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EXECUTIVE SUMMARY

This profile of the Italian Australian culture has been developed as a resource tool to assist staff in the aged care services sector to provide for the cultural and linguistic needs of their Italian speaking clients.

This booklet contains information on key topic areas such as the migration experience, language and communication style, attitudes to aged care services, family dynamics, religion, food preferences, attitudes to death and dying, health and sickness and social customs.

Each section of this booklet includes: a summary of key points, an expansion of these points and some practical recommendations for the provision of culturally appropriate care. There is also a final section outlining information on specific cultural resources and where these can be obtained.

This information compliments and expands on information contained in the Italian cultural briefings being delivered by the Community Partners Program (CPP) to the staff of organisations providing aged care support services to the community.

It is hoped that together with the cultural briefings this resource will provide aged care service providers with some invaluable insight into the Italian Australian culture so that from this increased understanding comes an ability to better identify and therefore to cater to the needs of the senior Italian Australian community.
INTRODUCTION

It has been widely reported that the Italian community in Australia is rapidly ageing. In NSW the Italian born population aged 65 and over is projected to increase by 47% between 1996 and 2011 and that by the year 2011 Italians aged 65+ will make up 13.4% of the CALD population in Australia. The number of people aged 80 and over is projected to increase by 190% during the same period and between 2011 and 2026, the population aged 80 and over in NSW is projected to increase by 20%(Gibson, et. al., 2001).

Co.As.It. has identified through its own research (available from www.coasit.org.au) several barriers preventing older Italians from accessing aged care services. As a result, this resource has been designed to be used as an initial reference to understanding the older Italian Australian community in order to guide aged care service providers in delivering culturally and linguistically appropriate care.

The information contained in this booklet includes many generalisations about the Italian Australian culture as distinct from current Italian culture. However, it is important to understand that not every individual from this community will necessarily reflect these descriptors. When providing a service or delivering care it is recommended that you consult with each individual regarding their preferences.

Each section of this booklet includes: a summary of key points, an expansion of these points and some recommendations for the provision of culturally appropriate care. A feedback form is included in order to give users the opportunity to provide comments on the content and this information will be considered in the evaluation of the booklet.

The development of this booklet is an initiative of the Community Partners Program (CPP) which aims to promote and facilitate increased and sustained access to aged care services by culturally and linguistically diverse communities with significant aged care needs.

This booklet forms part of a range of resources and services offered by the Community Partners Program. Some of these services are: cultural briefings, assistance with open days aimed at the Italian community and general resource development.
ATTITUDES TO AGED CARE SERVICES

- Aged care services and residential aged care facilities may be seen as a last resort.
- Italians are generally self-reliant, independent and proud people who are reluctant to give up their independence.
- There is a lack of trust especially when service providers enter the home.
- The cost associated with using a service is an important factor when deciding whether or not to use a service as older Italians might be stringent with money.
- Older Italians tend not to submit formal complaints if they are unhappy with a service. This is due mainly to the fact that they do not know how. But the reality is that they do complain amongst each other and to their children.

Many older Italians hold the belief that aged care services are a last resort and they are reluctant to accept assistance until they absolutely need it. This is reflected in current statistics which indicate that many Italians only start using services at crises points.

The reluctance of Italians to use services is due to a combination of factors outlined below.

Their migration experience has instilled in them a strong sense of independence and self reliance bringing with it a sense of pride. To use a service would appear as an admission of weakness and also create the fear of loss of control.

Many older Italians might believe and expect that their children will take on the carer role. Even when asked if they need assistance they will not admit to it and instead will say that their son or daughter is looking after them when in fact this isn’t the case. A lack of trust of services, especially of service providers entering their home.

Many older Italians hold stereotypical beliefs regarding the consequences of entering an aged care facility. Based on what they have heard “through the grapevine” they believe they will be treated poorly by staff, given medication to keep them quiet, and that they will be locked up like in a prison and eventually die there.
Also, as many older Italians are not aware of aged care services available to them, they tend to be concerned about the cost of these services. Money management has always been an important aspect in their lives.

Many older people who are already receiving services or who are in residential facilities are afraid to highlight a problem that they might have in case they are thought of as non gracious or complaining and also due to the fear that if they make a formal complaint they may be treated poorly. Very often, older Italians are not aware of the rights that they have as users of aged care services and are not aware of the process of lodging formal complaints.

Another reason why older Italians tend not to use aged care services is because they have limited knowledge of services available or they do not know how to access services.

**Recommendations for providing culturally appropriate care:**

- Be aware that the person may be ashamed to admit their children are not taking care of them. When a service is rejected, politely enquire about their circumstances at home to ascertain if in fact they are being cared for.

- Strive to provide consistency with staff servicing Italian homes in order to allow trust to develop between client and worker. Also try and match the client with an Italian bilingual worker. If you have no Italian speaking staff choose a worker with knowledge of another language close to Italian like Spanish.

- Clearly explain the costs associated with the service and the option of any financial assistance they may be entitled to as many Italians will not be aware of this.

- Aged care service providers should actively promote their services to the Italian community in the areas where their service is provided. Using the Italian media, participating in Italian community events and working in partnership with peak Italian organisations can assist with this.

- Be sensitive when suggesting entry into a residential facility. Encourage the client to have a look around and to select the facility they prefer. Clearly explain how the system works, what the costs are and provide options for them to choose from which may appear less threatening. For example, you may agree on an initial trial period as a respite after which the client has the option of returning home.
• As many Italians may not complain about the quality of a service they are receiving or fill out complaint forms when dissatisfied, you may need to actively seek feedback from them by speaking with them personally one on one or with their children.

• Attempt to raise awareness amongst the older Italian clients and their families of their consumer rights and the avenues for lodging formal complains.

• Attempt to maintain service and care delivery with transparent policies accessible to older Italians.

