

## CHAPTER 45

# Between Humans and Ghosts: The Decrepit Elderly in a Polynesian Society

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The distinction between decrepit and intact elders is recognized as being an important one in all societies (Foner 1985; Glascock 1982 this volume). Frequently, frail elders are seen as burdens on society and are even subject to “death-hastening” behaviors, such as neglect or abandonment by the rest of the community. Certain aspects of Polynesian life, however, lead to an expectation that the senescent old will not be abandoned or neglected, but rather will always remain a focus of attention and concern. Is this in fact the case?

Generally, Pacific ethnographies and commentaries fail to distinguish between treatment accorded the intact, mature elder and that given the frail, senescent old (e.g., Holmes 1972, 1974; Nason 1981; Rhoads 1984; Counts and Counts 1985). The following is a picture we have of old age in Polynesian societies showing that frail elders are not forgotten nor devalued, but powerful and active family and community members, much like their intact peers: “The infirm aged are cared for with matter-of-fact kindness within the family, mostly by women and older children” (R. Maxwell 1970:140). Any variation in treatment accorded the frail, elderly Polynesian is assumed to be idiosyncratic, an individual aberration having no societal or cultural basis.

Fieldwork in the early 1980s on Niue, a little-known western Polynesian island, revealed the existence of considerable differences in the treatment of very frail and of intact elders. This chapter shows not only who comprised neglected older people on Niue and how they were treated, but why this well-established and systematic variation in the treatment of the elderly makes cultural sense.

### **THE ELDERLY IN POLYNESIAN SOCIETY**

Certain striking similarities are evident in all Polynesian societies—similarities, for example, of language, ecology, social organization and myth and history

(Holmes 1974; Ritchie and Ritchie 1979). Nonetheless, each Polynesian society is unique, different from all others. So, the case study given here describing Niuean responses to the elderly is suggestive, but not proof, of the existence of similar processes in other Polynesian societies.

Throughout this chapter, the term *elder* is used to refer to individuals who both currently or formerly held important sociopolitical positions and have reached chronological old age, that is, are sixty-five or more years old. Bear in mind, however, that the role of elder is well established before people reach numerical old age. Said to be well past the giddiness and frenzy of youth and comfortably settled into the responsibilities of marriage and family, Polynesian elders are stable and influential social figures, mature adults in the prime of life, full of vigor, with complex political, social and familial roles and responsibilities. Having acquired political and social influence by middle age, a competent person maintains that power into advanced old age. Because the role of elder is well established by midlife, before a person begins to experience significant decline in physical or mental abilities, elders suffer little life disruption as a result of mere chronological aging. While traditional roles allotted to the elderly sometimes chafe modern youth, the elderly as a group are still highly regarded; even in the face of sometimes sweeping socioeconomic and political changes, Polynesian elders sustain their high status (Holmes 1974; Maxwell 1970; Rhoads 1984).

Elders are respected not just because of family background or accomplishments, but also because they are chronologically older. Not only is attention to relative age linguistically symbolized, but it is also bolstered by the entire social, religious, economic and political organization of Polynesian life. A focus of socialization throughout Polynesian life, especially during childhood, is the inculcation of respect for those who are older (Ritchie and Ritchie 1979, 1981; Shore 1982). Older people are to be obeyed, respected, served and emulated. In return, elders will nurture, teach, love and protect. The mutuality of this form of relationship continues throughout life, younger persons always being socially obligated to care for older ones. From this comes an expectation that even in advanced old age or physical infirmity, the aged will be well cared for by children and grandchildren, because they are still important family members and because it would be shameful to neglect an elder. Most ethnographers of Polynesian societies argue that this expectation is fulfilled (e.g., Holmes 1972, 1974; Holmes and Rhoads 1987). My research, however, casts some doubts about this.

### **NIUE ENCAPSULATED**

Relatively little is known about Niue, there being few scholarly writings or popular commentaries in either historical or contemporary times (Chapman 1976; Niue Government 1982; Ryan 1984; Scott 1993; Yarwood and Jowitz 1998; Barker 2000, 2001). Two early ethnographies exist (Smith 1983 [1902/1903] and Loeb 1926), both based on very short periods of fieldwork over

seventy years ago; more recent works usually focus on specific topics, such as migration. Unlike many other Pacific islands, Niue was not colonized soon after Cook's fleeting contact in 1774 (McLachlan 1982; Ryan 1984) because it was outside regular trade routes, had little commercial potential and was not strategically or militarily important. The island was administered by New Zealand from 1900 to 1974, when independence was granted. It inherited an infrastructure for communications, roads and health and social welfare services of a standard far in excess of her nearest neighbors. New Zealand continues to provide Niueans with citizenship, protection against foreign powers, and considerable economic aid (Chapman 1976; Niue Government 1982; Scott 1993).

