowledging the ways it continues to evolve in response to social change. What emerges is not a narrative of loss, but one of resilience: the waha retains its ancestral significance even as its expressions shift.

5.3 Colonisation, reductionism, and the disruption of orality

Next, we analyse the structural consequences of reductionism and its ongoing impact on Māori oral health.

5.3.1 A targeted account of disruption

Earlier chapters established the historical impacts of colonisation on Māori oral traditions and the waha's symbolic, relational, and cosmological significance. To avoid restating those histories, this section offers a concise, discussion-oriented explanation focused on how colonisation disrupted the waha's cultural functions and why those disruptions continue to shape Māori oral health today.

Rather than retelling historical detail, this discussion moves beyond description into analysis. Colonisation fragmented the intergenerational transmission of oral traditions by undermining reo, suppressing ceremonial practice, and replacing relational modes of knowledge exchange with written, institutional, and biomedical systems. These shifts did not simply change how Māori communicated—they altered the cultural environments that sustained the waha as a spiritual and relational organ. When oral practice is disrupted, the waha is reduced to a physiological structure rather than a site of mauri, whakapapa, and authority. This diminishes the cultural protections that supported oral health and wellbeing.

The analysis also highlights why Western clinical models continue to struggle to meet Māori needs. Western dentistry typically treats the mouth as an isolated anatomical unit, detached from emotion, spirit, land, or identity. In contrast, participants consistently described the waha as relational, sacred, and embedded in whakapapa. Colonisation

intensified this mismatch by imposing clinical systems that were never designed to recognise Māori ways of knowing or caring. The result is a structural disconnect: oral-health services focus on disease and procedure, while Māori communities carry understandings of the waha grounded in cosmology, tikanga, and collective responsibility.

By focusing on this analytical shift, the section makes clear that the issue is not only historical loss but ongoing structural misalignment. Colonisation created conditions where mātauranga relating to the waha was marginalised, while Western systems became over-privileged. This has real consequences: it shapes how care is delivered, how whānau engage with services, and how Māori oral health outcomes are understood and measured. The discussion therefore centres on why these disruptions matter now and how kaupapa Māori approaches can restore the relational, spiritual, and cultural dimensions of the waha that clinical models currently overlook.

5.3.2 From relational organ to clinical object

Colonisation reframed the waha as a biomedical object, reducing its significance to structural function, pathology, and hygiene. This shift was not merely conceptual—it reshaped the cultural conditions surrounding the waha. It influenced how Māori engaged with their own mouths, how oral knowledge was transmitted between generations, and how whānau navigated the emerging dental system. When the waha was reclassified through a Western lens, its cosmological, relational, and spiritual roles were sidelined in favor of clinical risk, mechanical function, and behavioural compliance.

Participants in Chapter 4 reflected the impact of this tension in deeply personal ways. Many described inherited whakamā (shame), discomfort or fear in dental spaces, distrust of clinical authority, and a sense of cultural displacement when entering environments that did not reflect Māori values. These experiences demonstrate the relational consequences of reducing the waha to a mechanical site of disease. When an organ sourced from atua, layered with whakapapa, and grounded in spiritual responsibility is reframed as something that can be evaluated, corrected, or judged, it disrupts Māori

understandings of identity, whanaungatanga, and wellbeing. The mismatch creates emotional and cultural dissonance, impacting how whānau seek care and how they interpret the health of their own waha.

This reframing aligns with what the literature in Chapter 3 describes as epistemic dominance, where Western scientific frameworks overwrite or marginalize Indigenous ones. Within this paradigm, the waha—once central to oratory, spiritual balance, kai sovereignty, ecological reciprocity, and expressions of aroha—became detached from the cultural scaffolding that gave it meaning. Its authority as a site of mauri and relational power was replaced by clinical discourses of decay, deficiency, and hygiene discipline. Rather than being upheld as a taonga, the waha was approached as something to be “fixed,” corrected, or brought into alignment with Western expectations of health behaviour.

This epistemic shift matters because it continues to shape the design and delivery of oral-health services today. Current systems largely inherit this biomedical framing and therefore struggle to recognise the cultural, spiritual, and relational dimensions of the waha that participants described. By surfacing these tensions, the findings highlight the need to re-establish oral health approaches that honour the waha’s whakapapa and restore its status as a site of cultural authority, not merely clinical intervention.

5.3.3 Silence, suppression, and loss of transmission

A major consequence of colonisation was the suppression of te reo Māori and ceremonial oratory. When schools forbade Māori children from speaking their language, and when oral traditions were dismissed as primitive, the spiritual and cultural functions of the waha were deliberately undermined. This suppression targeted not only language but the entire relational system that upheld the waha as an organ of authority, balance, and knowledge transmission. In removing reo and restricting oratory, colonisation disrupted the ecological, spiritual, and social environments in which the waha held its fullest meaning.

Participants' kōrero reflected how these disruptions manifested across generations. Some described how practices such as karakia for teething children, tikanga for handling baby teeth, ceremonial uses of voice, and oral healing rituals became less common or were performed with less confidence. These observations align with the literature review's account of disrupted intergenerational transmission, the decline of daily ritual, and the erosion of landscape-based practices that once shaped the waha's relational role. The participants' reflections show how these losses were felt not as singular events but as gradual shifts in everyday life—quiet absences where certain words, gestures, or rituals used to be.

However, the findings also demonstrate that these practices did not disappear; they adapted. Participants consistently spoke about knowledge that survived in partial, fragmented, or intuitive forms—karakia recalled in pieces, tikanga maintained without full explanation, or oral behaviours carried forward simply because “that’s how Nan did it.” These quiet forms of survival hold significant methodological importance. They reflect the kaupapa Māori principles in Chapter 2, which emphasise relational and whānau-based knowledge sharing, where understanding is often carried through observation, repetition, and embodied behaviour rather than formal instruction.

This adaptation challenges narratives of complete loss. Instead, it points to a more complex pattern of cultural endurance, where mātauranga associated with the waha continued to move through families even when its ceremonial or linguistic context was heavily disrupted. These findings show that the waha's ancestral functions—spiritual protection, communication, healing, relational connection—remained active within whānau practices, albeit in modified, often understated ways. They underscore the resilience of Māori oral traditions and help explain why contemporary efforts to restore or revitalise waha-based knowledge resonate so strongly with participants today.

5.3.4 The rise of clinical authority over whānau authority

A critical theme across participant kōrero was the displacement of whānau as the primary holders of oral knowledge. When dental practitioners, teachers, and health campaigns

became the dominant sources of oral-health education, whānau authority weakened. Parents spoke about uncertainty regarding tikanga, confusion about best practices for their children, and a lack of confidence in the knowledge they once relied on. This uncertainty was not because whānau lacked intelligence or care, but because the systems that replaced them communicated—often implicitly—that professional knowledge was superior, scientific, and therefore more trustworthy.

This dynamic reflects the findings in Chapter 4, where some participants described feeling that their lived experience was undervalued next to clinical benchmarks or professional advice. Many expressed genuine respect for dentistry and acknowledged its importance yet simultaneously felt alienated by the absence of cultural grounding in those environments. Several spoke about being judged for their children’s oral health, being spoken down to, or feeling that their ways of caring were misunderstood. These experiences point to a deeper tension: oral-health systems rely on individualised, behaviour-focused models, whereas Māori understandings of the waha emerge from relational, collective, and spiritual contexts.

The literature review highlights how this shift represents more than a transfer of power; it signifies the loss of relationality that underpins Māori knowledge systems. In te ao Māori, knowledge of the waha is not compartmentalised into hygiene practices or procedural care. It is embedded in whakapapa, ecology, tikanga, spirituality, and the intergenerational ethics of whānau life. When Western oral-health systems privilege technical expertise over relational knowledge, they strip the waha from these wider contexts. The result is a cultural mismatch that participants experience not only as confusion but also as emotional and spiritual discomfort—a sense that something essential is being overlooked.

This mismatch helps explain why many participants framed oral health not simply as a clinical issue but as a cultural one. They were navigating two systems that speak differently about the waha: one grounded in whakapapa and relational obligation, the other grounded in biomedical risk and normative behaviour. The displacement of whānau

as the authoritative voice on the waha therefore becomes a site of harm. It disrupts intergenerational knowledge transmission, weakens cultural confidence, and contributes to the broader inequities that shape Māori oral-health outcomes today.

By surfacing these experiences, the findings emphasise that restoring whānau authority is not a nostalgic return to the past but a necessary step toward rebalancing power, strengthening cultural identity, and reclaiming the waha's ancestral role within Māori wellbeing.