• Use translated material, interpreters and bilingual staff to communicate with older Italians.
THE MIGRATION EXPERIENCE

- Italians are the largest group of older overseas born in Australia, after migrants from the UK and Ireland.
- The first wave of Italian migration to Australia commenced in the late 19th century with the arrival of a group of 50 families (217 people) from the Veneto region in 1882. These families settled at “New Italy”, Woodburn near Lismore in northern NSW (www.new.italy.com, Thompson 1980, Jenkins 1993).
- Mass migration from Italy to Australia occurred from the early 1950s to the late 1960s with some migration occurring in the early 1970s. The peak was reached in the decade 1951-1961.
- Migrants arrived mainly from the most economically depressed regions of Sicily, Calabria, Veneto and Campania.
- Most spoke dialect as their first language and Italian as their second.
- The majority of migrants came from small rural centres, were economically poor, had limited education and little or no English skills.
- Many might suffer from stress and other health related symptoms as a result of this migration experience.

Italians are the largest group of older overseas born in Australia, after migrants from the UK and Ireland. There is a long history of Italian migration to Australia, however the largest wave of migration from Italy occurred in the post World War II era and in the 1950s, 1960s and early 1970s. Numbers of Italian migrants in Australia jumped rapidly from 33,632 in 1947 to 289,476 in 1971 (www.immi.gov.au 2001). This explains the reason for the rapid ageing of the Italian community in the 50+ age bracket (Gibson, et.al., 2001).

The majority of Italian migrants arrived from Sicily, Calabria, Veneto and Campania, which were non-industrialised regions of Italy (www.immi.gov.au 2003) (see map). Many came from rural and farming areas and were largely from a non-wealthy background with limited or interrupted formal education, being unskilled and trying to make better lives for themselves and their families. Of course there were also migrants who did have trades and who did possess a level of education beyond primary school.
As a result a large majority of Italian Australians were employed in traditionally blue-collar jobs and worked long hours to provide for their family. Many of these migrants found work with other Italians, and lived in areas with a significant presence of other Italians, which may explain why many today have limited English skills.

Other reasons for their limited English skills is that many Italians migrated before English proficiency was necessary to migrate to Australia, and before English classes were provided (or if they were provided, they were not easily accessible) (Allotey et al.; 2003). Also, many Italians arrived in Australia with a low level of Italian literacy which meant that learning a second language would be quite challenging for most.

In addition, many felt that maintaining their link with Italy was important for their sense of identity and wellbeing, (although they were not ashamed to call Australia home) as these early migrants battled to maintain their culture, language and heritage, in the time of assimilation. In order to maintain their culture many Italian clubs/associations were formed throughout NSW. Some of the most known ones are Club Marconi and Club Italia (previously named The Fogolar Furlan and Abruzzo Club) in Sydney, Fraternity Club in Wollongong, New Italy Complex and Italo-Australian Club in Lismore and the Yoogali and the Coronation Clubs in Griffith.

**Recommendations for providing culturally appropriate care:**

- Be aware and sensitive to the stress that the older Italian migrants may have experienced as a result of their migration. This may include: homesickness, family separation and conflict, depression and isolation (Orb, 2002).

- For many Italians leaving their country and family has meant having to be extremely self-reliant and independent in Australia. They are fiercely proud and not used to asking for help or ‘handouts’. Remember to clearly explain their rights and options in terms of service provision, encourage them to try a service, and prompt them to ask questions as their knowledge of services could be very limited.

- Due to their economically poor background many older Italians place a high value on money, are protective about it and are reluctant to part with it. Money offers a sense of security for their future and their children’s future. Italians also believe it is very important to leave money behind to cover their funeral costs and of course to leave to their children. When discussing money issues be sensitive to this attitude yet be firm and clear about costs. Explain how the government subsidises the service and what it would normally cost if the full price were paid.
ITALY’S OFFICIAL LANGUAGE IS STANDARD ITALIAN. HOWEVER, IN EACH OF ITALY’S TWENTY REGIONS A NUMBER OF DIALECTS ARE SPOKEN. THE ITALIANS WHO MIGRATED TO AUSTRALIA FROM ITALY IN THE 1950s AND 1960s HAD LIMITED EDUCATION AND MAY NOT BE ABLE TO SPEAK STANDARD ITALIAN WITH COMPLETE CONFIDENCE BUT MAY INSTEAD BE PROFICIENT IN A DIALECT (ALLOTEY ET. AL., 2003).

THE DIALECTS CAN DIFFER VASTLY PARTICULARLY BETWEEN THE NORTHERN AND SOUTHERN REGIONS OF ITALY MAKING COMMUNICATION DIFFICULT BETWEEN SPEAKERS OF DIFFERENT DIALECTS. FOR EXAMPLE, SOMEONE WHO SPEAKS CALABRESE A DIALECT OF CALABRIA, MAY NOT BE UNDERSTOOD BY SOMEONE WHO SPEAKS FRIULANO, A DIALECT OF FRIULI VENEZIA GIULIA. ALSO, MOST OF THESE DIALECTS ARE ORAL, NOT WRITTEN LANGUAGES AND EVIDENCE OF THEM CAN BE FOUND IN SONG RECORDINGS AND MORE RECENTLY IN MODERN PUBLICATIONS OF LITERATURE SUCH AS COMPILATIONS OF FOLK SAYINGS, ETC.

IT IS ALSO IMPORTANT TO NOTE THAT EVEN THOUGH THE ITALIAN COMMUNITY HAS BEEN SETTLED IN AUSTRALIA FOR SOME TIME, THIS DOES NOT JUSTIFY THE EXPECTATION THAT THEY NECESSARILY SPEAK ENGLISH. IN FACT, THE 1996 CENSUS IDENTIFIED THAT THE ITALIAN POPULATION IN NSW AGED 55 AND OVER HELD THE NUMBER ONE POSITION AS THE MIGRANT POPULATION WHO HAS THE LARGEST NUMBER OF PEOPLE WHO SPEAK ‘POOR’ ENGLISH (ETHNIC AFFAIRS COMMISSION OF NSW, 1999). IN ADDITION, AS PEOPLE AGE, THEIR SKILLS IN A SECOND LANGUAGE DETERIORATE AND THERE IS A TENDENCY FOR THEM TO REVERT BACK TO THEIR NATIVE LANGUAGE (ALLOTEY ET. AL., 2003). THIS IS PARTICULARLY TRUE FOR PEOPLE...
living with dementia, whose memory function deteriorates reverting back to their primary language, which is usually a dialect.