An isolated single island of raised coral, Niue does not fit the popular image of a tropical isle. It has no fringing reef, no sandy beaches and no lagoon. Access is difficult because steep cliffs rise directly out of deep ocean. Located some 600 km southeast of Samoa, at 19°S and 169°55'W, this large (160 square kilometers) island is covered by relatively sparse vegetation growing in shallow pockets of fertile soil between sharp pinnacles of coral rock. There are no streams or ponds, and no surface water on this drought- and hurricane-prone island.

Slash-and-burn (shifting) agriculture, arduous and labor-intensive because of the rugged terrain, supplies the populace with its basic subsistence needs and is supplemented by fishing, hunting and gathering (Barker 2001). In contrast to most other Pacific nations, the economic base of the island changed from primarily agricultural to service provision, so nearly 80 percent of employed adults on the island work for the Niuean Government (Connell 1983). This gives Niue a high standard of living compared to other Pacific nations. Money, from wages or supplemented by cash cropping of taro, passion fruit, limes or coconuts, is used to buy durable consumer goods such as motor vehicles, outboard motors and refrigerators (Pollock 1979; Yarwood and Jowitt 1998).

Niue has both a language and a social organization similar to, but somewhat different from, other western Polynesian societies (Loeb 1926; Pollock 1979; Smith 1983). Daily life and interaction on Niue, however, is much like that on any other Polynesian island, especially in relation to childrearing, family organization and central religious values (see Hanson 1970; Holmes 1974; Levy 1973; Shore 1982). In its sociopolitical forms, Niue tends to have a more rudimentary and very flexible social hierarchy, egalitarian ideals, an emphasis on individual achievement and a strong work ethic (Pollock 1979). These features influence the status of elders. For example, contemporary Niuean politics conforms to tradition by having certain elders—pastors, planters from prominent families—represent individual villages at the same time that it deviates from convention by rewarding individual achievement, with younger Western-educated people representing the entire voting public. This flexible social hierarchy, egalitarian ideals and emphasis on individual achievement, work against elders maintaining their privileged position once their competence is in any way compromised.

Though large in land area, Niue has never supported a population greater than about 5,000 (Bedford, Mitchell and Mitchell 1980). Depopulation, not

overpopulation, has long been Niue's greatest worry (Niue Government 1985, 1988; Yarwood and Jowitt 1998); some 2,000 people now inhabit the island. Out-migration is permanent and consists mainly of unmarried youth and mature adult couples and their school-age children going to New Zealand to settle. Every census since 1971 shows a loss of population in the order of 20 percent, considerably affecting the island's population structure as an increasing proportion of island inhabitants comprised elderly adults. Almost twenty years ago, by 1988, life expectancy was high, approximately sixty-seven years, mortality rates were decreasing and elders aged sixty-five or more made up 8 percent of Niue's population, a proportion in excess of that usually found in the developing world (Taylor, Nemaia and Connell 1987; Barker 1994).

### **THE ELDERLY ON NIUE**

The general ethnographic picture of the aged in Polynesian society (e.g., Holmes and Rhoads 1987) accurately portrays the intact elder on Niue: those in good health and important social functions are respected community figures, political leaders and vital family members. The frail, infirm Niuean elder, however, presents a very different picture. So, exactly how are impaired elders treated on Niue? What kinds of treatment do they receive from their kin and community? And, how is the mistreatment that I observed explainable in this cultural context?

#### **The Treatment of Impaired Elders**

I met elders with urinary or fecal incontinence, wheezing chests and runny eyes, infected sores, bleeding gums, or painful joints, none of whom had been seen recently by a doctor or nurse. One elder I saw lay semicomatose on the floor, evoking rueful smiles from visitors and kin, and comments about "going out the hard way."

Too frail to summon a physician themselves, these elders relied on their caretakers, who seemed not to bother asking for medical help. It is not difficult to get a physician to visit. A doctor visits each village on the island four times a week. A red flag hanging by the roadside brings the doctor in his van right to one's door. Public health nurses, too, can be fetched in the same way on their monthly rounds to assist in the care of patients. All medical services, including hospitalization, are free. When cases such as these do come to the attention of the medical profession, they are quickly attended to. Elders comprised a yearly average of 8 percent (N = 276) of all admissions to hospital on Niue between 1977 and 1982. Fourteen elderly patients (5 percent), most of whom remained in the hospital for over a year, were admitted solely for nursing care (Barker 1988).

Several types of old people were generally left unattended or received minimal care. These were old folk who: yelled frequently, especially at night; swore at neighbors and kin; fought all the time, hitting out at all and sundry; forgot people's names or what they were doing; wandered away at all times of

day and night; talked only of events in the remote past, or conversed with absent friends and long-dead relatives; and stared vacantly about them, constantly drooled or were incontinent. Families seemed to make little effort to bathe these elders (who were generally clad in filthy rags), to clean their homes or to provide them with any material comforts; many of these elders complained of being constantly hungry.