5.3.5 Reductionism as a form of disconnection

Western reductionism isolates oral-health problems—caries, malocclusion, infection—and treats them as separate clinical events. Within this paradigm, each condition is assessed, diagnosed, and managed according to its physical presentation. Māori understandings of the waha, however, view these issues differently: not as discrete pathologies but as signs of imbalance in relationships, responsibilities, or spiritual alignment. The health of the waha is therefore interpreted through a wider network of obligations—to whakapapa, to one's own body, to whānau, to atua, and to the environments that nourish or destabilise wellbeing.

Participants described oral health issues not only in terms of pain but in terms of relational disruption. Some spoke of shame around appearance; others described difficulty speaking their truth, fear of judgement in clinical settings, or a spiritual unease that affected their confidence. For several participants, oral issues directly affected their ability to take up roles on the paepae, sing, lead karakia, or participate fully in whānau and community discussions. These are forms of harm that lie outside the boundaries of clinical assessment, yet profoundly shape oral-health behaviours, access, and outcomes. They illustrate how Western approaches tend to miss the social, cultural, and spiritual dimensions of oral health that matter deeply to Māori.

The literature review in Chapter 3 supports this view. It identifies the waha as a mediator of ecological, genealogical, and ceremonial wellbeing—an organ that carries mauri,

activates whakapapa relationships, and sustains collective identity through orality. When the waha is disconnected from these broader networks, oral health issues become more than physical ailments; they become cultural and spiritual injuries that affect how individuals see themselves, how they participate in community life, and how they understand their responsibilities to others.

This broader framing helps explain why participants described oral health not simply as a matter of “fixing teeth,” but as something fundamentally tied to identity, belonging, expression, and wairua. It highlights the limits of reductionist models and underscores the need for oral-health approaches that recognise the waha as part of a wider relational and cosmological system.

5.3.6 What was lost, what survived, and what transformed

To avoid either romanticising the past or overstating the impact of colonisation, this section deliberately distinguishes between three categories of cultural change relating to the waha: what was lost, what survived, and what transformed. This distinction allows the analysis to move beyond linear decline narratives and instead foreground the nuanced ways in which mātauranga persists, adapts, and reconfigures itself across generations.

What was lost

Some oral traditions and ritual practices diminished significantly or disappeared for many whānau. These include:

- Rituals involving spiritual extraction tools, such as the use of mokomoko (lizards) in healing rites.
- Tohunga-led chants for toothache or spiritual imbalance, which required specialist knowledge that became difficult to maintain under legal suppression.
- Everyday rituals guided by maramataka (lunar phases) that once shaped eating, speaking, healing, and oral hygiene.

- Widespread intergenerational teaching of baby-tooth tikanga, including where and how to bury primary teeth.
- Mana-enhancing oral practices, such as preparing tamariki for oratory roles from a young age.

These losses matter because they represent the disruption of systems that once upheld the waha as a spiritual and relational organ.

What survived (often quietly)

Despite these disruptions, many practices persisted in partial, hidden, or whānau-specific ways:

- Karakia for teething or oral distress, often remembered in fragments.
- Songs, lullabies, and soothing vocal rituals that calm and heal tamariki.
- Oral narratives about the power of voice, passed down through stories or kōrero ā-whānau.
- Whānau-specific tikanga around kai, grief, and waha-related conduct, even when broader community practices faded.

These quiet forms of survival reflect the resilience of relational knowledge—held not always through formal instruction but through memory, repetition, and embodied behaviour.

What transformed

Other traditions did not disappear but evolved into new expressions shaped by contemporary realities:

- Use of social media as a site for whakapapa kōrero and digital oratory, extending the waha's communicative role into new technologies.

- New forms of identity expression, such as kapa haka competitions, spoken word poetry, and Māori performance arts that centre the voice and breath.
- Blending clinical practices with tikanga, including karakia before dental appointments or whānau explaining whakapapa connections to practitioners.

These transformations demonstrate the adaptability of mātauranga and its ability to remain relevant while engaging with new tools, environments, and social contexts.

This tripartite structure avoids simplistic loss narratives and instead emphasises continuity, resilience, and evolving adaptation. It aligns with Chapter 2’s methodological observation that knowledge lives through movement, relationship, and transformation—not only through preservation of old forms. This framing supports a more balanced interpretation of the findings: one that acknowledges the real impacts of colonisation while also recognising the vitality and innovation within contemporary Māori approaches to the waha.

5.4 A kaupapa Māori framework of the waha: synthesis of literature and findings

This section weaves together the four major literature themes from Chapter 3 and the five participant-derived themes from Chapter 4, creating a holistic conceptualisation of the waha that reflects Māori cosmology, relational ethics, and lived community realities. It shows that the waha is simultaneously:

1. a vessel of identity and cultural authority,
2. a cosmological and genealogical organ,
3. an ecological interface, and
4. a site of healing, ceremony, and relational practice.

By bringing the literature and findings into dialogue, this chapter demonstrates that contemporary Māori understandings of the waha—expressed by participants from

Tairāwhiti—are entirely consistent with ancestral knowledge systems. Far from being disconnected or archaic, these understandings remain active, relevant, and central to wellbeing.

5.4.1 The waha as identity, authority, and social connection

Alignment with literature (Chapter 3)

The literature establishes that the waha is foundational to Māori identity and relational life. It is the medium through which core cultural practices are enacted, including:

- pepeha (kinship introductions), which anchor individuals within their whakapapa networks
- karanga (ceremonial calls), which open and close the spiritual and relational spaces of the marae
- whaikōrero (formal oratory), which carries political, genealogical, and ethical authority
- mōteatea (laments), which transmit memory, emotion, and ancestral narratives
- waiata (song), which affirms collective identity and binds people through rhythm, breath, and intention

These practices activate whakapapa, connect individuals to their tīpuna, and uphold the mana of marae spaces. In the literature, the waha emerges not only as an anatomical structure but as a site of inherited authority, relational intelligence, and spiritual continuity.

Alignment with findings (Chapter 4)

The findings strongly reinforced this literature. Participants described the waha in ways that echo its ancestral roles, but with grounded, lived nuance. For many, the waha was:

- “where my whakapapa comes out,”
- “the way we show our mana,”
- “how we connect,”
- “the part of us that speaks our truth,”
- “the doorway where our reo lives.”

Such expressions demonstrate that the cosmological and cultural significance of the waha continues to operate within everyday experience. Participants emphasised not only what the waha does but how one must use it—ethically, relationally, and with intention. Values highlighted included:

- speaking with integrity,
- avoiding harmful or careless speech,
- using oratory to uplift others,
- maintaining humility, correctness, and tapu during ceremonial roles.

These insights show that the waha is entangled with moral identity, social accountability, and collective wellbeing. Its use is governed by tikanga that shapes how people speak, listen, and engage with one another.

Interpretation

Taken together, the literature and findings affirm that the waha is a key site through which Māori identity is enacted, recognised, and maintained. When clinical systems overlook this dimension—treating the waha solely as a mechanical or hygienic structure—they fail to engage with the deeper layers of Māori wellbeing.

This synthesis reveals that oral health cannot be separated from the health of identity, connection, and relational belonging. When the waha is compromised physically,

spiritually, or emotionally, the impacts extend far beyond the immediate dental symptoms. The effects ripple into confidence, participation in whānau and marae life, the ability to speak one's truth, and the capacity to fulfil ancestral responsibilities.

In essence, the waha is a site where wellbeing is enacted. Recognising this is essential for developing oral-health approaches that reflect and uphold the mana of Māori identity, both individually and collectively.

5.4.2 The waha as a genealogical and cosmological organ

Alignment with literature (Chapter 3)

Chapter 3 presents the cosmological origins of the waha through atua narratives that locate the mouth within a sacred whakapapa. These accounts describe:

- Uepoto, who shaped the waha and gifted foresight, perception, and the capacity for oratory.
- Tāne-i-Waho, who fashioned the tongue, enabling articulation, rhythm, and expression.
- Tūpai, who crafted bone and enamel, forming the structural foundations of teeth.
- Io-Matua-Kore, who breathed life into the first human form, animating the waha with hau (breath, vitality).

These atua-based narratives establish that the waha is genealogically endowed and spiritually significant. It is not a random biological structure—it is an organ woven by atua, embedded with memory, intention, and purpose. In this literature, the waha emerges as a site where cosmology becomes embodied, where divine craftsmanship intersects with human identity.

Alignment with findings (Chapter 4)

Participants spoke to these origins both implicitly and explicitly. While not all named the

atua directly, the principles shaping their understandings were unmistakable:

- the waha carries mauri,
- the waha is tapu,
- the waha connects to wairua,
- the waha must be cared for with respect and intention.

One participant described the waha as “the seat of our ancestors,” and another as “the place where our stories live.” These expressions mirror cosmological literature but ground it in contemporary lived worldviews. They reveal that ancestral understandings continue to influence how Māori relate to their waha today—through everyday behaviours, emotional responses, and cultural expectations.

