The relationship with the elderly person
Dear Madam, Sir,

Welcome to Italy.

We are very happy that you have chosen to work in the field of home care for the elderly and disabled persons because they represent the most fragile groups of persons with the greatest need for care.

We are aware of the fact that you have faced hardships and difficulties to come to Italy and we realise how hard it is to live so far away from your loved ones, learn another language, and relate to people whose culture, habits and lifestyles are different - not to mention the practical aspects involved in the bureaucratic procedures required to obtain a residence permit and to draw up a job contract.

The intention of these booklets is to help you begin to acquire some initial technical-professional skills, which you may even decide to strengthen through a specific training course. Otherwise, you may want to use them just to understand how to relate to elderly persons affected by dementia for example, or the best techniques to help an elderly person stand up, how to prepare a balanced meal, approach relations with family members, which services to contact for the person you are assisting and for his/her needs, and to understand your rights and duties.

We want to help eliminate situations marked by isolation and neglect. These booklets represent just one of the efforts being made by the Region and local Agencies in Emilia Romagna to promote public acknowledgement and the qualification of your important role, to facilitate true integration in this society and a fruitful intercultural exchange, in the logic of improving the quality of life of those who receive care and assistance and those who are the caregivers.

Gianluca Borghi
Regional Councillor for Social Policies
The relationship with the elderly person

Importance of the relationship

A relationship (relazione) is a bond that exists between two or more persons. The reciprocal desire to maintain these bonds and to have them grow is what ensures them. Every relationship is rooted to the context (contesto) in which it unfolds. The same act may take on a different meaning in different cultural contexts (for example greeting someone with a kiss could be considered a sign of close friendship in certain contexts, but improper in others).

The relationship with the elderly person

The elderly person is now at life’s conclusion, a life that is also made up of the relationships that he has built up over the years. The possibility of establishing a good relationship with the elderly person depends upon the caregiver’s ability to grasp and understand the relations that that person has experienced and that continue to exist within the personal context of this person. A first step towards an understanding and knowledge of that context, is to have the elderly person, or his relatives, tell the story (storia) of his life. Knowing how to listen is a great virtue in whoever decides to be a caregiver. It means placing a priority on the needs (bisogni) and necessities of others in a relationship and attempting to work towards meeting these needs. Similarly, it can happen that the elderly person and his family ask the caregiver questions about her life, indicating open-mindedness and interest in a relationship.

Valorisation of the elderly individual

The realisation that one is no longer able to rely on one’s own strength, that one is partially or totally dependent on others is a dramatic realisation that is often accompanied by repeated attempts to be self-sufficient (autosufficienza) such as the need to demonstrate that one is still capable of dressing oneself, moving about and eating without help. The caregiver is required to help (aiutare), without taking over completely. This regards family members who may want to take care of some...
aspects of care themselves, as well as the elderly person who still takes pride in what he knows and what he knows how to do, although he may not always remember things completely or succeed in doing them completely on his own.

**Problems in the relationship with the elderly person**

For the elderly person, having to resort to an assistant often represents a drastic solution that is hard to accept and/or accepted with suspicion. In many cases, the assistant, particularly a foreigner, is seen as a stranger, someone very distant in terms of origins and culture, someone who speaks a different language, has different customs and who cooks and eats differently. Especially early on, this can bring out a mistrustful attitude and rejection on the part of the elderly person. Therefore, the caregiver must be **understanding** (comprensione) and patient, in a constant **effort** (impegno) to be accepted and endearing.

**The condition of the elderly in Italy**

In Italy, elderly persons are not always treated with **respect** (rispetto) and consideration. Old age is often accompanied by a gradual withdrawal from public life and social relations. This phenomenon has strong repercussions on society’s consideration of the elderly as persons now on the fringes of society and in any case, as insignificant people.

As long as they are self-sufficient, the elderly live alone, independent of their sons and daughters. In many cases, this leads to a slackening of the relationship, which, in a moment of need, the family members are forced to resume in a very close form, as determined by the elderly person’s condition of need. In many cases, the caregiver’s help also means helping the relationship between the elderly person and his family members.
Living in someone else’s home

Living in someone else’s home, relating to a family that you do not know requires considerable cautiousness and tactfulness (delicatezza). Habits and lifestyles (stili di vita) may seem very different from our own and from our own personal point of view, perhaps even senseless and negative. However, the caregiver has not been called in to judge the lifestyles that she will encounter in the course of her work, but only to satisfy a need for assistance, according to the ways and means considered to be most appropriate by the family that has given her the job. Suggestions and possibilities to organise things in other ways can be expressed, but only if the family is willing to listen to them. In any case, this should take place only after the relationship with the family has become somewhat solid. To build up a good relationship, we must come into the home where we will be staying without “barding in”, and considering our presence as just one moment in a long and complex lifetime, about which we will only come to know some aspects.

