## Contents

Introduction ........................................................................................................................................... 3

Background to the Project ..................................................................................................................... 3

Peer Education Resource ....................................................................................................................... 3

Discussing palliative care in the Greek Community ............................................................................ 4

About the Greek community in Victoria and Australia ......................................................................... 4

Greek Cultural Perspectives and Values ................................................................................................. 5

  Community and Religion ..................................................................................................................... 6

  Family ................................................................................................................................................. 6

  Attitudes to illness and pain management .......................................................................................... 7

  Attitudes towards mental health ....................................................................................................... 7

  Attitudes towards care ....................................................................................................................... 7

  Attitudes to death and dying ............................................................................................................. 8

Intergenerational Perspectives and the Migration Experience ............................................................... 8

A note about terminology ...................................................................................................................... 9
Introduction

Cultural perspectives and values from culturally and linguistically diverse communities in Victoria

Background to the Project

The Culturally Responsive Palliative Care Community Education Project formed part of Palliative Care Victoria’s Cultural Responsiveness Strategy. The project was undertaken in partnership with the Ethnic Communities’ Council of Victoria in 2013-2015 and with the Multicultural Centre for Women’s Health (MCWH) in 2013-2014.

It involved community engagement and peer education to raise awareness of, and access to, palliative care services and focused on ten larger communities: Chinese, Maltese, Italian, Turkish and Vietnamese during 2013-15 and the Greek, Macedonian, Polish, Croatian and Arabic-speaking background communities in 2014-15.

In 2013-2015, 33 trained bilingual health educators delivered 150 community education sessions in eleven community languages to 4846 participants.

Further information about the Project, and links to the evidence base and summaries of the external evaluation of the Strategy are available here.

Peer Education Resource

The bilingual peer educators delivered the information sessions using a Peer Education Resource that was tailored for each community in partnership with a Community Reference Group. In 2013-14, this process was coordinated by Maria Hatch and Dr Jasmin Chen from MCWH and in 2014-15 by Mike Kennedy from Palliative Care Victoria.

The first part of the Peer Education Resource contained background about the community and its cultural perspectives and values. These community summaries are set out below in this document and can also be accessed as individual PDF files.

A community reference group was established for each participating community and provided the project partners with invaluable advice and guidance in preparing the Peer Education Resource documents.

When referring to these documents, care needs to be taken to avoid cultural stereotyping and profiling. In undertaking this project, we learned multiple times that there is as much diversity within each ethnic community as there is between them, and that cultural perspectives and values are evolving and changing. However, this information may be useful in identifying some issues to be explored with clients or patients from culturally and linguistically diverse backgrounds to deliver culturally responsive person-centered care.
Discussing palliative care in the Greek Community

Talking about palliative care can be difficult for people from all cultures and communities. Although in the Greek community there is no specific taboo around talking about death, many Greek people may be reluctant to speak about their personal experiences with illness and dying. Palliative care can produce negative feelings because of its association with illness, death and dying. These negative feelings can trigger difficult memories. When delivering information to participants about palliative care, it is important to be respectful of their feelings and their right to privacy.

As a peer educator, it is important to remember that learning is an active process through which people create meaning and develop understanding. The ways that participants react to new information depend on their ideas, opinions, knowledge, personal experiences, understanding of the world and their own learning style. Particularly around topics such as death and dying, participants will bring with them a whole set of cultural and social beliefs that will impact their learning experience. Education sessions are a good opportunity to raise awareness about palliative care but also to explore commonly held beliefs about health and illness and to dispel myths about palliative care.

Discussing illness, death and dying can often trigger strong emotions and feelings in people, especially if a participant has been personally impacted by it. Participants should be informed that:

- They do not need to contribute to discussion if they feel uncomfortable and are not forced to participate if they don’t want to.
- They may take a break or leave the room if they feel like they need to.
- If they would like to share a story or experience they went through, they do not have to identify it as happening to them but they can say it happened to ‘someone they know.’

About the Greek community in Victoria and Australia

The Greek community is one of the most established cultural groups in Australia. Greeks have settled in Australia since the 1860s gold rushes. In 2011, there were 252,217 Greek speakers in Australia, representing 1.2% of the entire population.¹

The early 20th Century onwards saw the number of Greek people in Australia grow through chain migration. The expulsion of Greeks from Asia Minor (the then Ottoman Empire and now modern day Turkey) in 1922–23 and immigration quotas imposed by the United States in the early 1920s contributed to a large increase of migration of Greeks to Australia during this period.