This resonance between cosmology and lived experience demonstrates that atua-based knowledge has not disappeared. Instead, it persists as an embodied ethic rather than a theoretical discourse.

Interpretation

Within kaupapa Māori thinking, genealogy is not symbolic; it is a lived ethic that carries responsibilities. When the waha is framed genealogically, caring for it becomes:

- an act of honoring ancestors, acknowledging the atua who shaped its form and the tīpuna who carried its powers forward;
- a responsibility to descendants, ensuring that the mauri and integrity of the waha are sustained;
- a way of maintaining balance between realms—physical, spiritual, ecological, and relational.

This framing challenges Western clinical approaches that treat the waha solely as a

biological or functional site. Instead, it demands an oral-health paradigm that recognises:

- spiritual cleanliness,
- relational balance,
- genealogical continuity,
- and the responsibilities attached to inherited organs.

In other words, the wellbeing of the waha cannot be understood—or cared for—by biomedical logic alone. It requires approaches that acknowledge the waha as a sacred connector between atua, ancestors, and present-day whānau. This insight reinforces the call for kaupapa Māori models of oral health that uphold the waha as a taonga with cosmological origins and living cultural authority.

5.4.3 The waha as ecological interface: Te taiao and kai relationships

Alignment with literature (Chapter 3)

Chapter 3 outlines how the waha mediates relationships with te taiao (the natural world) across multiple domains:

- kai – the preparation, gathering, and ethical consumption of food
- rongoā – medicinal plants and traditional healing using the mouth as a site of application, breathwork, or karakia
- karakia – invocations that call upon winds, waters, forests, and atua connected to natural elements
- rāhui – environmental restrictions declared through spoken authority, carried by the waha of leaders or tohunga

These traditions demonstrate that ecological wellbeing and oral health were historically interwoven. The waha functioned as both a physical and metaphysical threshold,

receiving sustenance from land and sea while activating the mana of natural forces and upholding environmental ethics through spoken authority. The literature positions the waha as the point at which maramataka rhythms, stewardship practices, and oral governance intersect. Reinvigorating maramataka-based practice therefore supports bodily health and spiritual equilibrium, reaffirming the waha's role within ecological systems (Warbrick et al., 2023; Hutchings, 2015).

Alignment with findings (Chapter 4)

Participants' kōrero strongly aligned with these ecological relationships. They described how land, water, and kai shaped their understanding of the waha and their daily practices. Themes included:

- kai sovereignty—the value of growing, gathering, and preparing one's own food
- traditional food preparation—the textures, tastes, and oral experiences tied to cultural identity
- the importance of clean water—both for drinking and for spiritual cleansing
- the healing properties of kawakawa and other plants—often administered orally
- oral traditions linked to mahinga kai, where food-gathering places hold stories and responsibilities passed through the waha

Several participants explicitly linked oral-health decline to ecological changes: shifts in diet, reduced access to whenua, polluted waterways, and the increased presence of processed sugar. Others spoke of rongoā practices—chewing kawakawa, making teas, preparing steam inhalations—as deeply connected to memory, whānau lineage, and the land they came from. These accounts show that ecological relationships continue to shape how people understand and care for their waha.

Interpretation

The synthesis reveals that the waha cannot be separated from ecological wellbeing. Disruptions to the environment—such as degraded waterways, loss of māra kai, reduced access to mahinga kai, or the dominance of imported sugary foods—directly affect oral health outcomes. Conversely, reclaiming kai sovereignty, revitalising rongoā, and strengthening relationships with whenua support both dental health and spiritual balance.

This interpretation reinforces Māori health models such as Te Whare Tapa Whā (Durie, 1994) and Te Wheke (Pere, 1991), which position the natural environment and wairua as essential dimensions of physical wellbeing. Within these frameworks, oral health is not a standalone clinical issue but part of a broader ecosystem of relationships.

At this intersection, the waha becomes a barometer of environmental and cultural vitality. Its wellbeing reflects the state of kai systems, water quality, and ecological connection. When these relationships are strong, the waha carries nourishment, balance, and clarity. When they are weakened, the waha becomes a site where ecological and cultural harm is felt first.

This integrated view underscores the importance of environmental restoration, kai sovereignty movements, and culturally grounded oral-health approaches as key strategies for improving Māori wellbeing.

5.4.4 The waha in healing, ritual, and spiritual balance

Alignment with literature (Chapter 3)

Traditional Māori healing practices positioned the waha as central to restoring balance and wellbeing. The literature describes the waha as functioning across multiple interconnected roles:

- chanting karakia to rebalance wairua and align energies,
- using breath (hau) as a healing force or a way to transmit intention,
- chewing kawakawa or other rongoā to activate medicinal properties through oral

contact,

- blowing hau onto affected areas as a form of spiritual cleansing,
- using sound vibration through mōteatea, waiata, or oratory as a therapeutic practice.

The literature also highlights the waha as a diagnostic site, where spiritual disturbance or relational imbalance might manifest as oral or facial pain. In these contexts, tohunga would treat the waha not just as a physical structure but as a portal requiring ritual, relational, and spiritual attention to restore harmony.

Alignment with findings (Chapter 4)

Participants' recollections strongly reflect these traditional principles. Many described practices or values that mirror the literature:

- karakia offered to children in pain,
- use of rongoā for teething, such as kawakawa rubs or infusions,
- tikanga surrounding the handling or burial of baby teeth,
- the belief that oral ailments can relate to spiritual or emotional states—stress, sorrow, disconnection, or unresolved wairua issues.

Several participants articulated these connections explicitly, describing the waha as “the entrance to our mauri” or “the place where healing happens.” Their narratives showed that healing is not experienced as a biomedical event but as a relational, spiritual, and often collective process. Healing occurs through the presence of whānau, through sound, through breath, and through practices that uphold mana.

Interpretation

Viewed through a kaupapa Māori lens, healing of the waha cannot be confined to

physical interventions alone. The waha is a spiritual organ shaped by atua, carrying whakapapa, breath, and relational obligation. Healing therefore involves:

- spiritual care—karakia, cleansing, balancing wairua,
- relational repair—restoring harmony in whānau or community relationships,
- cultural affirmation—revitalizing tikanga that honours the sacredness of the waha,
- opportunities for expression—speaking, singing, lamenting, storytelling, or oratory as forms of release and reconnection.

This synthesis confirms that Māori oral health must be understood within a broader relational model, not the narrow mechanical framework of dentistry. The waha is a site of mana restoration, meaning that healing must support the whole person—tinana, hinengaro, wairua, and whānau. When oral health interventions acknowledge these layers, they align with the deeper Māori worldview in which the waha carries mauri, identity, and the power to heal.

5.4.5 Summary: waha as the centre of Māori life

Bringing all themes together reveals that the waha is:

- cosmological in origin,
- genealogical in inheritance,
- spiritual in function,
- ecological in relationship,
- social in identity,
- ceremonial in responsibility,
- healing in practice.

This synthesised framework shows that Māori oral health cannot be understood—or improved—without recognising the waha as a multi-dimensional taonga. Clinical models are insufficient on their own; they must be woven together with mātauranga Māori, whānau authority, ecological knowledge, and spiritual practice.

This forms the foundation for the next section, which explores reclamation as a pathway to healing and decolonisation.

5.5 Reclamation as healing, resistance, and restoration

The findings illustrate that restoring the cultural, spiritual, and ecological dimensions of the waha is more than an act of cultural pride—it is a form of healing, resistance, and systemic reclamation. Participants did not frame reclamation as nostalgia or a return to a pre-colonial past. Instead, they described it as a contemporary expression of tino rangatiratanga (self-determination): a deliberate, future-oriented act that strengthens whānau, restores balance, and challenges the ongoing effects of colonisation.

For participants, reclaiming the mana of the waha involved reconnecting to whakapapa, re-embedding tikanga in daily practice, revitalising oratory and song, re-establishing relationships with whenua and kai systems, and approaching oral health through relational rather than biomedical logics. These actions were understood not only as personal choices but as contributions to collective well-being and cultural endurance.

This section analyses how reclaiming the mana of the waha functions across multiple interlinked levels:

- Personal – restoring confidence, identity, spiritual grounding, and the ability to speak one’s truth.
- Whānau – strengthening intergenerational knowledge transmission, relational balance, and shared practices relating to the waha.
- Communal – revitalizing marae-based oratory, waiata, karanga, and waha-based leadership roles.

- Systemic – challenging Western clinical dominance, reshaping oral-health services, and asserting Māori authority in decision-making.

By examining these layers, the discussion shows that reclamation is both intimate and structural. It occurs within bodies and homes, but it also pushes against systems that have historically diminished Māori understandings of the waha. In this way, reclaiming the mana of the waha emerges as a holistic strategy for cultural, relational, and systemic transformation.