Just as a pregnant woman is warned not to steal from others lest her unborn child be punished for the act by being born with a withered arm, so were explanations found for the causes of some degenerative processes that afflict the old. Facial tics, involuntary vocalizations and limb palsies in old age are regarded as belated punishments for evil-doing. Elders with these problems were held up as examples for children: "Old Togia makes noises like a chicken all the time now. That's because when he was young he must have stolen chickens and never confessed to doing so. If you don't want to be like that when you get old, don't steal."

Those old people who were bent over, or walked with difficulty, or tried ineffectually to fend for themselves were figures of fun. It amused everyone that an elderly man was concussed by a dry coconut falling on his head. The danger of this is constantly pointed out to young children, who quickly learn to steer clear. An old person who fails to avoid a falling nut thus demonstrates the loss of critical skills inculcated early in life. Events of the sort in which the elderly sustain injury are not unusual. Between 1977 and 1982, for example, accident or injury was a leading cause of death for Niueans over seventy years of age, accounting for 14 percent of all deaths of elders (Taylor, Nemaia and Connell 1987; Barker 1988). Old men were especially likely to die as a result of accident or injury.

People were amazed that extreme thirst late one afternoon would cause an eighty-five-year-old partially blind woman to go searching for water, only to end up falling into a disused water tank, breaking her arm, and dislocating her shoulder. Her feeble cries for help were finally heard by school children on their way home from classes. The children did call for help—amid much hilarity about the old lady's plight, and some teasing and swearing at her for creating such a situation. Anyone who gets injured on Niue is likely to be greeted with gales of laughter and ribald comment. Mocking, teasing and ridicule are common strategies of social control, of making abnormal situations appear normal. These strategies are used especially to get children to acquiesce to adult wishes or to accept painful medical treatments (Levy 1973:308–14). Giggling and laughing also hides anxiety, nervousness, fear or embarrassment. Hilarity not only covers an underlying concern for the injured, but also reinforces the fatalistic, stoic acceptance of misfortune that is expected of victims. The children's laughter over the old lady's fate was at a pitch and intensity that revealed that they were especially disturbed. Teasing her, ridiculing her and making rude jokes about her and her fate were attempts to establish control over the phenomenon, to make it conform to Niuean expectations, to normalize the unusual.

Late in 1982, a visitor from New Zealand, a nurse with many years of experience in caring for geriatric patients, made an informal inspection of elderly people on Niue. Her findings paralleled mine, echoing the things I had seen. From this evidence, I concluded that some frail elders on Niue were not receiving the kind of care and attention I had expected they would. By Western standards, some elders were clearly being neglected.

### **The Concept of “Neglect”**

Each society has its own standards for conduct toward other persons, for conduct that is honorable, respectful, acceptable, proper, indifferent, demeaning, brutal, abusive or neglectful. The age, sex and relative social rank of the persons involved in the relationship, as well as individual characteristics of the protagonists and the history of their interactions, have a lot to do with the conduct of one to the other and how it is defined. What is deemed “neglect” by Western societies may be acceptable, expected, normal behavior elsewhere.

When I say decrepit elders on Niue were ignored or neglected by their kin or community, I do not mean they never received any attention or care. They were not completely abandoned; rather, they received minimal attention or inadequate care. Old people would be visited by kin, but not necessarily every day, and then often only by youngsters sent to check on their well-being. They would be given food, but sometimes in scant amounts and not the choice morsels they formerly enjoyed. They would be clothed, but in tattered clothes that were rarely laundered. It is this type of treatment that I refer to as neglect.

When Glascock (this volume) describes a group’s behavior toward the frail elderly as “death hastening” or “neglectful,” he means the outcome of the acts of behavior do not enhance the well-being of the aged individual from *our* understanding of the physical and mental processes involved. From the perspective of the people concerned, however, the outcome might be seen as helpful, if not to the individual at least to the group. In this chapter, I first describe behavior toward the elderly using Western notions of neglect, and then this behavior is related to other aspects of Niuean society to show why this apparently neglectful behavior is in fact understandable, even correct. Such behaviors cannot be understood outside their proper cultural context.

### **Frail and Decrepit Elders**

Most elders either retain their abilities and relatively good health well into advanced age or die from acute disorders or accidents before they reach a stage of decrepitude. A survey found that less than 20 percent of the Niuean population aged sixty five or over was extremely frail or had many impairments (Barker 1989, 1994). Only about half of these frail elders are decrepit, however. Of the approximately 200 elders on the island during my fieldwork in 1982–1983, I met eleven (about 5 percent) whom I considered decrepit, while another four or five were rapidly losing their ability to maintain an independent

**Table 45.1**  
**Characteristics of Elders on Niue\***

	Elders in Survey (N = 63)	Decrepit Elders (N = 11)
Average age <sup>#</sup>	under 75 years	over 80 years
Sex	30% males	64% males
Married	40%	19%
Living on own	14%	54%
Regularly attend church	71%	0%
Limited in doing work/ family activities	48%	100%
Severe mobility impairments	14%	100%
Partly or completely blind	29%	45%
Some memory problems or confusion	16%	45%

\* See Barker (1989) for an extended discussion of the health and functional status of the elderly on Niue.