Migration to Australia again increased after World War Two, a period of great hardship and civil division in Greece. The aftermath of WW2 and the Civil War plunged Greece into severe economic depression and bitter political conflict. Emigration was actively encouraged by the Greek Government struggling to rebuild the country. In 1952 migration of Greeks to Australia increased when the Australian Government provided assisted passage to tens of thousands of Greeks. The arrival of Greek Cypriots in Australia after the conflict in Cyprus in 1974 represented the last large-scale migration of Greeks to Australia. However, since the global financial crisis and

the downturn in the Greek economy, Net Overseas Migration from Greece (migration arrivals from Greece less migration departures to Greece) has increased over the past three years for which data is available from the Department of Immigration and Border Protection (2009-10 – 151, 2010-11 – 315, and 2011-12 – 1193) and it is likely that this trend will continue at least over the next few years.\(^2\)

The Greek community in Melbourne is one of the largest outside Greece. At the 2011 Census, Victoria had the largest concentration of the Greek community; 50% of the national total.\(^3\) The population throughout Australia has been decreasing, due to ageing, some return migration and lack of new arrivals.

The Greek community has a very high level of Australian citizenship (96.8 per cent at the 2011 Census compared to 84.9 per cent for the total Australian population).\(^4\) Notwithstanding the high level of citizenship and broad participation in all professional spheres from law to sports; Greeks have also sought to preserve their own cultural heritage. They have established churches, schools, media outlets, cultural associations and welfare and residential care services.

Half of the Greek-born population in Victoria live in the following local government areas: Darebin, Monash, Whittlesea, Moreland, Manningham, Kingston, Brimbank and Glen Eira (all having between 10 per cent and 4 per cent of the Greek population).\(^5\)

**Greek Cultural Perspectives and Values**

Within any cultural group or community, individual views and values are shaped by many factors, including our age, gender, income, religion, sexuality, profession, education and political views, not to mention personal experiences. Individuals from the same culture do not all think alike or share the same value systems and opinions. Likewise, cultural values and attitudes can change over time and are never the same thing to everyone.

For the Greek community, shifting cultural values can become more apparent through the migration experience and there can be great differences between the views and values of two generations within the same family. For older generation migrants in particular, some traditional views and attitudes may have been preserved despite changing attitudes and practices in Greece. In this sense, despite close ties with Greece, Greek culture as it exists in Australia can not necessarily be generalised from contemporary Greek culture or with Greek communities living in other parts of the world.

Nevertheless, certain beliefs can have more influence or resonance with a cultural group and can be recognised as commonly shared or understood within a community. Individuals from that group do not need to personally agree with those values to recognise their cultural importance.

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\(^2\) Migrant Information Centre (Eastern Melbourne), “Greek Cultural Profile”, 2010.

\(^4\) SBS (2012). *SBS Census Explorer*.

Here are a number of commonly held Greek cultural perspectives and values that may have bearing on their response to a discussion about palliative care. Please keep in mind that these perspectives will not apply to everyone in the Greek-speaking community and it is important not to make assumptions about people’s values and beliefs.

**Community and Religion**

Many Greek values are based on the individual in relation to the family, the local community and the wider society. Western notions of privacy, individuality, personal conscience and independent decision-making differ from the traditional Greek sense of the individual. The expectations of immediate and extended family as well as members of a person’s broader community (village, neighbourhood and church congregation) determine the person’s behaviour and responsibilities. Greek culture emphasizes the communal and public rather than the private sphere. For many Greek immigrants, especially the elderly, their identity is closely tied to their behaviour within the communal and public spheres. The values which stem from this understanding of the individual revolve around the ways in which a person behaves and presents to others.

The majority of Greeks belong to the Greek Orthodox Christian Church. 91 per cent of Greek people in Victoria identify as being Greek Orthodox (Victorian Multicultural Commission 2013). Most Greek celebrations and customs have their foundations in Greek Orthodoxy. Religion is a stronger influence with older Greeks than with the younger generation. Respecting the Greek belief system and spirituality is considered important in developing a good relationship.