5.5.1 Everyday reclamation: Small practices, large shifts

Many participants described small, everyday acts—karakia before kai, singing with tamariki while brushing their teeth, using kawakawa for discomfort, teaching te reo names for parts of the waha—that collectively restore Māori oral traditions. These everyday practices are deceptively powerful because they:

- return mātauranga Māori to daily life,
- reassert whānau authority,
- normalize tikanga within contemporary contexts,
- affirm cultural identity,
- and strengthen connections to atua and whenua.

These practices echo the literature in Chapter 3, where pūrākau, waiata, karakia, and rongoā were described as key expressions of Māori oral tradition and essential modes of transmitting knowledge. They also align with the relational approach outlined in Chapter 2, demonstrating that kaupapa Māori methodology is not only a theoretical framework—it reflects how Māori already live, learn, and share kōrero in real time. The findings make clear that whānau are actively engaged in oral-cultural restoration, even when they do not describe these actions using terms like “reclamation” or “decolonisation.”

Interpretation

These everyday acts function as micro-resistances against structural forces that have historically attempted to diminish Māori knowledge. They rebuild cultural confidence, reduce whakamā, and re-establish the waha as a site of tapu, mauri, and connection rather than shame or clinical judgment. Most importantly, they ensure that oral traditions do not remain confined to archives, research texts, or ceremonial occasions—they continue to move through the hands, mouths, breath, and daily routines of whānau.

In this sense, everyday practice becomes a mode of cultural survival and transformation. These small acts accumulate into broader shifts in identity, wellbeing, and whānau relationality, reinforcing that oral-cultural resilience is woven through the ordinary as much as through the ceremonial.

5.5.2 Restoring whānau authority over oral knowledge

A central finding was the desire of participants to reclaim authority over oral health knowledge—knowledge that settlers, schools, churches, and clinical systems once displaced.

Participants described wanting:

- to teach their own children tikanga around the waha,
- to revive the practices taught by their grandparents,
- to trust their own intuition,
- to challenge clinical advice that felt culturally misaligned.

This shift reflects a broader movement toward whānau-centred approaches, where whānau are recognised as the first and most important teachers of oral practices. It directly opposes the historical suppression of whānau authority described in Chapter 3 and supports the methodological stance of Chapter 2, which affirms whanaungatanga and

whakapapa as core sources of knowledge and legitimacy.

Interpretation

Restoring authority over knowledge is a key component of decolonisation. When whānau reclaim the right to name, narrate, teach, and interpret the waha based on their own whakapapa and tikanga, they disrupt clinical hierarchies and rebuild cultural sovereignty.

By returning oral knowledge to whānau hands, participants enact tino rangatiratanga at an intimate, generational level. They create space for Māori ways of knowing to re-emerge in everyday life, ensuring that the waha is once again understood as a site of mana, mauri, and inherited responsibility rather than a domain controlled solely by biomedical expertise.

5.5.3 Healing cultural and spiritual wounds

Colonisation inflicted multiple forms of mamae related to the waha:

- shame about appearance or teeth,
- whakamā about accents or reo proficiency,
- discomfort speaking in public,
- trauma associated with dental services,
- grief from severed oral traditions.

Participants' kōrero showed how these wounds linger, often unspoken. Many recalled childhood experiences of being mocked for their teeth, reo, or speech patterns—experiences that directly influenced their confidence and relationship with the waha. Such experiences are not merely personal; they are tied to structural racism, poverty, and linguistic suppression.

Yet participants also described healing: regaining confidence through kapa haka, reconnecting with tikanga, or learning to speak reo Māori after years of shame. These transformations show that healing is possible through culturally grounded reconnection.

Interpretation

Healing the waha involves:

- restoring spiritual balance,
- rebuilding identity,
- repairing relationships,
- reclaiming voice and agency,
- restoring confidence to speak, sing, and participate.

These forms of healing validate Te Whare Tapa Whā and Te Wheke models, which emphasise spiritual, emotional, and relational dimensions of health (Durie, 1994; Pere, 1991). They also affirm the conceptual foundation laid in Chapter 1, where the waha is framed as a spiritual and genealogical organ whose wellbeing affects the whole person.

5.5.4 Reclaiming ceremony and ritual

Participants' accounts of karakia, waiata, whaikōrero, and other forms of oral ritual demonstrate that ceremonial orality remains central in Tairāwhiti communities. For some participants, these rituals were woven naturally into daily life—spoken in homes, heard on marae, and carried forward through whānau practice. For others, these rituals represented knowledge they longed to reclaim, either because it had skipped a generation or because access to ceremonial spaces had been disrupted by colonisation or urbanisation. Across the spectrum, however, the desire to uphold or restore ceremonial orality was clear and deeply felt.

Reclaiming these rituals counters the suppressive forces of colonisation by reactivating the waha's ceremonial power. It restores the waha to its rightful place within marae contexts, where voice, breath, presence, and intention uphold spiritual and social order. It also reaffirms the waha as a conduit for authority, connection, and relational ethics—functions that Western biomedical frameworks typically overlook.

Interpretation

Ceremony is a powerful site of decolonisation because it:

- strengthens whakapapa, anchoring individuals in their genealogical and spiritual lineages,
- reconnects communities to ancestral knowledge, ensuring that teachings remain embodied rather than abstract,
- enhances spiritual resilience, providing tools for grounding, protection, and balance,
- teaches children their inherited roles within whānau, hapū, and marae life,
- restores mana to oral traditions, affirming the cultural legitimacy of Māori orality,
- and re-establishes the waha as the heart of Māori cultural life, not merely a biological organ.

Through ceremonial practice, the waha becomes a site where identity, authority, and belonging are enacted. Restoring these rituals therefore contributes directly to decolonisation by reasserting Māori understandings of the waha and regenerating the cultural systems that sustain wellbeing across generations.

5.5.5 Reclamation as systemic resistance

Reclamation, as described by participants, is not only personal or familial—it carries significant systemic implications. When Māori communities assert their own knowledge of the waha, they confront and destabilize long-standing structures that have defined, measured, and governed oral health through Western biomedical logics. In doing so, they challenge:

- Western definitions of oral health, which reduce the waha to hygiene and disease,
- clinical authority structures, which position dentists and clinicians as the primary knowledge holders,

- policy frameworks that marginalize Indigenous models,
- data systems that erase cultural context and relational determinants,
- education systems that privilege biomedical content over mātauranga Māori,
- services that overlook Māori values and practices.

This directly aligns with the political dimensions of kaupapa Māori research outlined in Chapter 2, where methodology is understood not only as a framework for inquiry but as a tool of transformation, resistance, and rebalancing power.

Participants articulated clear aspirations for oral health services that are culturally grounded and relationally aligned. They described wanting systems that:

- welcome karakia at the beginning or end of appointments,
- allow te reo Māori to be spoken naturally,
- reflect Māori values and tikanga in their everyday operations,
- include rongoā and traditional practices as legitimate modes of care,
- are delivered by Māori clinicians, or at least in culturally competent partnership,
- operate from marae or community spaces, not only clinics,
- honour whānau expertise and lived experience as valid evidence.

Such aspirations reveal a desire not simply for cultural comfort but for structural reorientation—one that moves oral health services toward equity, relational accountability, and Māori governance.

Interpretation

When Māori communities reclaim their definitions, practices, and relationships with the

waha, they resist assimilation and unsettle systems that have historically diminished Indigenous knowledge. This reclamation is not symbolic or decorative; it is a profound assertion of sovereignty, justice, and self-determination.

It demands that oral-health systems recognise:

- that Māori knowledge is authoritative,
- that cultural practices are essential to wellbeing,
- that whānau hold epistemic and relational power,
- and that services must adapt—not Māori people.

Reclaiming the waha therefore becomes a political act, one that reconfigures relationships between communities and the systems designed to serve them. It is here, at the interface of policy, practice, culture, and identity, that decolonisation takes material form: through the reassertion of Māori authority over the waha and the transformation of the systems that shape oral health outcomes.

5.6 Implications for oral health systems, policy, and hauora Māori practice

Drawing on the synthesis above, key implications emerge for how oral health services, education, and policy can be redesigned to uphold the mana of the waha.

5.6.1 Integrating mātauranga Māori into oral health practice

The literature review and findings clearly demonstrate that the waha cannot be understood—or cared for—outside its spiritual, cultural, and ecological contexts. Any meaningful oral-health approach must therefore integrate:

- karakia, as a form of spiritual grounding and protection,
- whakapapa-based approaches, which recognise the waha as an inherited organ shaped by atua and tīpuna,

- reo Māori use, allowing the waha to function through its own ancestral languages,
- rongoā Māori, including plant-based healing, breathwork, and relational practices,
- tikanga around kai and teeth, honoring protocols that maintain tapu, mauri, and balance,
- recognition of ceremonial speech and healing, including karanga, whaikōrero, mōteatea, and waiata as essential expressions of wellbeing.