People who originated from the most north-eastern region Friuli Venezia Giulia surrounding Trieste and bordering the Slovenian and Croatian confines, might have been exposed to geopolitical changes instigated by the Italian and the old Yugoslav Republic during and post the World Wars. Therefore, they might have particular sensitivities regarding their Italian identity. For example, a person born within what is now the Croatian boarder might consider that they are definitely Italian because that area was under Italian rule and also due to the cultural influence at the time of their birth and youth.

Italians are generally very expressive and animated when communicating. They express feelings and emotions using not only words but including melodic intonations, sounds and gestures (Zborowski, 1952). A high level of physical contact is considered natural and normal. Italian men and women will greet acquaintances and friends with a kiss on either side of the cheek.

Some older Italians may have difficulty with information presented in a written format, irrespective of whether it is in English or Italian, due to limited education or also due to poor eyesight (Allotey et. al., 2003). Also when they were young, many stopped going to primary school because they might have been required to go to work to help support the family.

Recommendations for providing culturally appropriate care:

- If a client cannot communicate effectively in English an interpreter should be used particularly for serious issues like assessments, legal and medical matters. It is important to explain to the client that they have a right to use an interpreter and that the service is free. Avoid using family members as interpreters for serious exchanges of a medical or legal nature.

- Find out what language or dialect each individual speaks, especially if an interpreter is needed, so as to provide the ‘best possible’ language match. If organising an interpreter inform them whether and which dialect a client speaks. For example, Calabrese is an Italian dialect from the south, yet it is extremely different to standard Italian and as a result, it may be difficult to understand if you are not from the region of Calabria.

- Employ bilingual workers where possible. You might consider placing an
employment advertisement seeking an Italian care worker in the Italian newspaper, La Fiamma. However, it is also important to be aware that bilingual workers should not be used as interpreters, as they may not be qualified as such.

- Use a communication aid to assist in the communication between staff and clients. Resources are available from the Transcultural Aged Care Service (TACS) see cultural resource section of this booklet.

- When conversing with Italian clients it is vital to speak in a slow and clear manner and avoid using jargon or technical language. Allow time for questions to ensure that the client has understood. You may even have to prompt the client for questions. Also, it may be important for care-workers to learn some basic words in their client’s language (Harris, 2004).

- When communicating cross-culturally it is important to be warm, empathic, understanding, and to show that you are willing to help, in order to establish client-worker trust (Harris, 2004).

- Materials and resources regarding aged care services should be provided in Italian and other community languages (Harris, 2004). The client has a right to this.

- It is also recommended that information provided be appropriate for the
client’s literacy level. For example, for some clients it may be sufficient to translate written materials into standard Italian, whilst for others it will be important that this information be verbal (Harris, 2004). It is essential to sit down with the client and talk about the information provided to ensure it has been understood. The client may not necessarily admit to not understanding something they have read to avoid embarrassment.

- When referring your Italian clients, please consider their language preferences and attempt to refer them to services that cater for this. That is, try to refer to services that are either Italian-specific or have an Italian cluster, as this will facilitate communication and socialisation with other older Italians as well as reducing the risk of isolation. For information on Italian-specific aged care services or Italian clusters contact NSW TACS or your local Italian CPP Officer.

Co.As.It Volunteer visiting gentleman in a Residential Aged Care Facility
THE FAMILY UNIT

- In Italian culture the family is highly valued and forms part of the social and community fabric.
- Older Italians expect their children to take care of all their needs and are reluctant to use or ask for services.
- Accepting outside help has stigma attached to it.
- The Italian male is generally seen as the main decision maker but the female is the one who mainly carries out all the care tasks.
- The carer, normally a female, carries the guilt of changes associated with care delivery and is reluctant to relinquish the carer role because of this.

The family plays an integral role for Italian-Australians, and tends to be involved at all stages of decision making and in receiving and disclosing news concerning the care of the person. In terms of aged care, there is an expectation from the senior members of the family that the family will cope with most issues and that they do not need outside assistance or services.

Older Italian-Australians tend to rely on or expect their family, in particular the women, to provide assistance with their daily life, rather than utilising an aged care service. This reliance on the family may be partly due to the reluctance of the Italian family to experience gossip, criticism or shame, which can be associated with admitting to using a service or moving an older member of the family into residential care (Allotey et. al., 2003).

In Italian culture it is usually the male that is perceived as the main decision maker, but it is the female in the family such as the mother, daughter or daughter-in-law, that will carry out the tasks especially when it concerns care giving or communicating with care staff.

Often the female carer can experience conflicting internal emotions in regards to her role, especially if the carer is the daughter. Generally, she wants to help and continues to do so even when caring becomes too onerous. She may experience guilt for considering outside assistance. These feelings of guilt are due to the pressures of expectations placed on her by her family, outsiders and the Italian culture and beliefs, especially feelings of duty.

However, usually all members of the family assume some form of duty towards the sick person. You may find that there is always a visitor or large numbers of visitors including children.
Children are highly valued in Italian culture and are included in most events forming a major connection between the generations.

**Recommendations for providing culturally appropriate care:**

- When a family is considering accessing an aged care service for an older family member, it is important to be sensitive to the feelings of shame and guilt that they may be experiencing. Explain to the family that the aged care service will not replace the family but instead will support the family to look after and care for their loved one (Harris, 2005).

- It is important to find out from the client how they would like to receive confidential information and who is the main family spokesperson.