The quality of the first meeting (primo incontro) between the elderly person and the caregiver represents a very important factor that may have an influence on future meetings. If the elderly person has problems expressing himself or cannot do so at all, the family becomes the main reference point. Family members, when they exist, are required to be present in a significant manner in the early stages of becoming acquainted. If there are no family members, the caregiver, relying on her own sensitivity, has to find the way to meet and create a life in common (convivenza).

Some suggestions may be useful in facing this first meeting with the person you will be assisting:

- When you come into a home, you should have a friendly attitude and demonstrate respect, always keeping in mind that being friendly does not mean treating the elderly person as if he were a baby or adopting a condescending attitude. For many elderly persons, the use of the formal form of address ("Lei") is very important.
• You should introduce yourself by name and explain who you are and why you are there (if your Italian is still not quite up to the situation, ask the family to supply this information).

• When you converse with the person, it is advisable to stand directly in front (di fronte) of him so that he can see you and observe your lip movements (the elderly often have hearing problems). Speak with a calm tone of voice and use clear, simple terms, avoiding insistent questions - let the person take all the time he needs to answer you.

• After each sentence, it is advisable to check whether the elderly person has understood what you have said.

• This allows you to be sure that the elderly person has understood why you are there.

• On this occasion, you can ask the elderly person if he is willing to inform you as to his living habits, which will make it easier to meet his needs.

The relationship with the elderly person’s family members

Knowing how to recognise and distinguish the position (posizione) and importance of each family member, as well as identifying the manners in which they relate to each other and which can often differ from one person to another, is important for persons who work within a household.

Generally speaking, there is usually one reference person (la persona di riferimento) for everything that concerns the care of the elderly person. However, there may also be other persons who want “to have their say” as to how this assistance should be carried out. Therefore, it is important to clarify exactly which person the assistant should refer to in matters concerning care, who to call in the case of an emergency and how to relate to the other figures who are not directly involved in such matters. A meeting with the entire family may be necessary for such clarification.

It can happen that the elderly person or his relatives ask a caregiver who is particularly receptive (disponibile) and diligent to perform tasks that go beyond the scope of her
functions and skills. Being receptive in a relationship does not mean accepting to do everything that is requested. In such cases, the caregiver can express her uneasiness (disagio) when faced with requests that are unsuited to or exceed her duties and functions. To avoid misunderstandings, it is useful to draw up a written agreement in which by mutual consent the rights and duties (diritti e doveri) of the caregiver and the family members are stated. This will serve as a reference in the event of misunderstandings or problems. The agreement should include mention of workdays and hours, days off (riposo) and daily work schedule, duties, activities not required, family member to refer to regarding care and the family member to contact for emergencies.

**Verbal and non-verbal communication**

We need to be aware of the fact that communication consists of verbal and non-verbal aspects. The use of both (for example, smiling while offering an encouraging word) is important, as is a certain consistency between the two methods of communication. (For example, if our tone of voice (tono di voce) is calm and relaxed when indicating something we are about to do that involves the elderly person, our actions should not betray anxiety and haste). Our actions must be consistent with our tone of voice.

Communication with the elderly person should always be simple and direct. Our choice of words should be suited to his level of understanding and we should use short sentences, uttered slowly and pronounced clearly, especially if our language skills in Italian are not very good and/or the elderly person is used to speaking in dialect or has hearing problems.
We consciously use the communicative potential of **eye contact** (sguardo) - when speaking, but also when communicating something without using words, we should always face the person we are assisting. This position is also a sign of consideration and respect.

We should not be afraid of touching the elderly person, when this is necessary (for example to help him stand up or walk), or when it may not seem necessary (when greeting him or in a discouraging or depressing moment). If the elderly person appreciates these gestures and does not cause problems for us, they are certainly a useful way to communicate understanding and warmth.

**The importance of socialisation**

The caregiver also has another task, which is not of minor importance. It consists of stimulating the elderly person’s **interests** (interessi) and skills, even when the latter are partially impaired. Having the person tell the story of his life (perhaps using a photograph as the means to have this happen) is an important way of stimulating the person’s memory skills, just as the personal involvement that it creates in the person telling the story and the person listening contributes to forming mutual **trust** (fiducia). The same holds true if the
caregiver tells the patient about what has happened to a family member, or someone they know, or about what is happening in the world by reading a newspaper (giornale) or magazine or listening to and commenting on the news on television.

Simple games (playing cards (carte) or a crossword puzzle), watching and commenting on a film that the person finds interesting or reading a book are other ways to stimulate the elderly person’s attention, and the use of his mental faculties (facoltà mentali) and memory skills. Facilitating the elderly person’s relations with the surrounding environment (getting out of the house to take a walk (passeggiare) or to do some shopping) can be a useful way of getting to know others and to have the person you are assisting meet others who are in a similar situation. Getting out together to day centres and social centres can be helpful not only for the elderly person because of the presence of other elderly persons and the organisation of specific activities, but also for the caregiver because it offers an opportunity to make comparisons with other situations.

