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**Religion as a Source of Resilience  
for Elderly Greeks in Melbourne,  
Australia**

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## An Introduction to ATINER's Conference Paper Series

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Dr. Gregory T. Papanikos  
President  
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**Abstract**

The aim of this qualitative study was to explore the health beliefs of elderly Greeks in Melbourne, Australians and the ways in which they understand health and disease. This paper presents the role of religion in coping with and understanding cardiovascular disease (CVD). Religion is of great importance to the Greek elderly of Melbourne on a number of levels. Their strong religious faith is embedded strongly within their culture, as they were raised to have a strong faith in God and not question any aspect of their religion or God's will. Religion, for this group, serves as a lifelong source of resilience and also supplies context-specific behaviors that serve in times of illness or hardship. Religion, in a sense, can equate to a coping mechanism for this group with respect to adjustment to a chronic condition such as CVD. In this context, religion can be seen as a key component to accepting and understanding their condition. For the Greek Australians who participated in this study, their resilience is notable as their strong religious faith has the power to influence their emotions and how they recognize and conceptualize their particular health condition. For them, their religion serves as a source of strength and also a means by which they can make sense of their condition that is more powerful than alternate explanations offered by the medical profession and also more adaptive.

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## **Introduction**

Religion is of great importance for the elderly Greeks of Melbourne, Australia. This population has been raised not to question any aspect of their religion or God. This aspect of their culture they have ensured to maintain and often remind their children and grandchildren that, during illness or any such difficulty, one should not be afraid to ask for God's help. Religious rituals, as they see it, exist to provide emotional strength. This paper presents findings from a qualitative study undertaken in 2011, in Melbourne, Australia that investigated the conceptualization of health and belief practices among elderly Greek Australians. The focus of this paper in particular is the role of religion as a source of resilience for elderly Greeks in Melbourne Australia at times of serious illness. This paper has been divided into seven sections; firstly literature will be presented on culture and health, Greek population of Melbourne Australia, health beliefs, health and illness behavior, religion and aging and religion as a source of resilience. Secondly, a discussion will follow on the topic of religion as a source of resilience for elderly Greeks in Melbourne, Australia.

## **Culture and Health**

It is quite expected for individuals to want to give meaning and an explanation to a particular experience and often this meaning stems from their culture (Geertz, 1973). For example, the way a particular cultural group may conceptualize both health and illness can derive from their cultural conceptualization of disease. The meaning of illness is often found in the culture of the individual involved. Thus, culture has a significant role in determining both health and health behaviors. Cole, Stevenson and Rodgers (2009) suggest that culture may be a way that an individual can better understand and interpret a particular illness. Culture can also provide an explanation as to why people choose to take a '*sick role*', which has been described in the literature as the meaning an individual gives to a particular illness, for example, whether they choose to see a doctor and thus become a patient (Hartog and Hartog, 1983). The '*sick role*' also defines how any given person will behave when sick and how, in turn, those actions will be understood by others. Cultural practices (i.e. traditions and beliefs) are culturally acquired ways of thinking that have been handed down by elders for generations and can shape health beliefs and practices. These cultural norms relating to health are not necessarily grounded in medical fact, instead, they are learned from the society in which a person lives in and over time become embedded in ones culture as '*trustworthy*'. This indeed can be very powerful, particularly the meaning that culture may give to illness and/or health. For example, traditional views about health may affect the way elderly Greek Australians respond to medical advice and adapt to their own condition (Avgoulas and Fanany, 2011). The process of understanding and in turn adjusting to a particular health condition varies significantly. This issue is discussed by Williams and Healy (2001), highlighting how health beliefs may be a factor in making individuals reluctant to seek support outside their family. Trostle (2005) elucidates that culture can also influence measures of prevention to illness, how a particular cultural group may perceive disease and what treatment if any is appropriate. Culture can also influence how illness is perceived within a family. It was suggested by Mystakidou et al. (2005) that within the Greek populations it is a patient's family that often makes decisions relating to provision of care or information disclosure. Mechanic (1992) describes health as a formation of both culture and social structure. For example, Greek culture has a strong influence on health for members of this population. A strong cultural belief held by elderly members of the Greek community of Melbourne Australia is that illness is a private matter that should not be discussed in public (Avgoulas and Fanany, 2011). This

cultural conceptualization however has created a dilemma among this population because, even though they realize it would be appropriate to discuss their illness with their doctor or with other health care personnel, it is very difficult for them to do so because such action would violate a deeply held cultural norm.