<sup>#</sup> Interpreting attributed age for Niuean elderly is extremely difficult. There is a tendency for chronological age attributed to the very old or the very frail, especially men, to be inflated (see Barker 1989).

existence and appeared to be on the road from frailty to decrepitude. So, I have been concerned with understanding the behavior of Niueans towards a small, but nonetheless interesting, segment of their society.

What cultural conditions make it possible for behavior radically at odds with the expected norms to become comprehensible? As a group, the characteristics of decrepit elders—those experiencing a degree of neglect—contrast sharply with the general elderly population on the island, as Table 45.1 demonstrates. A survey was performed in 1985 using a 50 percent random sample of all elders whose names appeared on the Niuean Government pension list. In general, being over seventy-five years of age, male, never married and/or having few children left on the island to care for one are all associated with impairment (Barker 1989). All these factors are even more strongly associated with decrepitude. Contributing little to their family, decrepit elders fail to maintain even minimal social roles in the general village community; in particular, the important social role of churchgoer ceases. Furthermore, decrepit elders experience more limitations in work activities, more confusion or mental deterioration, and more sensory problems (especially blindness) than do other elders on Niue.

#### **Niuean Explanations for Neglect**

Niueans themselves expressed ideas about the care of “oldies,” as they commonly called all elderly people. In general, in the early 1980s, Niueans espoused respect and admiration for old folk, vehemently contrasting what they

perceived as Western indifference to elders, signaled by the placement of elders in nursing homes with their own respectful concern and loving care for the aged. Within a decade of this field research, however, an “old folks’ rest home” was developed on Niue, similar to nursing homes in other Pacific nations and in New Zealand, where aged care services are being delivered by the many Niuean women who now staff these facilities. The nursing home was established in an under-utilized part of the hospital facility. Destroyed by Hurricane Heta in 2004, the hospital is being rebuilt on a new site further inland along with another aged care section or nursing home. Described by the Premier as being the “home hospital of our *tupuna* (elderly) who are too old or infirmed to care for themselves” (Niue Government 2006), this is being supported with monetary aid from a group of Niueans resident overseas who “acknowledge that some of our elderly do not want to leave their ancestral homes when the rest of their families migrate elsewhere” and who are therefore “determined that they [*tupuna*] live the remainder of their lives here [on Niue] as comfortably as possible” (Niue Government 2006).

In the early 1980s, however, Niueans clearly recognized that their treatment of decrepit elders was not the same as their caring for intact elders. They gave several explanations for this. First, Niueans said some degree of decrepitude was to be expected in advanced old age and should be accepted, not complained about. Combined with a degree of fatalism, Niueans have the general Polynesian tendency to display little empathy for others (Levy 1973:312). As we have seen with respect to the old woman who fell into the disused water tank, even those experiencing severe pain or in very adverse circumstances receive little overt sympathy.

A second explanation was that in old age people receive their “just desserts.” Those who had been excessively individualistic, materialistic, ill-tempered or nasty at a younger age were simply reaping in old age the harvest of unpleasant seeds they had previously sown. A further claim was that people who cared for kin and displayed their love throughout life are not neglected. People who took no time to raise a family, to help siblings and other family members through life or to establish a bond of love between themselves and younger kin have no one to call on in old age, have no one who is obligated to assist. Men were said to be more likely than women to fail to demonstrate love for kin. Generally, these would be men who failed to marry and so have no children whom they raised and obligated to provide care, or men who left the island for work and return only in old age. Biological ties that are never properly and continuously “socialized” did not suffice to ensure that an elder was adequately looked after in old age. Claims for help on the basis of biological connections alone usually induced a polite, but minimal and/or temporary response.

There is a striking parallel between this native explanation for neglect in old age and the demographic characteristics of the decrepit elderly. Males predominate in the decrepit sample, with a relatively large proportion of them (43 percent) never-married, childless or recently returned from long periods of time



overseas. One of these men was an aggressive, confused seventy-year-old living on his own, next door to a niece. He had only recently been sent back to Niue from Pago Pago, American Samoa, where he had lived for most of his adult life. Another decrepit old man without children of his own had just moved to live with a nephew, having rotated from village to village, distant kin to distant kin, over the previous five years. No one was certain how long he would remain as his previous relationship with this kinsman had been very distant and tinged with hostility.