- Be aware that the view of the client may differ from that of the ‘spokesperson’ and hence there may be difficulties or ‘politics’ surrounding meeting the needs of the person who is ill. Be careful not to breach customary or familial boundaries.

- Treat each family as unique and be aware of power dynamics and power relationships.

- Always ask how you can help and listen to the response.

- When discussing aged care options with the female carer be sensitive to feelings of guilt possibly being experienced by her. Be patient and encouraging. Provide options for trial entry into aged care facilities or uptake of other services. During the trial period provide constant and positive feedback where possible to reassure the female carer.
FOOD PREFERENCES

- Food is very important to Italians, and culturally appropriate food is essential to their quality of life.
- Some Italians might observe religious/cultural customs particularly within Catholic teachings.
- The ability to prepare their own food is very important as is the sharing of food at meal times.
- Before meals, some Italians might pray or cross themselves and will almost always wish everyone “Buon appetito”- Enjoy your meal.

Food is very important to Italians, and is a core value in Italian culture. It is also very important for Italians to share their meal with family and friends and may be reluctant to eat alone. It is seen as a way of keeping a family together.

There is much pride associated with the ability to prepare one’s food and once that ability is gone an older Italian is more likely to ask for assistance. It is the last bastion of independence.

Preferred foods are pasta, soups, broths, fish, meat, salads and fruits. However, there are many regional differences in food preference with Italians from the south eating more fish and pasta and the ones from the north enjoying more soups eg., ‘minestrone’.

Older Italians enjoy a glass of red wine with their meal and many like to end the meal with a piece of fruit. Many also enjoy an authentic espresso coffee after the meal. Sharing morning or afternoon coffee/ tea with friends and family is also an important routine maintained by many Italians.

In Australia, Italians will typically have their main meal at dinner time, which might be a three course meal (eg. pasta followed by a second course of meat/ fish and salad, which is then followed by fruit) (Harris, 2005). They tend to have an early dinner in order for digestion to occur prior to sleep.

Sunday traditionally was seen as the day the family and extended family would gather to share in a feast usually at the grandparents’ home. All the traditional
Italian dishes would be prepared by the women eg; gnocchi, lasagne, etc. Nowadays, due to time constraints, this tradition may not be followed but would still be nostalgically missed by older Italians.

Some Italians might abide by some religious / cultural customs eg., not eating meat on Fridays or abstain from eating certain food during the religious time of Lent before Easter. Some people might say a prayer before mealtimes and might even consider that throwing away extra bread is a sin. Food and the sharing of food is almost sacred to Italians.

**Recommendations for providing culturally appropriate care:**

- Good practice is to enquire about the individual food preferences of your client and also to provide culturally appropriate meals on a regular basis.
- Wherever possible provide opportunities for groups of Italians to share meals and morning or afternoon coffee.
- In aged care facilities provide opportunities for the residents’ families to share meals with the person or to provide home cooked meals.
- Provide opportunities for Italian clients to share morning or afternoon coffee/tea with one another and other residents/clients.
- For Italian recipes which are considered to be culturally appropriate contact CPP officers.
- Expect that at some time the client or their family will invite you to share their food or offer it as a gift. This is a form of inherent Italian hospitality and is not to be considered a form of bribery.
- If a person can no longer enjoy wine with their meal a good substitute is a non alcoholic wine drink.
SOCIAL CUSTOMS & LEISURE ACTIVITIES

- Older Italians prefer to be addressed in the polite form, using titles such as Mr/Signor and Mrs/Signora (Cultural Diversity in Health, 2005).

- Physical contact such as touching on the arm or back, kissing on both cheeks and hugging is common place and normal amongst many Italians both males and females.

- Older Italians love to celebrate significant days in the Italian cultural and religious calendar with the extended family. Name days (feast day of a saint who an individual is named after) can hold some significance for some Italians.

- Italian women in general take enormous pride in a clean and sparkling home.

- Italians usually demonstrate some form of respect upon entering the homes of friends.

- Italians will generally ask other Italians what region of Italy they come from.

- Favoured pastimes are card games, bocce, bingo (tombola), listening to Italian music and radio programs, dancing and TV. Morning and afternoon coffee breaks with neighbours and friends are also enjoyed.

- Many older Italians enjoy gardening (especially growing vegetables), nature and talking about food, family, politics and sport.

- Italians love to share a laugh and a joke so that things are not so serious.

When addressing older Italians it is conventional to use titles, especially upon first meeting. It is commonplace to greet a stranger in the following way: “Good morning Signora (female) or Signore (male) how are you?”

Italians love to socialise and generally prefer not to be alone. They will meet friends for afternoon and morning coffee (Espresso style) and will always prefer to eat a meal with family.

If a stranger is Italian they will be asked what region of Italy they are from to establish some form of connection and cultural acknowledgement.
Service providers may be asked what appear to be personal and confidential questions like where do you live, are you married or do you have kids. These questions are also intended to establish a social connection with the person.

There are many significant days in Italian culture. These include Christmas Eve, Christmas day, Good Friday, Palm Sunday, Easter Sunday, Easter Monday (which is usually celebrated out in the open), New Year’s Eve, New Year’s Day, the Epiphany, individual birthdays, name/saints’ days, regional saints’ days, mothers’ and fathers’ day.

All significant days are celebrated with the family often including cousins, aunts and uncles. The many religious days celebrated during the year will be discussed in more detail in the next section on Religion.

Two other important days in the Italian cultural calendar are Italian National Day celebrating the unification of Italy on June 2nd and Ferragosto on August 15th at the height of the Italian summer, celebrating the Assumption of Mary.

The feast days, especially saints’ days, particularly in summer, are celebrated with large scale town and village festivals where the whole community gathers to eat, sing and dance together over a series of many evenings. Families will celebrate by cooking special meals and exchanging gifts.
Recommendations for providing culturally appropriate care:

Provide opportunities to share meals and coffee together in a common space as well as opportunities to listen to Italian radio (Rete Italia 1539AM), watch Italian TV (Rai International) and Italian movies (SBS or DVDs). Resources can be borrowed from your local library or video store. Contact your local CPP officer for further information.