### **Greek population of Melbourne Australia**

Melbourne, Australia is a cosmopolitan city of more than three and a half million people. Characterized by many ethnic groups, among these are the Greek's of Melbourne. The city of Melbourne has the world's largest Greek population outside Greece. Greek migration to Australia dates back to 1827, but the vast majority of Greeks arrived between 1945 and 1982. The term '*lucky country*' has often been used by the elderly members of the Greek community to describe Australia. The Greek migrants who left their country of birth all those decades ago in search for a new beginning had so much hope and aspiration for a better life. The vast majority of them arrived on the shores of Australia with nothing more than a small suitcase that was filled with very few material possessions but made up for this with traditions of their culture and way of life that was and still is their most valued possession. Particularly the elders of this community have ensured that their culture and traditions are kept very much alive and are handed down from generation to generation. The Greek culture is one of great interest and history. The Greek population is particularly proud of their culture. This is a key characteristic of the Greek community of Australia. Young and old Greek Australians speak of their country of origin with great pride and passion as it represents their nationality and ethnicity. At a community level the Greek population of Melbourne are well established with;

1. 100 language schools
2. Three bilingual colleges
3. 42 Greek orthodox churches
4. 24hr Greek radio station
5. Greek newspapers published weekly
6. Greek pay TV channels that broadcast from Greece
7. Youth, elderly, welfare, social, cultural and sporting organizations

Greek orthodox is the dominant religion with the church being more than a place of worship. The church is often the centre for the local community. Many elderly recreational and social groups are connected to the church.

### **Traditional Health Beliefs**

The vast majority of the Greek elders of Melbourne Australia have migrated from poorly developed rural areas of Greece and few have even completed basic schooling (Fakiolas, 2002). Often health services and/or health interventions are unfamiliar to this population, examples being occupational therapists, dieticians or other practitioners in rehabilitation fields and this may cause members of this group to be skeptical towards treatment plans and methods of treatment for a particular illness (Keleher and Hager, 2007; Papa et al., 2009). This phenomenon is of great significance and often a reason why this group is known to prefer home remedies or traditional approaches to serious illness, as their cultural background influences how they perceive or respond to various health concerns. A strong belief held by elderly Greek Australians is that they do not necessarily need to see doctors all the time

because they have home remedies that have been handed down to them (Avgoulas and Fanany, 2011). This view is a manifestation of the fact that the Greek culture has a great deal of accumulated wisdom that individuals feel is effective and appropriate. They would generally rely on home remedies of one kind or another, even if they were under a doctor's care. Some seem to trust their efforts more than modern medicine because they feel they understand the basis on which home remedies are developed and are confident about the properties of the ingredients. They also believe that the legacy of tradition surrounding these remedies vouches for their safety and usefulness (Avgoulas and Fanany, 2011). Similarly remedies are used to treat asthma among Puerto Ricans or diabetes among Hispanic Americans (Pachter, Cloutier, and Bernstein, 1995; Zaldivar and Smolowitz, 1994).

### **Health and illness behavior**

There is a plethora of literature documenting the vital role that culture holds in how an individual and/or populations may conceptualize both health and disease and the rippling effect it has on the experience (Angel and Thoits, 1987). Cultural differentiation had been identified in the experience and reporting of pain by Zborowski (1952). This is of significance as it elucidates the role of culture in the meaning people give to illness and the behaviors that may be associated (Mechanic 1962) as behavior may be influenced by cultural values (Hartog and Hartog, 1983). An example of this is the Greek cultural attitudes towards illness. The Greek people are very supportive when a member of their family is sick; instinctively they take on the care role as their responsibility and duty. When a Greek patient is in hospital; their relatives visit and stay as long as possible, often disobeying policy and procedures put in place by the medical facility such as limits on visiting hours or number of visitors. This is not a deliberate act to disrespect the rules but a misunderstanding due to their cultural interpretation on appropriate behavior. The meaning that people give to the experience of illness is important as it can determine whether they are willing or capable of seeing themselves as a person with a health problem, that is to make the choice of seeing a doctor, accepting treatment and thus become a patient. There may be many reasons for this, but it is often assumed that people make such choices in light of social benefits that may accrue from certain kinds of behavior (Blalock, Beard and Dusetzina, 2010). In this context, the sick role has been described by Mechanic (1978) as a method of coping and a way to explain failure and/or disappointment associated to illness or even the inability to perform various social roles. Among the elderly Greek population of Melbourne, Australia, the sick role can be described as a way of coping particularly during a serious illness of chronic nature. Health among this population is closely linked to religion and God, as they conceptualize their health as a manifestation of God's will and feel strongly that health comes from God and it might be possible for a person to influence his or her own health through religious observances. In this sense, they recognize there to be a close connection between religious expression and a manifestation of this expression in the form of health and well-being (Avgoulas and Fanany, 2011).