Some Niueans said old people now have a tough time because out-migration has so severely depleted the resources available to any one extended family such that there are no longer several adult women available in a household to care for both children and old people. There is undoubtedly some merit to this explanation, as the domestic workloads of individual adults, especially women, have increased. What this explanation reveals, of course, is that care of old people comes low on the list of domestic priorities, well after the care of other adults and children. Indeed, doubts can be cast about whether decrepit old folk ever received adequate care even before permanent out-migration and demographic changes disrupted family organization.

Glascoock and Feinman (1981:27; Glascoock this volume) note that supportive treatment of the intact aged, and nonsupportive, even death-hastening, treatment of the decrepit elderly can coexist within a society without strain as these behaviors are aimed at different populations. Niueans even signal linguistically the difference between the intact and the decrepit elderly populations. The term *ulu motua*, meaning “gray-haired one,” refers to socially active, powerful, respected, intact elders. In contrast, the terms *penupenu-fonua* or *mutumutu-fonua*, “grey fish of the land,” are graphic, if rather morbid, metaphors used to describe very elderly, incompetent, decrepit old men. Obviously, senescent old men are not in the same category as other old men.

### **Negotiation of the Label “Decrepit”**

Elders do not become decrepit over night. Decrepitude is a gradual degenerative process during which negotiation constantly occurs between the elder and the rest of the community over the applicability of the label “decrepit.” Becoming decrepit is a process of “fading out” (Maxwell 1986:77). It is a process in which elders begin to deploy their resources differently, often in a more self-centered fashion, while displays of deference towards them are correspondingly recast. When an old person has few remaining resources, or is unable or unwilling to use these resources to maintain even a minimal social role, the community successfully applies the decrepit label, and then the elder, albeit usually reluctantly, accepts it.

Decreases in competence are fought against, minimized in several ways. One strategy is for elders to cease doing strenuous “bush work” but to continue engaging in household chores. The very strong Niuean work ethic insists that every person—man, woman and child—assist in supporting the household.

From an early age, three to five years, children are assigned and expected to perform regularly important household tasks, including weeding gardens, feeding livestock, washing clothes and dishes or child-minding. An elder who can no longer perform any of these tasks places a greater burden on the family than does any other member except an infant. Unlike caring for a frail elder, however, caring for an infant carries the promise of future rewards; in a few years a child will be an able worker, but in a few years the elder will be no more able than at present.

A second way elders minimize the immediate impact of their increasing decrepitude is to adopt new, but valued, social roles, especially those inappropriate for younger persons, such as “storyteller” or “clown” (Holmes 1974; Holmes and Rhoads 1987). In contrast to the behavior expected of younger folk, old people, especially women, can tell lewd tales, mock high-status public figures and act generally as court jesters at important social events or ceremonies, such as weddings. This joking and ribald behavior is tolerated, even a valued new role, as commentary by elders helps delineate and uphold social norms, indirectly controlling the activities of younger persons.

An elder too frail to do any household tasks or to engage in public jesting has little to offer except perhaps being a teller of tales, a repository of lore and ceremonial knowledge. Unlike other Polynesian peoples, however, Niueans have been negligent in recording traditions and lack detailed oral histories (Ryan 1977). Thus, even a role of tale-teller or oral historian, demanding little physical skill and involving memory tasks often maintained by frail elders, is generally unavailable to *tupuna* on Niue.

One exception concerns the role of traditional healer, *taulaatua*, which is still important on Niue and is essentially reserved for elders (Barker 1985:148–53). Some healers are specialists who treat cases of major disorder from all over the island; others deal only with more minor problems within their own village. An elder in each extended family usually knows and uses the basic curative recipes and actions. Because of the secret nature of the herbal ingredients, of their proper preparation, recipes and incantations, curers who become so frail that they can no longer gather the required herbs themselves begin to lose even this role. Some elderly healers maintain power through the gradual revelation of their guarded knowledge to a grandchild or other younger relative who shows aptitude.

A third major way to demonstrate competence is to continue to raise children. As Counts and Counts put it, people “recruit a new dependent whose presence testifies to the continuing ability of an aging person to care for himself and others” (1985:5). Adoption of a child by an old person is both a demonstration of competence and an insurance against neglect in advanced old age or frailty, for adopted children are under great obligation to repay their parents by caring for them in later life. Most adoptions on Niue, especially of girls, take place through the child’s mother’s kin, and the driving forces behind most adoptions are closely related women, not men (Barker 1985). Elders without daughters or granddaughters will not only make fewer adoptions than others,

but will be more likely to adopt children who are male and who are related only through distant or putative biological ties. This is especially true for elderly men who never married or are widowed at the time of adoption. Boys who have no close biological bond to the adoptive parent frequently feel little obligation to carry out their filial duties when the parent becomes aged. So, once more, men are more likely than women to reach advanced old age without anyone, even an adopted child, to care for them; decrepit old men are more likely to be neglected.