- Provide opportunities to pursue recreational pastimes such as Tombola (Italian Bingo), bocce and card games like Briscola, Tre Sette and Scopa using the Italian regional card packs eg Triestine, Trevigiane or Siciliane (as shown in the image provided)

- For aged care residential facilities it is important to provide opportunities to celebrate significant Italian days on the Italian cultural calendar by holding a special event or lunch with an Italian focus. Where possible include live Italian musicians (piano accordion players) or play recorded folk and regional Italian music in your program of activities. It is very important to provide good, authentic Italian food.

- Include the family and the wider Italian community wherever possible in all the above mentioned events. This can be done by handing out a flyer inviting family and friends to events organised and even contacting Italian daycare groups to participate.

- Try celebrating the culture of the regions of origin of the Italian residents. This could be connected with patron saints of regions/ cities also.

![Triestine playing cards](image1.png)  ![Tombola playing board](image2.png)  ![Napoletane playing cards](image3.png)
RELIGION

- For many older Italians religion and religious practices are very important.
- Most Italians belong to the Roman-Catholic faith.
- Italians attend mass on Sundays, visit the cemetery to attend to loved ones’ graves and will generally pray daily alone or in a group also using the aid of rosary beads.
- Older Italians may have icons in their homes such as pictures of saints, the holy family and statuettes of the Madonna and Jesus.
- Many Older Italians will observe holy days on the Italian religious calendar.
- Religion is important as it provides a sense of community and culture.
- Many Italian families would have affiliations with the parish priest and give practical assistance to him when necessary or on a regular basis.

In the 2001 Census the majority of Italian born people (93%) stated that Catholicism was their religion (www.immi.gov.au (2003) ). Older Italians identify with the Catholic faith and are likely to attend a service called a Mass performed by a priest on Sundays. Many Italians would attend a parish where there is a priest who says Mass in Italian. This priest would normally be a missionary priest whose primary role is to attend to the spiritual needs of migrants. It can be the practice
of some Italians to invite the priest into their home for meals, discussions, to play cards and for pastoral guidance and house blessings as well as for friendship. Many senior Italian social groups in Sydney pray as a group.

The church community, usually through the celebration of Italian Mass, also provides another element in the fabric of older Italian social networks.

Some older Italians will use rosary beads as an aid to prayer. The rosary beads count five groups of ten recited Hail Mary's and a Lord’s Prayer. This is done either as a group or individually.

Sometimes Italians might have a devotion to a particular Madonna (each Madonna represents a theme) of whom there are many. Holy water from Lourdes (a pilgrimage destination for the sick in France and where St. Bernadette is credited with having seen the Virgin Mary) might also be kept by a devotee. A “scapula” is another item that might be worn by older Italians. This is a form of necklace received at the sacrament of confirmation. Italians often have icons in their homes such as pictures of saints, the holy family and statuettes of the Madonna and Jesus.

As mentioned previously, Italians love to celebrate religious and cultural days on the Italian calendar. The main religious days celebrated by most Italians are All Souls and All Saints Days, Palm Sunday and Ascension Thursday, Easter and Lent (the 40 days leading up to Easter) and a myriad of Saints Days depending on what city in Italy they come from. Many older Italians still abstain from eating meat on Fridays. These are all considered important in the religious calendar.

**Recommendations for providing culturally appropriate care:**

- Acknowledge important religious days on the Italian calendar by providing opportunities for the client to gather with other Italians in prayer or celebration.

- Source the closest Italian speaking priest and invite him to meet with the client if she/ he wishes in order to provide some spiritual guidance throughout the year or to perform Mass.
• In residential facilities incorporate prayer time in the activities planned by the recreational officer and invite other older Italians from the community to join in the prayers.

• Transport the client to an Italian mass or to the cemetery to visit a loved one when possible especially on All Souls Day.

• Remember to exclude certain foods during the period of Lent before Easter and also to serve fish on Fridays whenever possible.

• Find out what Saint day your client celebrates (it will be different for Italians from different cities in Italy) and celebrate the day with them. You can refer to an Italian calendar for this.

Crypts are customarily preferred by Italians
COMMUNICATION OF PAIN

- Italians are generally very emotional in their responses to pain, they feel free to discuss and describe their pain. They also expect attention, sympathy and pain relief. It is important to remember though that this expression of pain can vary depending on the Italian region they come from.

- When in pain they are often reluctant to be alone and may prefer the presence and attention of other people. They often need plenty of encouragement and family support.

- The Italian client seems to display a tendency to place trust in a doctor or specialist and will display confidence in the opinions of the doctor.

- It is important for the Italian client to receive pain relief.

In certain studies Italians were described as being very emotional in their responses to pain. They were described as tending to exaggerate their pain experience and being very sensitive to pain. They generally feel free to talk about their pain and may manifest their sufferings by groaning, moaning, crying etc. They admit willingly that when they are in pain they do complain a great deal, call for help and expect sympathy and assistance from other members of their immediate social environment, especially from members of their family (Zborowski, 1952).

When in pain they are reluctant to be alone and prefer the presence and attention of other people. This behaviour, which is expected, accepted and approved culturally, may conflict with the patterns of behaviour expected from a patient by the medical profession. This behaviour might provoke distrust rather than sympathy from those giving the institutionalised care (Zborowski, 1952).

In a study conducted amongst four ethno – cultural groups at Kingsbridge Veterans Hospital, Bronx, New York, it was found that Italian patients seem mainly concerned with the immediacy of the pain experience and are disturbed by the actual pain sensation which they experience in a given situation (Zborowski, 1952).

The Italian client displays a positive prejudice towards the doctor. They tend to hold the doctor in high regard and feel that they are knowledgeable and authoritative. This could be due to the great importance that Italians give to their
physical health and to the fact that they feel that doctors in many ways are capable of giving them the health that they want.