## **Religion and Aging**

There is an abundant volume of literature elucidating the positive nature of religion for the overall health and wellbeing of the elderly (Lavretsky, 2010; Koenig, 1995; Levin, 1996). It has been noted by Koenig (1993) that older Americans and the elderly tend to deal with “loneliness, anxiety, tension, hopelessness or depression through prayer and faith in God” (p.195). Religion has been described in the literature as a source of support and a means of adjustment particularly for the elderly (Kubler-Ross, 1969). Further, as noted by Koenig (1993) religion is a source of protection in later stages of life against anxiety and depression by improving an individual’s overall wellbeing. Avgoulas and Fanany (2011) elucidate that among the Greek elderly of Melbourne, Australia, their means of coping with both stress and anxiety is through religious expression and by seeking strength in their faith. In a study undertaken by Koenig, Moberg and Kvale (1988) of 106 elderly patients it was reported that almost all of them considered members of their church congregation as their closest of friends, suggesting the importance of religion in forming and maintaining social communities. It was noted by Pargament et al., (2004) that methods of positive religious coping, such as search for religious support among elderly patients, were linked to improvements in health. This is of great significance as noted by Lavretsky (2010) who connected reduced mortality to spirituality and religion. Similarly a study by Zuckerman, Kasl and Ostfeld (1984) describes lower mortality rates among chronically ill older adults who felt their strength came from religion.

## **Religion as a Source of Resilience**

A natural process of human nature is for people to give meaning to an experience, particular situations of a serious nature (Park and Folkman, 1997) as this can be of benefit to individuals’ psychological wellbeing (Pargament and Cummings, 2010). The vital role that religion holds as a source of coping and a means of resilience to meaningful life stressors is well documented in the literature (Pargament and Cummings, 2010; Prado et al., 2004; Friedman et al., 2006; among others). Further to this, research undertaken by Ai et al., (2004) illustrated that prayer undertaken by patients in anticipation of heart surgery has value as a means of coping. Through religious faith individuals and/or groups can give meaning to an experience. Religiousness provides a level of understanding and the ability for people to endure the effects of various life crises such as illness, as religion has been associated with social support and a means of coping. Koenig, George and Siegler (1988) looked for methods of coping to stressful events among a random sample of 100 people. The study revealed that 45% sought comfort in religion, through prayer and placing trust in God. Adding to this, Vaillant and Milofsky (1982) stated the elderly who are part of a religious community and/or take part in prayer are unlikely to consume alcohol or, if they have an alcohol related addiction, religion helps them manage and overcome it. Similarly religious services have also been associated with enhanced quality of life for victims of domestic violence Gillum, Sullivan and Bybee (2006). Finally a study by Koenig (2007) documented less hostile behavior in patients who held strong religious beliefs prior to heart surgery. Tarakeshwar et al., (2006) in their study of advanced cancer-patients, identified an association between religious coping and better quality perceived support. Studies such as these and many others contained in the literature further show that religious people show greater personal empowerment and demonstrate a clear connection between religion and resilience.



## Discussion

For the elderly members of the Greek community in Melbourne, religion permeates every aspect of their daily and community life. This is in contrast to the larger population of Australia for whom religion holds much less significance in their daily practices. The Greek community in general has maintained a very strong religious identification with their church as well as with the practices of their ancestors. This is driven in large part by the older members of the community who have recreated the religious/social connections of their experience before emigrating and passed on the importance of these social institutions to their children and grandchildren. As this original generation of Greek immigrants aged, it began to experience the same kinds of health problems as the Australian population as a whole. As a result, there is now a significant subset of the chronically ill elderly of Greek origin whose experience of illness and methods of coping are very different from the English-speaking mainstream. This group is, as a whole, highly resilient and has generally been able to find meaning in what would otherwise be very distressing, health-related conditions. This ability is directly related to the religious beliefs and faith of the individuals involved, which in turn are deeply embedded in their native Greek culture and its adaptation to the Australian context. Among this population, health is closely linked to religion and God, as they see health as a manifestation of God's will.

This understanding derives from the precepts of religion that individuals apply to their life experiences. One older member of this community, interviewed as part of a study on the experience of chronic disease, emphasized that to be ill, particularly from a serious condition like heart disease, is something that is determined by fate and said; "Our life from the time of our birth to the time of our death is predetermined by God. God is the only one who knows our fate. If it's our fate to have a chronic illness, to have a heart attack, there is nothing we can do about it". The understanding of disease etiology among elderly Greeks means there is no real need to change their behavior as illness is a manifestation of luck/destiny, and destiny is a manifestation of God's will. This group largely perceives their state of health to be an aspect of fate (*τύχη*), as expressed by another elderly individual: "Health is dependent on our overall fate and our fate is determined by God." Another reflected on health as, "Being the best thing someone could have and one is lucky to be healthy, but health is not something you buy, you cannot just have health because you want it. It's something that God can only give you. It's our fate. It's God's will if we are healthy or not". Many older members of this group express a kind of fatalism associated with health. For example one stated, "If it's written in our fate to be healthy, then we will be healthy." And another confirmed this, saying, "It's luck . . . it's all predetermined." Interestingly, the idea that each person has a destiny that cannot be refused seems to support resilience in this group of older Greek Australians because it seems to imply that a person cannot diverge from his or her appointed life course which seems to offer a level of comfort and resilience in adversity.