Together, these elements require a fundamental shift in how oral-health services conceptualise care. Traditional models of *cultural competence*—focused on skills, checklists, or surface-level awareness—are insufficient. The findings call instead for cultural confidence and cultural authority:

- Cultural confidence: the capacity for clinicians and services to genuinely trust, uplift, and make space for Māori knowledge systems.
- Cultural authority: recognising Māori epistemologies as legitimate, equal, and often primary sources of guidance for oral health practice.
- Sovereignty-based practice: privileging Māori leadership, decision-making, and definitions of wellbeing within clinical and community settings.

This shift moves oral health from a model that seeks to “include culture” to one that is grounded in culture. It acknowledges that the waha cannot be treated solely as a biological structure; it is a relational and spiritual organ intertwined with identity, tikanga, and te taiao. Recognising this is essential for building services that honour Māori ways of being and support the deeper forms of healing highlighted throughout this research.

5.6.2 Reframing oral health terminology: A kaupapa Māori approach

Avoid using the term “oral health” as a direct equivalent for Māori concepts such as *oranga niho* or *oranga waha*. These terms carry holistic meanings that encompass

whakapapa, wairua, tikanga, and ecological relationships, which cannot be captured by the reductionist biomedical framing of “oral health.” Instead, health strategies, research, and policy should adopt language that reflects kaupapa Māori worldviews, ensuring that the waha is understood as a cultural and spiritual organ rather than a clinical object.

The following sub-recommendations outline practical steps for distancing kaupapa Māori oral health from the limitations of Western terminology:

- Policy language reform: Replace “oral health” in policy documents with terms that reflect Māori concepts of wellbeing, such as *oranga waha*, and provide explanatory notes to prevent misinterpretation.
- Clinical training: Incorporate modules in oral health education that explain why Māori terminology cannot be reduced to Western equivalents, emphasising cultural, spiritual, and ecological dimensions.
- Public health messaging: Develop health promotion resources that use Māori terms with clear cultural framing, avoiding literal translations that strip away meaning.
- Research standards: Require kaupapa Māori research to define and justify terminology, ensuring that Indigenous concepts are not subsumed under Western biomedical categories.
- Community engagement: Co-design language guidelines with *iwi* and *hapū* to ensure that oral health discourse reflects local *tikanga* and *mātauranga*.

5.6.3 Whānau-centred, kaupapa Māori models of care

Given participants’ emphasis on whānau-led practice, oral health systems should be reshaped to reflect whānau as the central locus of knowledge, care, and authority. This requires more than cultural accommodation—it calls for a structural re-orientation of services. Oral health systems should:

- embed whānau ora principles, recognising that oral health is inseparable from spiritual, relational, environmental, and cultural wellbeing,
- allow whānau to define their own oral health goals, based on whakapapa, tikanga, and the specific priorities of their whānau,
- support whānau teaching through resources grounded in kaupapa Māori, including reo Māori terms, pūrākau, rongoā practices, and tikanga-based oral health guidance,
- position clinical staff as partners rather than authorities, shifting the dynamic from top-down expertise to collaborative, relational care,
- return decision-making power to communities, ensuring that services reflect Māori aspirations, local knowledge, and community-led models of delivery.

Such changes align with the broader kaupapa Māori emphasis on whanaungatanga, rangatiratanga, and relational accountability. They also respond directly to participant experiences, where whānau expressed a desire to reclaim their role as the first teachers, guides, and protectors of waha-related knowledge.

By centring whānau-led practice, oral health systems can move toward models that uphold Māori autonomy, enhance cultural confidence, and support oral health in ways that are spiritually, culturally, and relationally meaningful.

5.6.4 Strengthening Māori workforce pathways

The findings emphasise the importance of having Māori clinicians—or clinicians who are deeply embedded in the community—whose shared whakapapa, relationships, and cultural fluency enhance trust and relational safety. Participants consistently noted that when care is provided by someone who understands their world, their reo, their tikanga, and their histories, the clinical environment becomes more welcoming, less intimidating, and more aligned with Māori models of wellbeing. Building a culturally matched workforce is therefore essential, not optional.

To achieve this, services should:

- invest in cultural training Māori oral health practitioners, ensuring that Māori are represented across all levels of the system—clinical, managerial, policy, and governance,
- provide local pathways for Tairāwhiti rangatahi, including scholarships, mentoring, school-based exposure, and community-led recruitment initiatives that support entry into dental, hygiene, and oral health therapy programmes,
- support cultural supervision for non-Māori clinicians, ensuring they receive ongoing guidance, wānanga, and reflective practice grounded in kaupapa Māori,
- make space for elders, cultural experts, and kaumātua within oral health teams, recognising their authority in matters of tikanga, wairua, and relational practice.

These actions address the workforce inequities identified in both the literature and participant kōrero. They also align with kaupapa Māori principles of tino rangatiratanga, whakapapa, and relational accountability, ensuring that oral health care is grounded in the knowledge systems and cultural leadership of the communities it serves.

Strengthening a kaupapa Māori-led workforce is not simply about representation—it is a structural shift toward equity, cultural authority, and community-defined excellence.

5.6.5 Rebuilding ecological connection

Because the waha is an ecological organ, interconnected with land, water, plants, and seasonal rhythms, oral health systems must expand their focus beyond clinical settings. The findings demonstrate that many oral health challenges are shaped not only by individual behaviour but by broader environmental disruptions. To uphold Māori wellbeing, systems should:

- revive kai sovereignty initiatives, supporting whānau and communities to grow, harvest, and prepare traditional foods that nourish both body and wairua,

- incorporate maramataka into health planning, aligning oral health interventions, education, and community programmes with seasonal cycles and ancestral rhythms,
- support rongoā Māori practices, recognising plant-based healing, breathwork, and traditional oral remedies as legitimate and culturally grounded approaches,
- protect waterways and food systems, acknowledging that polluted rivers, degraded soils, loss of māra kai, and reliance on processed foods directly affect oral health outcomes.

In this framing, environmental health is oral health. Strengthening the relationship between whānau and te taiao reinforces the mauri of the waha and restores the ecological systems that sustain wellbeing. This ecological approach also reflects Māori health models—such as Te Whare Tapa Whā, Te Wheke, and Te Ao Māori frameworks—which position environmental connection as foundational to spiritual, physical, and relational health.

Recognising the waha as part of an ecological network invites a paradigm shift: from treating oral health as an isolated clinical issue to understanding it as a reflection of environmental abundance, cultural connection, and the health of the whenua itself.

5.6.6 Addressing structural racism and institutional barriers

Both the literature and participants described experiences of bias, dismissal, and cultural invalidation within oral-health settings. These were not isolated incidents but part of a broader pattern in which Māori knowledge, concerns, and experiences were minimised or misunderstood. Addressing these issues requires more than improved communication—it demands structural and systemic change. To respond meaningfully:

- racism must be acknowledged and actively eliminated, recognising it as a determinant of oral health and a barrier to care,
- oral health policy must embed equity as a non-negotiable principle, ensuring

Māori rights, needs, and worldviews are central rather than peripheral,

- cultural safety training must be mandatory, ongoing, and grounded in kaupapa Māori, supporting clinicians to understand power, privilege, and relational accountability,
- accountability mechanisms must be strengthened, with clear systems for monitoring inequities, responding to breaches of cultural safety, and ensuring services uphold Māori expectations of care.

These shifts align with the broader kaupapa Māori imperative to address power imbalances, dismantle systemic discrimination, and create conditions where Māori oral health can flourish. Without confronting racism directly, no amount of clinical reform or cultural inclusion will fully address the harms identified by both the literature and participants.

5.6.7 Designing services around Māori realities

Oral health services should align with the rhythms, spaces, and relational practices that shape Māori lives. Participants were clear that care becomes safer, more meaningful, and more accessible when it is delivered in ways that reflect Māori cultural worlds. Services should therefore align with:

- whānau schedules, recognising caregiving responsibilities, work patterns, seasonal demands, and collective routines,
- marae-based delivery models, where the waha can be cared for within spaces that uphold tikanga, whakapapa, and spiritual balance,
- community events, using gatherings as natural touchpoints for engagement, education, and preventive care,
- trusted spaces, such as kura, community centres, wharekai, sports clubs, or hauora hubs,

- practices that acknowledge tapu and noa, ensuring the handling of teeth, kai, bodily proximity, and clinical interactions are culturally safe,
- community-defined wellbeing indicators, rather than solely biomedical metrics.

These shifts reflect the findings: Māori feel safer, more comfortable, and more engaged when care is embedded within environments that honour their identities, relationships, and values. When services meet Māori in the spaces where they already stand—physically, culturally, and spiritually—oral health becomes relational rather than transactional, and the waha is cared for in ways that uphold its mana.