They feel that the doctor is omnipotent. Doctors in Italy will take on that omnipotent attitude and the patient will assume an attitude of deference. The result of the doctor’s intervention is strongly influenced by suggestibility owing to the prestige connected with the role.

Senior Italians are also likely not to seek second opinions for fear of retribution such as not receiving optimum care if they return to the original doctor or of being thought of as disrespectful of that professional’s knowledge.

The Italian client seems to display a confident attitude toward the doctor which is usually reinforced after the doctor has succeeded in relieving pain (Zborowski, 1952).

One could say that the Italian attitude towards pain is characterised by a present-oriented apprehension with regard to the actual sensation of pain (Zborowski, 1952).

**Recommendations for providing culturally appropriate care:**

- Acknowledge the client’s pain, offer comfort and reassurance. It is important for the client to have the pain stopped.
- Call for a doctor if the client is in what appears to be a lot of pain. Often the words of a doctor can have a very positive effect on the patient.
- In the case of a client experiencing extreme pain or distress, ask the person if they would like to have their daughter/son or family member present or speak to them on the phone.

Amulets used to ward off the evil eye
GENERAL ATTITUDE TO HEALTH AND SICKNESS

- Italians fear cancer and tend not to mention the word when referring to the illness.
- Older Italians tend to stigmatise mental illness.
- Parents of intellectually disabled children may not use available services due to feelings of shame.
- Older people might have had little interaction with the health system.
- There may be a belief that illness might be caused by the evil eye.
- Lifestyle risk factors are often present in older Italians as a result of low exercise patterns. Common problems include obesity (women more than men) and smoking (men).
- Statistics show lower mean systolic and diastolic blood pressure readings, lower levels of heart and respiratory disease, higher rates of cancer of the stomach and nasopharynx.
- Mortality rates for diabetes are higher in Italian women than the general population.

The above points were sourced from "Cultural Diversity, Queensland Health."

There is a great fear amongst older Italians of cancer and therefore they avoid mentioning the word itself whenever referring to the illness. They tend to use the Italian phrase “un brutto male” which translates to ‘a bad illness’. This tendency aims to downplay the seriousness of the disease and maintains hope for the ill person.

There is a general belief amongst the older Italian community that mental illness should not be spoken about and that there is shame surrounding it. Evidence of mental illness might be covered up by the family in an effort to keep a positive appearance within the community.

Parents of children with intellectual disabilities will generally tend not to use available services eg. Business Enterprises or Supported Employment Services, as they may see the disability as an illness and therefore their son or daughter...
should not be working. A distrust of outside intervention is exhibited as the family believes that no else can provide care equal to their own.

The belief in the power of the ‘evil eye’ to cause illness is not widespread but is likely to be a product of an old belief system rooted in village life and pagan folklore. This form of superstition can also be witnessed amongst older people from other European countries. The evil eye stems from the belief that admiration or jealousy that can provoke harm can be harnessed by some individuals.

Due to the lack of bilingual workers and to difficulty in communication, many Italian migrants might have been treated with medication only. Practitioners would find it difficult to encourage alternative forms of treatment and illness prevention.

Older Italian women have low rates of pap smear tests, breast examinations and mammograms. Their awareness of women’s health issues and screening is very poor. Attitudes contributing to this might stem from the impact of religious teaching and its influence on female modesty or because their focus on health is curative rather than preventative.

Older Italians place great trust and authority in doctors and in their power to heal. Often they will refrain from getting a second opinion or questioning the advice or prescription given by a doctor out of fear of appearing disrespectful or being seen to question authority or risk receiving lower quality care.

**Recommendations for providing culturally appropriate care:**

- Emphasise that knowledge and treatment of mental illness is widespread and that it needs to be de-stigmatised. Break down myths surrounding mental illness, intellectual disability and the health system.
- Provide written information on the various health topics in Italian and provide the same information in English for their children to read.
- Employ bilingual workers where possible.
- Educate older Italians, in Italian, on health and wellbeing and encourage them to participate in gentle exercise classes and other healthy physical activities.
- Encourage Italian women as a group to undergo regular routine examinations such as mammograms, pap tests, etc.
- Be sensitive when discussing cancer diagnosis.
DEATH, DYING, RITES AND RITUALS

- Numerous catholic rites and rituals surround death and dying.
- Rosary beads are used to aid prayer.
- Burial rather than cremation is the usual practice for older Italians.
- The priest conducts the last rites in the presence of the family.
- After death friends and relatives visit the mourning family at their home to pass on condolences.
- Grief can be openly expressed by all the family and mourners who traditionally wear dark colours.
- Friends and relatives gather at the mourners’ home after the funeral.

Catholic rites and rituals play a very important role within Italian culture in the period surrounding someone’s death. There are a number of rituals which are necessary like the administration of the Last Rites which is one of the seven sacraments and the recital of the Rosary. The Rosary is a prescribed mix of vocal prayer (Our Fathers and Hail Marys) and of silent prayer, reflecting on the important events of the life of Christ and Our Lady.

A priest could be asked to conduct the Last Rites and this is often done just before the patient is expected to die and sometimes even just after death. The immediate family may ask to be present.

The family might prefer to dress the patient before the funeral or to give instructions and provide clothes for the patient to be dressed before the body is removed from hospital.

Many Italians commemorate their lost ones with a necrology notice in the obituary columns of Melbourne’s Il Globo or Sydney’s La Fiamma newspapers. Many photographic portraits of the deceased are included with the notice.

When someone passes away, it is standard practice for friends and relatives to visit the mourning family in the family home, to pass on their condolences and to give flowers. This is called a ‘lutto’ (Taylor et. al. , 1999). In addition, the Rosary might be recited the night before the funeral at the funeral home.