Luck (*τύχη / γραφτό*), for these individuals, does not have the connotations of randomness the word has in English. The view held by the Greek elderly of Melbourne is that being healthy at an advanced age has an element of luck because individuals cannot predict what their condition will be as their condition was determined by God in accordance with His judgment for them and hence not random in the sense of having no purpose. As noted, religion is of great importance for this

group as they were raised to have strong faith in God and to never question any aspect of their religion. The strong belief held by this group is that all people are at the same risk of becoming ill, as they perceive illness to be determined by luck and fate. This should not be mistaken as a punishment from God as they describe God by using words such as “good” and “love” and believe that He will not allow people to suffer and will not send trials that are beyond their ability to bear. They describe God’s plan as unknowable, but everything that happens is part of it. These elders have ensured that they maintain this aspect of their culture and often remind their children and grandchildren that, during illness or any such difficulty, one should not be afraid to ask for God’s help. Interestingly, the view that illness comes from God and hence cannot be prevented does not make these older individuals feel helpless or lacking control over their own life. Instead, the belief that God knows best and will protect them, even in illness, is comforting and provides a sense of security greater than the challenges of their condition. This is not to say that illness or other serious events are not distressing or upsetting to this group, but they are manageable through the certainty that a religious interpretation provides.

Religious rituals are viewed as providing emotional strength, particularly during illness, and as a means of understanding and accepting a serious health condition. This population feels very strongly that health comes from God, and it might be possible for a person to influence his or her health through religious observances. Certainty that anything they experience has been experienced before by their cultural ancestors has convinced them that religious-based practices to deal with it are effective. For this reason members of this group believe that they can never turn their back on their faith or God and emphasize that they need to accept their fate and what God has pre-determined as their lot in life. Many members of this group feel that their religion protects them. They describe church to be a safe place and give the example of how rituals such as Holy Communion or Holy Unction make them feel calm, supported, provide strength, courage and a means of accepting their particular health condition. One elderly woman shared her understanding of the importance of Holy Communion for an individual’s emotional wellbeing: “When my husband was sick this helped him emotionally. The final communion before death is very important for us spiritually and doctors need to understand this”. Another mentioned that religion has helped her accept her condition and has provided her with an understanding that “Things just happen, unexpectedly, just like an illness”. She went on to describe religion as a kind of a good luck charm, (*φουλακτό*) stating, “in the morning when my children leave for work I pray for them to be safe and I know this protects them”. These ideas are readily expressed by older members of the Greek community who have experienced a serious illness, demonstrating the kind of meaning-based resilience described by Pargament and Cummings (2010) among others. The rituals of their faith offer patterns of behavior in times of trouble but also provide a vehicle for the expression of emotion as well as reassurance and connection with the larger community of faith.

Overall, religion plays a very significant part in their lives socially as well as emotionally. Additionally, in their feelings at least, it binds them to their original homeland and to the culture and experience of their ancestors. In addition to drawing personal strength from their religion, this group views its own experience through the lens of faith. Their faith offers a means for understanding the misfortunes of life, including chronic or serious illness in old age, and also suggests a meaning for these

events. Meaning-based resilience has been observed to be very strong and more enduring, especially among the elderly (Folkman,2008), and religion is one of the most powerful sources of this kind of meaning. For the elderly Greeks in Melbourne, Australia, there can be no doubt that religion offers a framework into which illness fits as an expected potential life experience. The associated cultural practices are also available as part of the same framework as are linguistic terms that allow such experiences to be discussed and shared with others. Unlike the mainstream Australian population, the Greek community has so far maintained this traditional framework, largely because of the importance ascribed to their culture and traditions by its oldest members. At present, subsequent generations of Greek Australians have grown up within the cultural context created by the immigrant generation despite being highly assimilated in other ways. The many community organizations noted above are supported largely by members of the second and third generation, especially the schools and other institutions that serve children and youth. It remains to be seen, however, whether faith plays as important a role for these individuals as it does for the older members of the community and, more importantly, whether it will serve them as well as a source of resilience as they move through the life course.

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