Icons are significant religious symbols in Orthodoxy and Greek people pay honour to icons and usually have them in their homes. Icons and mirrors in the home are covered during the first few days of mourning as a sign of respect.

Fasting is an essential part of the Orthodox religion. Fasting from food means abstinence from meats, oil, and dairy products. It is customary to fast for 40 days prior to midnight on Easter Saturday. During Lent in the Easter period, Greeks spring-clean their homes and properties in preparation for Holy Week.

**Family**

Family relationships are very important to the Greek population. The family has a strong role in decision-making regarding the care of elderly people. A patriarchal social structure is the norm, where Greek fathers are the protector, provider and authority in the family and Greek mothers are expected to take care of their children and honour their husband.

Traditionally, the children and family members care for the elderly at home where possible. However it is no longer customary for Greek families in Australia to live together as an extended family unit and many elderly people live alone. There are some taboos around residential care which can be seen as degrading to the care recipient. However this is changing as Greek-specific aged care services have been developed that are culturally responsive and sensitive.

Women usually take on the role of caring for older Greek people and this can lead to isolation as they are willing to sacrifice their own needs to be a carer.

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**Attitudes to illness and pain management**

Greek Australians tend to seek out doctors who understand their language and culture. In cases of terminal illness, there is a tendency to avoid telling the ill person that they are dying. A small number of older Greek people may still practice cupping and this produces round bruises. It is important not to mistake the resulting marks as a sign of abuse.\(^7\)

Greek people will access pain relieving medication and use it when needed. Patients and families will usually accept the use of opioids for symptom control if the rationale is clearly explained to them – that the purpose for the treatment is to relieve the person’s suffering. Palliative care services should use a qualified interpreter for this conversation with the patient and family.

**Attitudes towards mental health**

Older members of the Greek community may regard disability as embarrassing and a cultural stigma is attached to mental illness in particular. Older Greek people tend to suffer more from depression and anxiety when they have migrated. Greek women are more at risk than Greek men. Older Greeks may be reluctant to access mental health services as there is a general lack of understanding of mental health issues. “Depression” is not understood to be a mental illness. Dementia is not easy to discuss.\(^8\)

**Attitudes towards care**

Considering that elderly Greeks still rely heavily on the family for assistance, there is still some reluctance to use external services. This is especially the case with services provided by mainstream organisations. However, there is a growing acceptance of community services that enable the person to stay at home for as long as possible. Greek-speaking workers are preferred but non-Greek speaking workers are also accepted. As dependency increases, it is usually the spouse who provides the care.\(^9\)

Residential care is seen only as a last resort, reserved for people who are alone and have no family members to take care of them. There is a prevailing perception that the person deteriorates much more rapidly when they are placed in residential care than when they are cared for at home.

It is however important to note that, once again, these attitudes may vary across different generations of Greek-speakers and some community members may feel comfortable in placing family members in care provided that they are satisfied with the quality of care provided.

The economic crisis in Greece is having a significant impact on the country’s hospitals where budgets have been slashed by more than half with the effects flowing through to staffing ratios, the availability of pharmaceuticals and medical supplies. As a result families in Greece may be the main source of personal care for hospital inpatients and may expect to provide a similar service in Australia. The community information sessions about palliative care should emphasise that, if the family does desire to care for the person with a life-limiting illness, palliative care can assist the family to care for the person at home.

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\(^7\) MIC, “Greek Cultural Profile”, 2010.

\(^8\) South Eastern Region Migrant Resource Centre, “Greek Cultural Profile – Older People”, 2010.

**Attitudes to death and dying**¹⁰

For most Greeks, the beliefs, rituals and traditions surrounding death and mourning are founded in the Greek Orthodox religion. For many, following the traditions practised in their homeland is important. Family members and loved ones often consult their local priest and other relatives to ensure that these traditions are followed appropriately.

For Greek migrants who arrived in Australia as children, knowledge of the traditions may come from early memories of funerals and memorials in their village or town. They may remember vigils in family homes where for 24 hours women would wail funeral dirges over the body of the deceased. Although this ritual is not followed by Greek Australians today, many traditional beliefs and customs remain important.