Depending on the individuals in a family, grief might be expressed openly and this might range from wailing to crying to the withholding of deep emotions.
If a Catholic service is preferred, a full mass is held at a Catholic Church, followed by a burial at the cemetery. Cremation is not usual practice for older Italians. Mourners who traditionally wear dark colours, in particular black, have an opportunity to throw a flower on the casket as a final goodbye. Elaborate caskets are often regarded as fitting tributes. It is traditional practice for Italians to be buried in family mausoleums or crypts as is the custom in Italy. But this might not be the case for all Italians.

After the funeral, family and friends will generally gather at the family’s home for coffee and something to eat. Close family members will cook and take the food to the family home. As the family is considered to be in mourning they are not expected to cook and enough food is prepared to last them for at least a week.

Thirty days after the funeral, it is usual to commemorate the passing of a loved one with a Mass specifically dedicated to them. Thereafter there is a Memorial Mass for the first anniversary.

Recommendations for providing culturally appropriate care:

- In residential facilities, discuss with the family if an Italian priest is needed to provide spiritual comfort in the last days or day.

- Allow family and friends to gather around to pray together.

- Be sensitive to the needs of the family during this period and expect more relatives and friends to visit.

- Be aware that the family may want the body of their loved one to be dressed before being taken to the funeral home.

- Provide opportunities, when possible, for Italian clients to visit their loved ones in the cemetery if it is requested.

- Always be aware that there will be individual preferences for funeral arrangements and burials. Some Italian people might not fit into the cultural expectation.
TRUTH TELLING AND DISCLOSURE

- Italian Australian families tend to filter and mediate most medical information.
- Families hold back information so as not to cause a loved one to suffer.
- Sensitivity is needed when informing patients of serious diagnoses e.g., cancer.
- Provide written information on illnesses in both Italian and English.

Italian Australian families still act as a filter and mediate most medical information during the evolution of the disease or illness. In the case of a dying person there may be withholding of the disclosure to the person because the family has a need to protect the dying person, and to prevent further suffering. Some believe that if the prognosis is communicated to the dying person they will give up hope and lose the will to live.

Doctors in the Italian community are conscious of the need for sensitivity and will decide on an individual basis whether to give diagnosis of cancer to the patient or family first.

Because of this tradition of non disclosure, a charade is often played out, where family and friends visiting the sick person will talk about the patient soon being up and about.

In the case of a patient being told the diagnosis, especially of cancer, it may be beneficial to ask the patient what or how much information they wish to have. It is important to allow the patient to ask questions. Written information in Italian would also be helpful as well.
Recommendations for providing culturally appropriate care:

- In view of the tendency of Italian families to mediate information, it is advisable to find out from the family where they stand in relation to disclosure, and work out a strategy of communication from the start.

- Advise the spokesperson of the family that you need to communicate information of a sensitive nature and ask them to confer with the family to find out how they want you to deliver this information to the client whilst still adhering to your disclosure policies and procedures.

- Even if family members are present, always use an interpreter so that the client fully understands what is being communicated and to ensure that the information is not censored by the family in any way.

- Clearly explain to the client and their family the doctor’s role and the policies of disclosure at the start of the consultation. This will allow all parties involved to understand where they stand.
CULTURAL RESOURCES

Bocce
Bocce is played at a number of locations across NSW on a formal and informal basis in both parks and bocce playing fields.

Calendar
Calendars with Saint days can be purchased online. The daily Italian newspaper La Fiamma gives a calendar out in the last week of December with the purchase of the newspaper. Contact La Fiamma for further information. ENIT - www.enit.it can also provide a calendar referring to regional celebrations in Italy.

Clubs
Italian clubs in NSW are hubs of activity for many Italians who meet there regularly. For information on your nearest Italian Club contact your local CPP Officer or Italian welfare agency.

Clusters in Aged Care Facilities
The Transcultural Aged Care Service (TACS) www.nswtacs.org.au and the local Aged Care Assessment Team (ACAT) provide information on residential aged care facilities and on Italian clusters in aged care facilities.

Food Recipes
The Transcultural Aged Care Service (TACS) www.nswtacs.org.au provides an Italian recipe booklet for Aged Care Facilities. Most bookstores also sell Italian cookbooks.

Food supplies for special occasions
Good quality Italian produce can be obtained from Italian delicatessens and cake shops. For special events you may consider ordering some supplies from such stores in your area.

Funeral Homes
There are a number of funeral homes who take care of Italian funerals and sometimes have Italian speaking staff as well. The NSW Italian daily newspaper La Fiamma contains the names of some of these.

Language Aids
Transcultural Aged Care Services (TACS) www.nswtacs.org.au provides many language resources specific to aged care. Your local CPP officer will also be able to provide your organisation with language resources. The Centre for Cultural
Diversity in Ageing website contains a number of multilingual resources to facilitate the provision of quality aged care information to people from culturally and linguistically diverse backgrounds, including those from Italian-speaking backgrounds. The website also contains information resources to support the aged care industry in culturally responsive service delivery. Visit www.culturaldiversity.com.au for more information and to access these resources.

**Library**
Most local libraries will have a number of Italian books, CDs and DVDs for borrowing.

**Magazines**
Italian magazines can be purchased in certain newsagencies. If your local newsagency does not stock Italian magazines sometimes they may be ordered in.

**Music & Films**
Most music stores sell Italian music CDs or they can be ordered from their catalogue. Video stores and local council libraries also usually stock a range of Italian films.

**Musicians and Traditional Dancers**
There are a number of Italian solo musicians (keyboard & piano accordion) who can perform at special events for the community. For their contact details contact your local CPP Officer.

**Newspapers**
La Fiamma www.lafiamma.com.au is the main daily Italian Australian newspaper in NSW. It can be purchased or ordered from most newsagencies.

In Contatto is a free quarterly bulletin in Italian for Italian carers published by Co.As.It.

Il Notiziario is a free monthly bulletin in Italian published by It.So.Wel., Wollongong.