5.6.8 Establish a whare wānanga a waha

To ensure Māori oral health is defined by sovereignty and mātauranga rather than assimilation, this recommendation calls for the establishment of a dedicated whare wānanga a waha—an Indigenous oral health and dental institution where mātauranga Māori is prioritised and taught alongside Western knowledge systems. This whare wānanga should operate entirely in te reo Māori, embedding tikanga, whakapapa, and kaupapa Māori principles into every aspect of education, research, and clinical practice. Such a space would not only train culturally grounded practitioners but also serve as a centre for innovation, ensuring Māori oral health is understood as a taonga and a site of mauri ora rather than through deficit-based models.

The following sub-recommendations outline practical steps for establishing a whare wānanga a waha:

- Curriculum design: Develop a bilingual or reo Māori curriculum that integrates pūrākau, tikanga, and rongoā alongside biomedical science.
- Cultural and te Tiriti authority: Position kaumātua, tohunga, hapū and Māori scholars as central to governance and teaching roles.
- Research priorities: Embed kaupapa Māori methodologies and Indigenous data sovereignty principles in all research outputs.
- Community partnerships: Ensure the institution maintains strong ties with iwi, hapū, and marae to reflect local tikanga and aspirations.

- Clinical practice: Create training pathways that prepare practitioners to deliver care in culturally safe, whānau-centred environments.

5.8 Conclusion: Reclaiming the waha to reclaim ourselves

This chapter demonstrates that reclaiming the mana of the waha is not a symbolic project but a profound act of healing, resistance, and transformation. The waha—created by atua, shaped through whakapapa, connected to whenua, expressed through reo, and embodied in ritual—is central to Māori identity and wellbeing. It is a site where spiritual, relational, ecological, and cultural dimensions converge.

The findings show that despite the enduring impacts of colonisation, Māori knowledge of the waha continues to live through everyday practices, whānau relationships, community values, and resurgent cultural movements. When Māori reclaim their voices—literally and metaphorically—they reclaim their sovereignty, restore spiritual balance, and strengthen their collective future. The waha becomes not only a site of articulation but a site of resistance: a place where ancestral memory, cultural practice, and contemporary assertion meet.

By synthesising cosmology (Chapter 1), methodology (Chapter 2), literature (Chapter 3), and participant kōrero (Chapter 4), this chapter offers a framework for transforming oral health in Aotearoa. It calls for oral health practice that:

- honours whakapapa,
- embeds tikanga,
- respects spiritual realities,
- centres whānau authority,
- and upholds the waha as a *taonga tuku iho*.

Such a framework moves beyond inclusion toward transformation—redefining oral

health in ways that reflect Māori worldviews and support Māori futures.

Reclaiming the waha is reclaiming who we are.

Reclaiming who we are is reclaiming our future.

Chapter 6: Conclusion

6.1 He kupu whakataki – Returning to the central insight

The waha is far more than an anatomical structure. It is a threshold between worlds, a vessel of whakapapa, and a site where cultural, spiritual, and ecological responsibilities converge. As this study has shown, the waha operates simultaneously as a physical organ, a transmitter of identity, and a living archive of mātauranga Māori. It carries breath, voice, memory, and intention; it sustains relationships with atua, with tīpuna, and with te taiao. Through speaking, singing, listening, eating, healing, and ritual practice, the waha makes Māori ways of knowing and being visible, audible, and alive.

Rather than treating the waha as a biological mechanism, the findings reveal it to be an organ of profound relational and cosmological significance—one that continues to orient Māori identity, wellbeing, and collective futures.

6.1.1 The waha as a living repository of knowledge

Mātauranga about the waha was not confined to formal spaces such as the whare or marae. It travelled with whānau into the ngahere (forest), out onto the awa (river) and moana (sea), into the māra kai (food gardens), the workplace, and the everyday rhythms of home. In every context—speaking, chewing, singing, laughing, storytelling, and even in moments of purposeful silence—the waha acted as a gateway through which knowledge, emotion, and relationship flowed. It mediated interactions with people, place, and spirit, shaping how individuals connected to their whakapapa and to te taiao.

Recognising this breadth helps reposition the waha as an embodied site of learning, not a purely biological organ. Through its daily use, the waha becomes an active participant in transmitting mātauranga Māori, grounding cultural knowledge in lived experience and relational practice.

6.1.2 Colonisation and the fragmenting of relationship

Although discussed earlier in the thesis, it is important to restate—briefly and without

revisiting the full critique—that colonisation disrupted the relational systems surrounding the waha. Western oral-health frameworks reduced the waha to a clinical object, separating it from its spiritual, ancestral, and cultural functions. In doing so, these systems narrowed the waha to issues of hygiene, anatomy, and pathology, overlooking the deeper cosmological and relational roles it has always held in te ao Māori.

This study does not repeat that critique in detail; rather, it highlights the core impact: the severing of Māori relationships with our own knowledge systems. It was this disconnection—more than any individual policy or practice—that undermined whānau authority, weakened intergenerational transmission, and altered the cultural landscape in which the waha holds meaning.

Recognising this disruption clarifies why reclaiming the mana of the waha is now critical. Reclamation restores the relational, spiritual, and ecological dimensions of the waha, reconnecting Māori with the knowledge systems that sustain identity, wellbeing, and collective strength.

6.1.3 Reclaiming the mana of the waha as decolonising practice

Reclaiming the waha is not merely symbolic—it is transformative. When whānau brush their teeth guided by pūrākau (ancestral narratives), when a karanga echoes across a threshold, or when tamariki learn waiata about their niho (teeth), oral health becomes an enactment of whakapapa. These practices reframe everyday routines as expressions of inherited relationship, responsibility, and identity. Oral care is no longer a biomedical task; it becomes a continuation of cosmology in daily life.

Such ordinary yet powerful actions restore agency to whānau. They reconnect Māori to our relational frameworks—linking the waha to atua, tīpuna, whenua, and the collective rhythms of whānau life. In doing so, they reposition the waha as a site of sovereignty and healing, rather than shame or clinical judgement. Reclamation becomes a lived practice: it is spoken, sung, breathed, and taught in real time.

This interpretation is strengthened by contemporary kaupapa Māori scholarship, which

emphasises relationality, cosmology, and the spiritual dimensions of hauora (e.g., Royal, 2003; Smith, 2012). These scholars remind us that wellbeing is achieved through balance—between people and land, spirit and body, past and future. The findings of this study echo that view: reclaiming the waha is a return to relational balance, a reassertion of Māori authority, and a pathway toward collective healing.

Through these everyday acts, the waha becomes what it has always been: a living expression of whakapapa, a vessel of memory, and a site where Māori futures are spoken into being.

6.1.4 The waha as a taonga for future generations

Mātauranga Māori provides a sophisticated and future-focused blueprint for oral health. When practitioners, researchers, and communities treat the waha as a taonga (treasured entity) rather than a problem to be fixed, entirely new possibilities open. This reframing shifts oral health away from deficit models and toward transformative, relational approaches. In this paradigm:

- Oral health becomes intergenerational — carried through whakapapa, memory, practice, and the transmission of tikanga.
- Storytelling becomes intervention — pūrākau, waiata, and kōrero shape behaviours, strengthen identity, and foster relational confidence.
- Cultural practice becomes prevention — karakia, kai sovereignty, maramataka rhythms, and rongoā enhance both spiritual and physical wellbeing.
- Whānau authority becomes central to hauora — positioning families as the primary experts, teachers, and decision-makers.

This repositioning invites innovation across the oral-health sector. It creates room for models that are relational rather than procedural, culturally grounded rather than culturally optional, and guided by sovereignty rather than assimilation. It strengthens whānau autonomy by restoring leadership, voice, and responsibility to the people who

know their communities best.

Ultimately, these shifts support decolonising approaches within oral health policy and service design, ensuring that care reflects Māori values, priorities, and worldviews. When the waha is upheld as a taonga, oral health becomes not only a clinical outcome but a cultural, spiritual, and generational pathway toward Māori wellbeing and collective flourishing.

6.2 Summary of the thesis contribution

This thesis contributes to both academic knowledge and community aspirations by reframing the waha through a kaupapa Māori lens. Academically, it expands current literature by demonstrating how the waha functions not merely as an anatomical structure but as a cultural, spiritual, ecological, and genealogical organ within a Māori worldview. It shows that the waha carries ancestral memory, mediates relationships with te taiao, and enacts the values and responsibilities embedded in whakapapa.

For communities, this research offers a pathway for revitalising everyday oral health practices that strengthen whakapapa, restore mana, and reaffirm the authority of whānau to define their own hauora. It validates the lived experiences of whānau who are already engaging in subtle acts of restoration—through karakia, waiata, kai practices, language, and rongoā—and demonstrates that these everyday actions hold profound transformative potential.