### IS “NEGLECT” OF RECENT ORIGIN?

Thus, a picture of Niue emerges. Demographic and socioeconomic change on the island has been rampant, recent, rapid, and of monumental proportions (Barker 2000; Yarwood and Jowitt 1998). It is tempting to see these factors—modernization—as causes for the difference in treatment between the decrepit and intact elderly, a difference that would be recent in origin. Documents located in several archives dispel the notion that this distinction between decrepit and intact elders is a modern or recent phenomenon on Niue. Neglect of the elderly is not new.

In a letter written in November 1885, the European missionary on the island, Frank Lawes, quoted a Niuean *toa* or warrior thus: “It was better to have the skull broken to pieces in war, than to die in old age from neglect” (quoted in Ryan 1977:100). The first ethnographer on Niue, S. Percy Smith, had only this to say about the elderly: “In very old age, it was not infrequent that old people requested their younger relatives to strangle them to cause death” (1983:60). The veracity of this statement is unknown. In 1922, a short article about life on Niue by a visiting scholar noted that Niueans “were not thoughtful of their old folk” (Juniper 1922:612). The next ethnographer, Edwin Loeb (1926:86), wrote that the elderly were abandoned in the bush.

Reports by the New Zealand Administration’s staff support these views. In 1923, the medical officer noted a “tendency for the natives to neglect their old.”<sup>1</sup> A few years later he more bluntly reported: “At times one encounters marked cases of neglect, especially of the aged. ‘Only an old person’ is an expression one commonly hears. In several instances one feels that this callous indifference has been a potent factor in the cause of death.”<sup>2</sup> Another Resident Commissioner again reported in 1945: “Old folk are left in hovels and begrudgingly fed.... I am quite convinced that neither the Church nor the people even recognize that it is a problem. It is quite taken for granted and *faka Niue* [the Niuean way].”<sup>3</sup>

Throughout the 1950s and into the 1960s, medical officers continued to report neglect affecting about 10 percent of the elderly population then on the island.<sup>4</sup> To help stem this widespread custom, a tax was levied from 1958 on to provide old people with a small pension, so they would be an economic asset to their families. Abandonment of old folk into “bush huts” had ceased by the mid 1960s, but other improvements were slow in coming about. One medical report in 1964 noted that “the elderly [living alone] fare worse than

those living with relatives ... several appeared poorly clad and neglected. Nearly all had inadequate bed clothing and some none at all.”<sup>5</sup>

The general tenor of these reports is corroborated by Niueans who migrated from the island decades ago and have become acculturated in new (Eurocentric) communities. These informants recounted the incomprehension they experienced when making return visits to Niue. Their tales of seeing how formerly influential, vital community members were neglected in old age reverberate with now familiar themes: “hunger,” “filth,” “smells” and “neglect.” When decrepit elders died, families were genuinely distraught with grief and loudly mourned the loss of their cherished family member. My migrant Niuean informants asked: How could this be? Why did the community allow these families to neglect the elderly and not punish them for so doing? How could a family neglect an old person in life, yet so sincerely grieve their death?

### **CULTURAL VALUES AND “NEGLECTFUL” BEHAVIOR**

By now enough evidence has been presented for it to be clear that Niuean neglect of decrepit elders is a well-established, systematic pattern of behavior and not mere idiosyncrasy or aberration. Moreover, it clearly is not a new phenomenon, or a response to massive, recent socioeconomic and demographic change. The question remains, however, given strongly espoused values about respect for the aged and a social system organized around elders, how is this variant of behavior possible?

#### **Egalitarianism in a Fragile Ecology**

Recall that Niue’s agricultural system is fraught with difficulties. Periodic droughts and devastation by hurricanes, a fragile ecosystem and a harsh terrain all make food production uncertain, arduous and very time-consuming. Subsistence requires constant work from every able body, even young children, and there is little surplus available for nonproducers. A decrepit elder, too sick or frail to garden, to work around the house or even to mind infants and toddlers, creates obligations that he or she is unable to repay. Decrepit elders can easily be begrudged whatever small surplus is produced, especially in times when food is scarce.

Such sentiments combine with cultural values that stress hard work and individual achievement—looking out for oneself. The result is a system that neglects decrepit elders, leaves them to their fate, makes them cope on their own as best they can, and starts to become comprehensible. This “ecological” explanation appears rather callous, though, and very different from the sentiments accorded the healthy old. Such an explanation is also at odds with the treatment given other handicapped people.

#### **Others with Disability**

As in many Polynesian societies, babies born with physical and mental disabilities are not rejected, but rather receive special attention, and are lavished

with affection. When older, these children are expected, to the best of their abilities, however minimal those might be, to aid the family in meeting its subsistence and communal obligations. A handicapped child might occasionally be mildly teased by his or her peers, but no more so than any other youngster. No child would be excluded from social gatherings or village activities just because of physical or mental "difference" (Kirkpatrick 1985:230).