**Posters and Maps of Italy**
ENIT - The Italian Tourism Board www.enit.it provides free posters of Italy and other tourist information on Italy.
Regional Playing Cards
The cards are called Triestine, Napoletane, Piacentine or Trevigiane. They can be found in some Italian Tobacconists, delicatessens, newsagencies and even some Italian barber shops. For assistance contact your local CPP officer or Italian welfare agency.

Social Support & Daycare Groups
For details of your nearest Italian social support group or daycare group call Commonwealth Carelink on 1800 052 222 or contact your local CPP officer.

Tombola board game
Can be purchased from some newsagencies or online.

TV & Radio
Rete Italia Radio Frequency 1539 AM 24 hrs – this is the only 24 hour Italian language radio station.

SBS Radio 1107AM (Sydney) or 97.7FM (National) at 8am and 6pm every day.

2NCR FM (Lismore) Bella Italia radio frequency 92.9 FM on Wednesday 6 – 8 pm.
**ITALIAN COMMUNICATION CHART**

**PRONUNCIATION TIPS:** the Italian pronunciation of the letters **g** and **c**, in some words, has been provided and is found under the word in italics. In Italian every letter in the word is pronounced and it is important to say the vowel sounds **A**, **E**, **I**, **O**, **U** correctly. Here is a guide:

- **A** - sounds like **a** in park
- **E** - sounds like **e** in fed,
- **I** - sounds like **i** in pin
- **O** - sounds like **o** in hospital
- **U** - sounds like **u** in book

**GREETINGS**

<table>
<thead>
<tr>
<th>English</th>
<th>Italian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Morning</td>
<td>Buongiorno</td>
</tr>
<tr>
<td>Good Evening</td>
<td>Buonasera</td>
</tr>
<tr>
<td>Good night</td>
<td>Buonanotte</td>
</tr>
<tr>
<td>Good bye</td>
<td>Arrivederci</td>
</tr>
<tr>
<td>Hi/Bye</td>
<td>Ciao (chi)</td>
</tr>
<tr>
<td>See you later</td>
<td>A dopo</td>
</tr>
</tbody>
</table>

**DAYS**

<table>
<thead>
<tr>
<th>Italian</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunedì</td>
<td>Monday</td>
</tr>
<tr>
<td>Martedì</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Mercoledì</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Giovedì</td>
<td>Thursday</td>
</tr>
<tr>
<td>Venerdì</td>
<td>Friday</td>
</tr>
<tr>
<td>Sabato</td>
<td>Saturday</td>
</tr>
<tr>
<td>Domenica</td>
<td>Sunday</td>
</tr>
<tr>
<td>Today is...</td>
<td>Oggi è ....</td>
</tr>
</tbody>
</table>

**NUMBERS**

<table>
<thead>
<tr>
<th>Italian</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 uno</td>
<td>6 sei</td>
</tr>
<tr>
<td>2 due</td>
<td>7 sette</td>
</tr>
<tr>
<td>3 tre</td>
<td>8 otto</td>
</tr>
<tr>
<td>4 quattro</td>
<td>9 nove</td>
</tr>
<tr>
<td>5 cinque</td>
<td>10 dieci</td>
</tr>
</tbody>
</table>

**FEELINGS/PAIN**

<table>
<thead>
<tr>
<th>Italian</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Come sta?</td>
<td>How are you?</td>
</tr>
<tr>
<td>Bene grazie.</td>
<td>Well thanks.</td>
</tr>
<tr>
<td>Ha male?</td>
<td>Are you in pain?</td>
</tr>
<tr>
<td>Dove?</td>
<td>Where?</td>
</tr>
<tr>
<td>Qui?</td>
<td>Here?</td>
</tr>
<tr>
<td>Molto?</td>
<td>A lot?</td>
</tr>
<tr>
<td>Poco?</td>
<td>A little?</td>
</tr>
<tr>
<td>Vuole un dottore?</td>
<td>Do you want a</td>
</tr>
<tr>
<td>Vuole sua..</td>
<td>doctor?</td>
</tr>
<tr>
<td>figlia?</td>
<td>Do you want your</td>
</tr>
<tr>
<td>figlio?</td>
<td>daughter?</td>
</tr>
<tr>
<td>son?</td>
<td></td>
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</tbody>
</table>

**THE BODY**

<table>
<thead>
<tr>
<th>Italian</th>
<th>English</th>
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</thead>
<tbody>
<tr>
<td>Testa</td>
<td>Head</td>
</tr>
<tr>
<td>Occhio</td>
<td>Eye</td>
</tr>
<tr>
<td>(k)</td>
<td>(k)</td>
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<tr>
<td>Orecchia</td>
<td>Ear</td>
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<tr>
<td>(k)</td>
<td>(k)</td>
</tr>
<tr>
<td>Denti</td>
<td>Teeth</td>
</tr>
<tr>
<td>Dentiera</td>
<td>Dentures</td>
</tr>
<tr>
<td>Petto</td>
<td>Chest</td>
</tr>
<tr>
<td>Schiena</td>
<td>Back</td>
</tr>
<tr>
<td>(k)</td>
<td>(k)</td>
</tr>
<tr>
<td>Spalla</td>
<td>Shoulder</td>
</tr>
<tr>
<td>Braccio</td>
<td>Arm</td>
</tr>
<tr>
<td>(chi)</td>
<td>(chi)</td>
</tr>
<tr>
<td>Stomaco</td>
<td>Stomach</td>
</tr>
<tr>
<td>Pancia</td>
<td>Belly</td>
</tr>
<tr>
<td>(chi)</td>
<td>(chi)</td>
</tr>
<tr>
<td>Sedere</td>
<td>Bottom</td>
</tr>
<tr>
<td>Gamba</td>
<td>Leg</td>
</tr>
<tr>
<td>Piede</td>
<td>Foot</td>
</tr>
<tr>
<td>Muscolo</td>
<td>Muscle</td>
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<td>(sk)</td>
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THE TWENTY REGIONS OF THE REPUBLIC OF ITALY
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