By bringing mātauranga Māori, pūrākau, and lived experience into dialogue with contemporary oral health challenges, this thesis advances a model of oral health that is culturally grounded, locally meaningful, and oriented toward decolonisation. It positions the waha as a taonga tuku iho and provides a framework for reshaping oral health systems so they reflect the values, aspirations, and relational worldviews of Māori communities.

In doing so, this research contributes to the restoration of Māori oral traditions and supports long-term visions for wellbeing that are culturally rooted, future-focused, and

collectively empowered.

6.3 He whakakapi – Closing breath

Reclaiming the mana of the waha is not only an act of cultural affirmation—it is a movement toward collective restoration. As Māori continue to revitalize our relationships with knowledge, land, language, and each other, the waha becomes both a symbol and a strategy: a site where healing begins, where whakapapa is activated, and where liberation is spoken into being. In reclaiming the waha, Māori reclaim not just a cultural practice, but a future grounded in sovereignty, balance, and collective strength.

Tīhei mauri ora.

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Appendix A – Participant Information Sheet

Mātauranga Māori of the mouth and teeth among Tairāwhiti Māori

Tairāwhiti

Lead Researcher: Dr Wiremu Reihana, Ngāti Porou

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Participant Information Sheet

About the lead researcher

Tena koe! Ko Wiremu Reihana awau, no Ngāi Tāne, no Ngāti Porou Tuturu, kei Rangitukia taku Tūrangawaewae.

Between 2008 and 2018 I served as dentist for the East Coast, providing both a fixed and mobile service, making oral health care accessible to people of all ages, regardless of where they lived.

The provision of service was a highly rewarding experience because it was an opportunity to make a positive impact on the lives of my whānau, while also allowing me to gain a sense of personal fulfilment. However, I found that my colonised upbringing and westernised education and practice created a barrier that prevented me from fully embracing and incorporating indigenous thinking and practices into my work.

Despite my best efforts, I found myself struggling to break free from the limitations of my cultural background and training. My thinking and practice were heavily influenced by the colonial legacy of my upbringing, which had instilled in me a certain way of viewing the world and interacting with others. Additionally, my westernised education and training further reinforced these ideas, leaving little room for Māori perspectives.

Looking back, I realise that this was a missed opportunity to learn and grow. Through indigenising my thinking and practice, I could have gained a deeper understanding of the

cultural values and practices that are so important to the people I was serving.

This research project will allow me to build stronger connections with my whānau and ultimately provide or support other service providers to develop a more effective and culturally safer service. By building stronger connections with whānau, service providers like myself will be able to provide more tailored and responsive support and ensure that whānau receive the best possible care and assistance.

The results of this study, including recommendations and findings, will contribute to my Master's thesis, this thesis will become publicly available.

Invitation

Are you interested in identifying and sharing your mātauranga Māori (traditional knowledge) about the mouth and teeth with others? If so, I encourage you to participate in my study.

I have identified you as someone who may want to be involved with my research, or someone who may possess the mātauranga Māori required to contribute significantly to it.

This Participant Information Sheet will help you decide if you'd like to take part. It tells you:

- why I am doing the study,
- what you need to do if you choose to take part,
- what the benefits and risks to you might be, and
- what happens after the study ends.

I will go through this information with you and answer any questions you may have. You do not have to decide today whether or not you will take part in this study. Before you decide, you may want to talk about the study with other people, such as whānau. Feel free

to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form. You will be given a copy of both this Participant Information Sheet and the Consent Form to keep.

This Participant Information Sheet is 4 pages long. The Consent Form is 2 pages. Please make sure you have read and understood all the pages.

What is the purpose of the study?

This research project not only aims to explore the traditional knowledge of the mouth and teeth but also provides a platform for whānau to share their knowledge. This is particularly important as much of this valuable information has been lost over the years due to colonisation. By allowing whānau to share their knowledge of the mouth and teeth, I hope to preserve this information for future generations.

This knowledge can then be used to develop a strategic plan which will support decision-making in achieving equity in oral health for Māori and inform the development of future research in oral health in Aotearoa.

What will I do if I take part?

If you decide to take part, you will participate in a conversation that other members of your whānau can also be involved in. The purpose of the conversation will be to share your mātauranga Māori of the mouth and the teeth. The conversation will take up to 1 hour in total depending on how much information you want to share. You and your whānau can choose the place we meet for the conversation and the date and time. You can choose to respond to the interview in Māori or in English. The conversation may take place online (e.g. on Zoom) if we are not able to meet in person.

The conversation will be audio-recorded so that I can capture all of the conversation. The audio recording will be listened to by me and my supervisor only and will not be used in any presentations about the research.

You may be asked if you would like to have your conversation video recorded. If you agree I will use this video recording to create a digital story of your conversation. Any video I produce as part of the research will be gifted to you and your whānau at the end of the project and you will be able to tell us how I am allowed to use it when I am talking about the findings of the project.

I will also discuss with you and your whānau how you would like us to share any results back to you. This may be in the form of Hui or whānau conversation.

I will then write a summary of your conversation and share that with you. You and your whānau will have the opportunity to change, add or delete anything in the summary. Once you are happy with the summary, I will combine your information with the information received from other participants in the research. The full findings will be available to you at the end of the project.

What are the possible risks of the study?

A study that involves whānau can potentially affect both positively and negatively on the psychological and spiritual wellbeing of participants. To support you and your whānau I will ensure that we adhere to the tikanga and kawa that you advise us to use. If anything, difficult arises at the interview for you or your whānau, I will help you to access appropriate support services. You have the right to withdraw from the study at any time and for any reason.

Who pays for the study?

There is no cost to you for being part of this study. I will provide food for sharing after the conversation and if there are any costs associated with the venue we use, we will cover that also. I will also reimburse costs for your travel. You will also be offered a koha in recognition of your contribution.

What are my rights?

It is your choice to participate in this study. You can pull out of the study at any time

without giving any reason. If you pull out of the study, you will not be disadvantaged.

You have the right to access any information about yourself that I have collected as part of the research.

No material that could personally identify you will be used in any reports, unless you have specified in writing that you would like your name to be used. If you consent to be video recorded for the purpose of a digital story, then you will be able to be identified. You can choose to consent or not on the consent form at the end of this document.

What happens after the study, or if I change my mind?

All records and data collected during the study will be stored in a locked filing cabinet or on password-protected computers. At the completion of the study, raw data in hard copy form will be destroyed by shredding and audio and/or video recordings will be deleted. Electronic files will be stored securely for 5 years after the completion of the study.

If you decide to pull out of the study, your contribution as part of the research conversation can be withdrawn up to a month after the date of the conversation.

You are able to get a written copy of the findings of this project and there is space on the Consent Form for you to say whether you would like a copy. There may be a delay between the finish of the study and you getting the final results.

Do I have to take part?

If you don't want to take part, you don't have to give a reason. Choosing not to take part won't affect you in any way and won't have any impact on any future involvement in research or health services. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

Ethics approval

This project has been evaluated by peer review and judged to be low risk. Consequently,

it has not been reviewed by one of the University's Human Ethics Committees. The researchers named in this letter are responsible for the ethical conduct of this research.

Who can I talk to for more information or if I have concerns?

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher, please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz.

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050

Email: advocacy@advocacy.org.nz

Website: <https://www.advocacy.org.nz/>

Consent to participate?

If you would like an interpreter, please tell us.

I have read or have had read to me, the Participant Information Sheet, I understand what it says, and I agree to take part in this study.	☐
I have had the opportunity to talk with my whānau about the study.	☐
I understand that taking part in this study is my choice and that I may withdraw from the study at any time without giving reason.	☐
If I decide to withdraw from the study, I understand that the information collected from me during the interview can be withdrawn for up to one	☐

month from the date of the interview.		
I consent to being audio-recorded during the interview and understand that the audio-recording will be heard by the research team only, for the purpose of this research.		☐
I understand that my participation in this study can be confidential if I choose it to be. Please choose one of the following options: ☐ I do not want my name to be revealed in the report ☐ I am happy for my name to be revealed in the report (First and/or surname) ☐ I would like to choose a pseudonym (i.e.: you pick a name you would like to be known as) which can be used in the report Pseudonym:		☐
I consent to being identified as a participant and be included in video recording during interviews	☐ Yes	☐ No
- If yes, I wish to receive a copy of the video recording	☐ Yes	☐ No
I know who to contact if I have any questions about the study in general	☐ Yes	☐ No

I wish to receive a summary of the results from the study	☐ Yes	☐ No

Please provide the best form of contact to send the summary of results to e.g. email:

Declaration by participant

I hereby consent to take part in this study.

Participant Name:

Date:

Participant Signature:

Declaration by a member of the Research Team

I have given a verbal explanation of the research to the participant and have answered questions about it. The participant understands the study and has given informed consent to participate.