The notion of the eternal life of the soul and the integrity of the body underpins many of the traditions surrounding death and mourning. For example, traditionally cremation was forbidden as it represents the destruction of the eternal physical body. However, cremation is becoming more common although this would usually be done in accordance with a written request from the person that they be cremated.

Icons and mirrors in the home are covered during the first few days of mourning as a sign of respect. Following a death, a “kandilo” (a religious burner comprising oil, water and a floating wick) must remain lit for 40 days next to an icon and a photo of the deceased until the soul leaves this world. The wearing of black in mourning is still very prevalent, particularly by older women.

In the Orthodox tradition, funerals and memorial services are both significant. The most widely observed memorial service, Mnimosyno, is held on the Sunday closest to the fortieth day after the death. Memorial services may also be held three, six and nine months after the death and on the anniversary of the death. Just after those dates would be an appropriate time for palliative care services to make follow-up bereavement calls.

In the past, many Greek people were very sensitive about death and dying issues so it was very common that Greek families did not want the dying person to be told of their diagnosis and prognosis, believing that it would only burden the dying person further. Greek families preferred to be informed first of the diagnosis and then decide if the ill person should be told. In those cases it might be the eldest son who would tell his parents of the diagnosis. However, attitudes to this issue are changing and this issue should be discussed with the family to ascertain their views. Every family is different and if the patient wishes to know, the patient’s wishes are paramount.

**Intergenerational Perspectives and the Migration Experience**

Intergenerational misunderstandings and conflicting expectations are common to all families and communities.¹¹ Our history impacts greatly on the cultural context through which we see the world

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— both when we entered the world and where. Particularly for migrant communities, the differences in the experiences of one generation and another can be more pronounced, leading to more possibilities for conflict and misunderstanding.

The majority of Greek migration to Australia occurred in the 1950s, 1960s and 1970s. Most Greeks left their homeland for economic reasons, some for political reasons and others for educational opportunities. Many of those migrating were unskilled and had no knowledge of the English language. Many older Greek people have established their own small businesses. Second generation Greeks have much higher levels of education. The Greek community has a strong ability to maintain a bicultural identity after migration.

As a result of hard work most Greek migrants purchased their own home. Parents emphasized their children’s education so they might take on more skilled occupations. Australia’s multicultural policies also enhanced the lot of the second generation. There are significant contrasts between the first and second generation Greeks, for example, language, level of integration/assimilation and the ability to negotiate social institutions and social systems.

For many first generation Greek people who have migrated to Australia, the experience of migration has given them a strong sense of independence and self-reliance in which they take great pride. It may also have been a source of stress, homesickness and isolation.

In turn, the second and subsequent generations growing up in Australia can feel conflicting cultural pressures and heavy family responsibilities. The children of migrants must often navigate between the competing cultural values and languages of their family and Australian society. Typically, while the older generation will idealise traditional values and practices, the younger generation will be more adaptive to dominant Australian values and customs. For example, for many second generation Greek Australians, gender roles are less sharply drawn, especially in ‘mixed’ marriages. However, women have continued to be the primary care givers in the home for their elderly relatives and in-laws.

A note about terminology

In the English language, words such as grief, bereavement and illness can have different meanings and connotations for different people. Similarly, people from ethnic backgrounds may have specific cultural values that they associate with these words. For example, some people might associate illness with karma or the supernatural, and discussions around possible treatment or intervention need to take this into account in order for them to be meaningful. Words such as grief, bereavement and illness are used in this resource with the understanding that there will be different cultural meanings associated with them. Education sessions are intended to be delivered in participants’ first language, and therefore terms should be appropriately translated if applicable.

Educators should also be aware that in the health sector there are several terms used to describe terminal illness. Participants may have heard of some or all of the following:

* Incurable illness/condition

11 Parts of this section were developed from Ethnic Communities’ Council of Victoria (2009), Respect and Dignity: Seniors, family relationships and what can go wrong, A Greek community education resource kit around elder abuse prevention, p. 2.
<table>
<thead>
<tr>
<th>Chronic and complex illness/condition</th>
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<tr>
<td>Eventually fatal illness/condition</td>
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<tr>
<td>Life-limiting illness/condition</td>
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<td>Terminal illness/condition</td>
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It is equally possible that participants have never heard these terms before and educators should consider clear and culturally appropriate ways of communicating ideas around death and illness before their session.