Similarly, those who sustain injuries that result in permanent disabilities are not excluded from family or social activities and responsibilities. Adults with handicaps are expected to work to the extent of their abilities and to occupy whatever positions in village life are appropriate to their skills and social standing. One thirty-year-old paraplegic, for example, though confined to a wheelchair, tends his passion fruit and lime gardens by day and regularly attends village dances and other social gatherings by night. People banded together to build him a specially designed house and to pound down into level paths the coral rocks around his garden plots so that he could tend his crops unaided.

So, physically or mentally impaired children or adults are not excluded from society, and are not subjected to treatment any different from that given others of their age and status. Why then do Niueans neglect their decrepit elders? It cannot just be because of their handicaps or because of their minimal contributions to household welfare. Other cultural values must be at work.

### **The Origin of Misfortune and the Nature of Death**

One clue is that despite this acceptance of disability, being of imposing stature, being well built and sturdy, is culturally valued in Polynesian societies. High rank and social importance are frequently associated with being tall or fat. Excessively thin individuals or those losing weight or physical robustness are suspected of illness, curse, or serious misdemeanor (Finau, Prior and Evans 1982:1542). Both literally and figuratively, decrepit elders on Niue are shadows of their former selves. Those who when younger were muscular, strong, and sturdy are now shrunken, stooped, and scrawny. Those who formerly were vital, influential figures are now ineffectual, pathetic beings with little interest in social life.

Such dramatic and obvious changes clearly raise suspicions about their origin. Degenerative changes are fundamentally different from any birth defect or disability resulting from accident and are unlike acute illnesses of rapid onset and resolution. Decrepitude is insidious, slow, and cumulative, a gradual and irreversible destruction of vitality. Very traditional ideas about the origin of such misfortunes, about the nature of death and about the proper treatment of the afflicted give us an understanding of why these degenerative processes are suspect. They explain the treatment of the decrepit elderly on Niue.

In the Polynesian cosmology, there are two parallel worlds, this world of humans and the world of the supernatural. Inhabitants of the latter keep a close watch on this world and punish those who offend. A person courts punishment

by acting indecorously, by blaspheming, by transgressing the rules of proper conduct or by breaking *tapu*, rules specifying how to behave in certain localities or on special occasions. Punishment usually takes the form of sickness, especially intractable or life-threatening sickness, and is often brought about by possession by *aitu*, ghosts, the spirits of the dead.

In taking possession of a person, an *aitu*, usually a close ancestral spirit, aims to kill eventually, to take the person to the supernatural world, perhaps to avenge its own death. Once a ghost takes over, it speaks through the living in trance, delirium, or confusion, revealing secrets to the family and community at large, making salacious suggestions, and commenting generally upon the morality and correctness of the conduct of all and sundry (Goodman 1971; Shore 1978; Barker 1985:143–52).

As is common in Polynesian languages, Niuean uses the same word, *mate*, to encompass several states that we distinguish as delirium, unconsciousness, dying and death. Thus, there are no clear distinctions, linguistic or conceptual, between being incoherent, being comatose, being dying or being dead. A *mate* person is somewhere out of this world, on the way to the next.

Death in Niuean perspective is not an instantaneous, unequivocal event (Counts and Counts 1985:17). Rather, death is a process of transition, a gradual shucking of the competencies and responsibilities of this world and a simultaneous acquisition of characteristics of the new world. So death occurs over a period of time, months or even years. Death is not unexpected, as all natural living things die. Death is not always absolute, as there is no irrevocable boundary between parallel worlds, worlds occupied by humans and by supernatural beings, by ghosts.

Burial is merely a disposal of a body, a former container for the soul and animating forces. To encourage the new ghostly being to stay in the here-after with their supernatural kin and to not return to this world, Niueans bury their dead quickly, usually within twelve to twenty-four hours. Large stones or concrete slabs are placed atop the grave to discourage the new *aitu* from wanting to return to this world, from wanting to remain in the world of humans.

#### RELATIONS BETWEEN THE LIVING AND THE DYING

Decrepit elders, then, especially those who no longer look or behave like competent adults, who rave incoherently, who speak of long-past events or converse with long-dead kin, are being actively courted by *aitu*, are *mate*, are in transition. They are “the nearly dead.” In touch with the spirit world, they are alarmingly near to becoming *aitu* themselves. Decrepit elders are in transition, inhabiting a twilight world of not-quite-human-but-not-quite-ancestor. As human beings, the decrepit elderly are obsolete, but, as inhabitants of another realm, they are incomplete.

Such near-*aitu* threaten to break the barriers between the worlds. In possession of alarming characteristics from both worlds, but not fully competent in either, this human-in-transition, this ghost-in-the-making, threatens to

contaminate this world with things from beyond, things that can damage or hurt people living in this world. This threat ceases only when the dying are dead, fully dead, when they are buried and have completed the transition to the other world and stay there.