**Sexuality of the elderly person**

It is commonly thought that old age is a phase of life in which the individual is asexual or has deviant sexual behaviours. This prejudice lies at the core of many conflicts in the elderly person because it only increases a sense of shame (vergogna), fear, pain and maladjustment. Sexual activity tends to decrease owing to natural physical changes, but it does not disappear completely and sexual activity is also possible in old age.

Sexuality should not be defined only as the ability to have sexual relations with a partner, but rather as the meeting of two persons, two worlds, as a means of communication (comunicazione) with others. Love and hate, joys and sorrows, fantasies memories, hope for the future, etc. all flow into a person’s sexuality. An individual’s sexual life is an expression of man’s profound and constant need for love and this is even truer at an older age, when certainties fade away and affection (affetto) thus becomes a primary necessity.

Some illnesses can also have an impact on the sexual aspects of a person. Dementia can particularly induce the patient to lose all inhibition (leading him to undress in public and
expose his genitals or towards excessive masturbation, etc.). In these cases, the family should be advised to consult the family doctor with confidence, to investigate the possibility of pharmacological treatment or behavioural strategies to limit these situations.

The significance of death (morte)

The terminally ill, the deceased, and elderly persons who are nearing the end of their lives and often associated with states of illness, are reminders for younger people of an end, of the condition of being mortal. The usual attitude is to avoid them, to keep them at a distance, thus creating a context of isolation that accentuates a feeling of exclusion (esclusione) in the elderly person. However, not all elderly persons approach death with the same feelings as younger persons. In fact, some studies have demonstrated that elderly persons do not have a fear of death per se, but rather a fear of ending up in a rest home and of prolonged illness accompanied by pain and physical suffering.

On the other hand, in addition to the physical and psychological burden involved in assisting an elderly relative, family members may have feelings of guilt before the death of their relative and thus wonder whether they can do more for the person who is ill. However, they may also have these feelings after the death of their relative and thus feel guilty about that inevitable sense of relief that follows a long period of care. Despair and pain over the loss (perdita) can be partially alleviated if the family member has someone to talk to about his feelings. It is also very important that the family member does not see his relative endure suffering, asking the family physician to alleviate the pain, and thereby preserving the patient’s dignity (dignità) down to the last moment when death occurs.
Created by the Region of Emilia-Romagna
Health and Social Policies General Management - Service for the Planning and Development
of the Social and Healthcare Services - Area for the Elderly and Disabled Persons as part of
the integrated project services supporting the regularisation and qualification of domestic
caregivers of the elderly and the disabled

Booklet texts drafted with the collaboration of:

Federica Aleotti  Psychologist - Local National Health Service Unit (AUSL) of Reggio Emilia
Maria Grazia Battistini  Social Worker - Municipality of Cesena (FC)
Silvia Bellettini  Supervisor of Assistance Activities - Elderly Health Care Service (SAA)
of Modena
Susanna Beltrami  Supervisor of Assistance Activities - Elderly Health Care Service (SAA)
of Modena
Andrea Fabbo  Geriatrician - Local National Health Service Unit (AUSL) of Modena,
District of Mirandola (MO)
Agnese Fabbri  Nurse - Geriatrics Hospital Unit - long-term hospital unit for Post-acute Phases
and Extensive Rehabilitation - St. Orsola-Malpighi hospital of Bologna
Diana Gavioli  Health-care Assistant - Local National Health Service Unit (AUSL) of Modena,
District of Mirandola (MO)
Saadia Lafhimi  Cultural-linguistic coordinator - “Mosaico” Equal Opportunity Committee,
Bazzano area (BO)
Letizia Lambertini  Coordinator of the “Mosaico” Equal Opportunity Committee,
Bazzano area (BO)

Eliana Lombardi  Rehabilitation therapist - Geriatrics Hospital Unit - long-term hospital unit
for Post-acute Phases and Extensive Rehabilitation - St. Orsola-Malpighi hospital of Bologna
Mohammed Louhui  President of AMIL - Association of cultural-linguistic coordinators
of Bologna
Marinella Richeldi  Coordinator in charge of the Social Services of Modena
Eros Rilievo  Supervisor of social services area - Modena-Training (MO)
Sara Saltarelli  Social Worker - Social Services Cooperative [Cooperativa Sociale] “Dolce”
of Bologna
Chiara Scarlini  Social Worker - Municipality of Mirandola (MO)
Roberta Sordelli  Head Nurse, Surgery Hospital Unit - Hospital of Bazzano (BO)

Project Superintendent:
Simonetta Puglioli  Area for the Elderly and the Disabled, Region of Emilia-Romagna

Translations, illustrations and printing by:
Tracce s.r.l.

This booklet has been translated into Russian, Polish, English, Arabic, Romanian, French,
Spanish, Albanian and Italian and can be downloaded from the following website:
http://www.emiliaromagnasociale.it - click on elderly (anziani).