Researcher Name:

Date:

Researcher Signature:

Approved by the Massey Human Ethics Committee on 2 May 2023. Ethics Notification Number 4000026546

Appendix B – Interview Schedule

This document explores the traditional and cultural understandings of the mouth among Māori. The mouth holds significant importance in Māori culture, as it is seen as a gateway for communication, nourishment, and the expression of cultural identity. By delving further among contemporary Māori living in Tairāwhiti we can gain a deeper understanding of a Māori perspective on the mouth and its cultural significance.

Introduction

- *Begin by introducing yourself and the purpose of the interview.*
- *Explain the significance of cultural understandings of the mouth and the importance of the participant's perspective.*

Historical background

To fully comprehend the traditional and cultural understandings of the mouth among Māori, it is essential to examine the historical background. Māori oral traditions and narratives play a vital role in preserving cultural knowledge and passing it down through generations. The mouth, known as "waha" in Te Reo Māori, is a powerful tool for storytelling, song, and language preservation.

Importance of the mouth

The mouth holds multifaceted meanings and importance for Māori. It serves as a vessel for traditional knowledge transmission, cultural expressions, and spiritual practices. Through oral storytelling, the mouth becomes a conduit for sharing ancestral wisdom, legends, and whakapapa. It allows Māori to connect with their ancestors and maintain a strong sense of cultural identity.

The mouth also plays a pivotal role in ritenga (ceremonial rituals) and tikanga (protocols). Traditional greetings, known as "hongi," involve the pressing of noses and the sharing of breath, symbolizing the interconnection between individuals and Mauri

(the spiritual essence of life) Additionally, the mouth is involved in the performance of haka, waiata and mōteatea, which conveys various emotions, including strength, pride, and unity.

Background information

- *Gather basic demographic information about the participant, including age, gender, and cultural background.*
- *Ask about the participant's familiarity with their cultural traditions and practices related to the mouth.*

Cultural practices and beliefs

- *Explore specific cultural practices involving the mouth, such as traditional greetings, forms of communication, or eating customs.*
- *Inquire about any rituals or ceremonies associated with the mouth, such as oral storytelling or religious practices.*

1. **How is the mouth perceived in Māori culture beyond its physical functions?**
2. **How does the Māori concept of "mana" relate to the mouth and its role in communication?**
3. **What traditional rituals or ceremonies involve the mouth in Māori culture?**
4. **How do Māori individuals use facial expressions and nonverbal communication involving the mouth to convey messages?**
5. **In what ways does the mouth play a role in Māori art, such as carving and tattooing?**
6. **In what ways does the mouth play in Māori music and performing arts?**

Symbolism and meanings

- *Investigate the symbolic significance of the mouth within the participant's culture.*
- *Ask about any cultural beliefs or taboos related to the mouth, such as specific gestures or expressions.*

7. How does Māori storytelling utilize the symbolism of the mouth?

Health and wellbeing

- *Discuss the importance of oral health and hygiene within the participant's cultural context.*
- *Inquire about traditional remedies or practices for maintaining oral health.*

8. What are some traditional Māori beliefs or customs related to oral hygiene and dental health?

9. What are the health benefits and traditional uses of Rongoā rākau (specific plants and herbs) for the mouth in Māori traditional medicine? What is the whakapapa of these plants and how is that whakapapa linked to the mouth?

10. In what ways does the mouth contribute to the spiritual, mental and holistic well-being of Māori individuals?

Personal experiences and perspectives

- Encourage the participant to share personal experiences or stories related to the mouth within their cultural context.
- Ask for their opinion on the preservation and promotion of cultural practices associated with the mouth.

11. How has colonisation impacted the understanding and practice of Māori oral traditions involving the mouth?

12. What are current efforts being made to preserve and promote Māori oral

traditions related to the mouth?

13. What role does the mouth play in preserving Māori cultural knowledge?

Conclusion

- Thank the participant for their time and valuable insights.
- Offer the opportunity for the participant to add any additional information or ask questions.

Guide only

1. Indigenous illness management including Rongoā	A mātauranga Māori perspective, including whakapapa origins, on how Rongoā prevents the onset or progression of oral disease and how it heals or treats oral disease, as well as what role Rongoā plays in the prevention or management of oral disease.
2. Indigenous diet	A mātauranga Māori perspective on diets that directly/indirectly prevented the onset or progression of oral disease, including what foods were eaten, when the food was eaten, how the food was prepared etc.
3. Indigenous oral care practices	A mātauranga Māori perspective of how indigenous oral care practices prevented oral disease, perceptions of why we clean our teeth or look after them, differences between men and women, pregnant women, children, elderly, social status
4. Oral disease	A mātauranga Māori perspective of oral disease

5. Indigenous oral health system	A mātauranga Māori perspective on the development and management of indigenous oral health systems, including how concepts such as the maramataka, tapu, noa, and mauri influenced indigenous oral health systems.
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Appendix C – Glossary of Māori Terms

A

Akaaka / Akaaka-Mātua – Nerve, sinew; atua associated with inner structure and neural pathways.

Aotearoa – New Zealand.

Aroha – Love, compassion, care.

Arero – Tongue.

H

Hā - breath

Hau – Vital essence; breath of life.

Hauora – Holistic wellbeing encompassing physical, spiritual, mental, and social dimensions.

Hineahuone – First human woman formed at Kurawaka.

Hinatore – First spark of consciousness.

Hongi – Traditional greeting pressing noses; exchange of breath (hā).

Hūware – Saliva.

Hui – Gathering, meeting.

I

Io-Matua Kore – Supreme being; source of life force.

Iwi – tribe.

K

Kai – Food, nourishment.

Kaitiaki – Guardian, protector.

Karakia – Incantation, prayer, ritual chant.

Kawa – Protocols specific to a marae or hapū.

Kōrero – Speech, conversation, narrative.

Kōrero tuku iho – Oral traditions; knowledge handed down.

Kōhanga reo – Māori language immersion preschool.

Kura – School.

Kurawaka – Sacred red earth site where Hineahuone was formed.

M

Mamae – Discomfort, painful, hurt.

Mana – Authority, dignity, spiritual prestige.

Mana motuhake – Self-determination, sovereignty.

Manaakitanga – Care, generosity, hospitality.

Marae – Communal meeting place and cultural complex.

Marae ātea – Courtyard in front of the wharenuī; space for formal speech.

Maramataka – Māori lunar and environmental calendar system.

Mauri – Life force, intrinsic vitality.

Mōteatea – Traditional chant or lament.

O

Oriori – Lullaby; ancestral song for children.

N

Ngāti Porou – Iwi of the East Coast of Aotearoa | New Zealand.

Niho – Tooth.

P

Pēpi – Baby.

Pepeha – Tribal introduction linking a person to their whakapapa and whenua.

Pūrākau – Ancestral narratives, cosmological stories.

Pūniho – Gum (oral tissue).

Pūao – Oral cavity; also associated with first light.

R

Rāhui – Restriction or protection placed over a resource or area.

Reo Māori / te reo – Māori language.

Rongoā Māori – Traditional Māori healing practices.

Rohe – Region, tribal territory.

Rourou – Food basket; used metaphorically for contribution or resources.

T

Te Tairāwhiti - Northeastern region of Aotearoa | New Zealand.

Tāne / Tāne-i-Waho – Atua involved in creation; Tāne-i-Waho shaped the tongue.

Tamariki – Children.

Tangihanga – Funeral rites.

Taonga – Treasure, anything highly valued.

Tapu – Sacred, restricted.

Tauira – Student, example, pattern.

Te ao Māori – Māori worldview.

Te ao hurihuri – The ever-changing contemporary world.

Te ao mārama – The world of light; consciousness and understanding.

Te kore / Te pō – Realms of potentiality and darkness in cosmology.

Te taiao – The natural world; environment.

Tikanga – Customary practice, correct cultural procedures.

Tino rangatiratanga – Sovereignty, absolute self-determination.

Tihei mauri ora! – “The sneeze of life!” A ceremonial expression acknowledging the breath of life.

Tohunga – Expert, ritual specialist, spiritual practitioner.

Toto – Blood.

Tūmatauenga – Atua of war and strength; associated with resilience and grit.

Tūpai – Atua associated with teeth, bones, carving.

U

Uepoto – Atua who formed the mouth; associated with foresight, oratory, and the spark of consciousness.

W

Waha – Mouth; site of voice, identity, whakapapa, and spiritual authority.

Waiata – Song.

Wairua – Spirit, spiritual essence.

Wānanga – Deep learning, discussion, knowledge sharing space.

Whakaaro – Thought, perspective, intention.

Whakakapi – Closing statement.

Whakapapa – Genealogy, relational identity.

Whakarongo – To listen.

Whakawhanaungatanga – Building and maintaining relationships.

Whānau – Family; extended kin network.

Whenua – Land, placenta; symbol of belonging.

Whaikōrero – Formal oratory on the marae.

Whare wānanga – university, place of higher learning