In traditional times, the intractably sick, those possessed by ghosts, by *aitu*, “were removed into the bush and placed in a temporary hut where they were left until they might recover or die. Their relatives took food to them, but no one remained with them” (Murray 1863:367). Such isolation of the sick conformed to the custom for dealing with ritually unclean objects. Imposition of a long *tapu* prevented *aitu* from spreading possession to others (Luomala 1978). Hence, we can see that abandoning or neglecting decrepit elders is not simply a rather brutal means of relieving younger people of an economic burden (though that probably plays some role), but is a ritual activity undertaken for sensible reasons. It prevents contamination by ghostly influences from beyond. Moreover, neglect is appropriate precisely because in reducing the customary ties and emotional intensity of the bonds between humans, it allows decrepit elders to complete an expected transition as smoothly as possible (Levy 1973:225–28, 291–302, 493–97):

too much concern causes difficult processes (usually social or supernatural ones) to become even more difficult and unpleasant. In regard to dying, if you are too concerned ... the transformed spirit of the dead person may gain power over you ... Being casual, then, frees the dying person from you, and you from him or her. (Levy 1973:229)

Men not only have greater power in life but also in death. *Aitu* of socially powerful men, particularly of traditional healers who mediate between the parallel worlds, can be especially malevolent, threatening and hard to control. This is yet another reason why it is predominantly males who experience neglect in old age. To abandon decrepit elders, or at least to limit contact even to the point of neglect, makes sense. They are not elders, but some other category of being engaged in a normal, expected, and important, but nonetheless difficult, social process—that of dying. Casualness, “neglect,” with respect to decrepit elders, is a way of distancing oneself from such powerful and potentially dangerous transformations. The recently adopted practice of placing frail *tupuna* into the aged care section of the hospital is a way to be casual, a way in keeping with contemporary cosmopolitan standards, a way of distancing oneself from dying kin. Having professional nursing staff provide daily care, rather than family members, is not to disrespect older relatives, but rather to separate them from the household, to free them and their kin from each other, to transform the emotional and social bonds tying kin together from those proper in this world to those appropriate for the next.

Once the transition between the realms is complete, the cessation of life here can be noted and be grieved over. Thus, a family who apparently neglected an elder at the end of life can sincerely grieve for the person he or she once was. They had “neglected” no one whom they knew, no one who belonged in this world. Rather, they had maintained a prudent distance from a near *aitu* during

the difficult process of transition between worlds. And if their actions hastened that process along, surely that cannot be thought harmful or harsh or uncaring. For Niueans to abandon or neglect their decrepit elderly, then, to engage in nonsupportive or death-hastening behaviors, makes sense. To laugh at decrepit elders, to deride their feeble endeavors at being competent humans, to ridicule them, to neglect them, to be wary of and distant during interactions with them is not to disrespect an elder but to guard against foreign intrusion. These behaviors do not involve elders, but an entirely different category of being. These behaviors are attempts to deal with “matter out of place” as Mary Douglas (1966) would put it, to persuade a nearly dead relative to go to the proper realm, to die and stay dead, to cease to be human, to leave the land of the living and become a ghost, an ancestor who can once again be revered.

## NOTES

Fieldwork on which this chapter is based was supported by a project grant in 1982–1983 from the South Pacific Medical Research Committee of the Medical Research Council of New Zealand. The author gratefully acknowledges this support, and the unstinting assistance of the Niuean people.

Notes 1–5 come from files held in the National Archives, Department of Internal Affairs, Wellington, New Zealand, and from files held in the Archives, *Fale Fono*, Alofi, Niue.

1. (a) Ministerial report in Section A-3 of the *Appendix to the Journal of the House of Representatives*, New Zealand, 1923. (b) Ministerial quotation from the medical officer, Dr. Boyd, in the report in Section A3 of the *Appendix to the Journal of the House of Representatives*, New Zealand, 1926.

2. Report by Resident Commissioner Captain Bell on outbreak of influenza, April 29, 1932, in reply to a telegraph inquiry by Department of Island Territories, New Zealand.

3. Copy of report from Resident Commissioner Larsen, August 6, 1945, sent to Director General of Health, New Zealand, by Department of Island Territories, New Zealand. Memorandum by Resident Commissioner Larsen, September 3, 1945, on visit by the New Zealand Prime Minister and his reaction to the plight of old people on Niue, sent to Secretary, Department of Island Affairs, New Zealand.

4. (a) Minutes of the Island Council Meeting, October 2, 1958, and October 30, 1958. Memorandum from Resident Commissioner, dated August 9, 1946, to Secretary, Department of Island Affairs, New Zealand. (b) Minutes of the Island Council Meeting, July 31, 1958. (c) Monthly reports by Chief Medical Officer to Resident Commissioner, March and May 1967.

5. Monthly report by Chief Medical Officer to Resident Commissioner, May 1964.