

**Athens Institute for Education and Research
ATINER**



**ATINER's Conference Paper Series
PSY2017-2440**

**Intergeneration Trust in the Context of Health and
Wellbeing in Diaspora**

**Maria-Irini Avgoulas
Associate Lecturer
La Trobe University
Australia**

**Rebecca Fanany
Associate Professor
Deakin University
Australia**

An Introduction to
ATINER's Conference Paper Series

ATINER started to publish this conference papers series in 2012. It includes only the papers submitted for publication after they were presented at one of the conferences organized by our Institute every year. This paper has been peer reviewed by at least two academic members of ATINER.

Dr. Gregory T. Papanikos
President
Athens Institute for Education and Research

This paper should be cited as follows:

Avgoulas, M. I. and Fanany, R. (2018). “Intergeneration Trust in the Context of Health and Wellbeing in Diaspora”, Athens: ATINER'S Conference Paper Series, No: PSY2017-2440.

Athens Institute for Education and Research
8 Valaoritou Street, Kolonaki, 10671 Athens, Greece
Tel: + 30 210 3634210 Fax: + 30 210 3634209 Email: info@atiner.gr URL:
www.atiner.gr
URL Conference Papers Series: www.atiner.gr/papers.htm
Printed in Athens, Greece by the Athens Institute for Education and Research. All rights reserved. Reproduction is allowed for non-commercial purposes if the source is fully acknowledged.
ISSN: 2241-2891
27/04/2018

Intergeneration Trust in the Context of Health and Wellbeing in Diaspora

Maria-Irini Avgoulas
Associate Lecturer
La Trobe University
Australia

Rebecca Fanany
Associate Professor
Deakin University
Australia

Abstract

Trust between members of different familial generations characterizes the Greek diaspora community in Melbourne, Australia. This intergenerational trust is particularly apparent in the context of health and well-being where family members rely on each other for support and advice as well as for culturally specific insights into the interpretation of health and illness. Reliance on traditional health-enhancing practices also show the effects of intergenerational trust, which often contradicts the interpretations suggested by modern medicine and societal views. A total of 48 female participants from 16 families, representing the immigrant, first and second Australian generations of the Greek diaspora, participated in a qualitative study to elucidate the nature of the experience of health and illness across generations. Melbourne, Australia is known for its well established Greek community and its maintenance of Greek culture and way of life. Despite long residence in Australia, cultural is central to community experience, despite acculturation and shifts in perception in the context of health and wellbeing. This paper will discuss the role of intergenerational trust in upward and downward transmission of cultural knowledge across generations. The impact of intergenerational trust is also discussed in relation to the conceptualization of health, acceptance of health interventions and health-enhancing behavior grounded in traditional beliefs and practices that have withstood the test of time. These issues have implications for the overall health of the community as they may affect the ways in which individuals and groups interact with the formal healthcare system and understand their own experiences of health and illness.

Keywords: Intergeneration trust, health, wellbeing, culture, Greek diaspora

Introduction

The Greek community in Melbourne, Australia, is longstanding and cohesive. Over time, it has established and runs numerous organizations and groups dedicated to preserving the culture of Greece in Australia and that serve as a forum for culture-specific interaction. The community retains a strong sense of identity associated with its heritage that remains very strong, despite a high level of integration into the Australian mainstream. At present, the oldest members of the community are grandparents whose children and grandchildren were born in Australia and, increasingly, are native speakers of English with the same sorts of experiences, occupations, and lifestyles as the majority of the population. However, there are certain aspects of their life that are distinctly Greek and have been directly influenced by the immigrant generation. Among these are elements of daily life such as food choice and use of Greek words and terms but also a strong religious identification with the Greek Orthodox Church. Religious faith is, in fact, a key element in personal identity for most members of the community, and belief links the Australian-born generations, as well as the immigrants, with Greece and their cultural heritage.

Religion and Health

There is a large amount of research linking religion, spirituality and overall health and wellbeing. Religion has been associated with a number of positive indicators, such as life satisfaction, happiness, life purpose, and social support, that may counter negative behaviors like suicidal acts and thoughts, drug and or alcohol use or abuse. In the context of mental health, religious belief has been credited with supporting faster recovery from depression and lower rates of depressive illness (see, for example, Koenig 2004; Moreira-Almeida et al. 2006).

Similarly, the value of religion in times of stress has been noted by a number of authors. Koenig (2004) suggests that even individuals who are not religious at other times may turn to religion as a source of support and comfort when faced with adversity. The role of religion in coping with challenges like illness has been observed for various religions, where it appears that faith in general is the crucial element, as opposed to a specific belief.

It is a natural process of human existence to explain and seek meaning in the experiences of the life course. In the context of life and death and their relationship to illness, the literature suggests that this meaning and various explanations for human experiences can be found in faith (see, for example, Murphy et al. 2003). Satisfaction with these answers may support positive psychological outcomes (Pargament and Cummings 2010). Pargament (1997) notes that religion can provide a source of social support and even act as a buffer to further stress. Tix and Frazer (1998) add that the role that religion in the context of adjustment is particularly important, especially in the event of major medical interventions. Prayer is discussed by Ai et al. (2004), who suggest this ritual can be a means of coping for individuals who participate in it. Yangerber-Hicks (2004) discusses the empowerment that some individuals diagnosed with a mental illness experience from their faith.

Individuals approach health and illness in different ways, and this perspective derives from their experiences but also from the sources of understanding available to them. Koenig (2004) finds that religion may serve as a basis and provide a framework for making health decisions and choosing methods of appropriate treatment. Ebstyne

(2003) suggests that models associated with religion and leaders of faith may provide behavioral norms and that can strengthen individual self-conceptualization. While considerations of faith generally do not figure into treatment plans and medical assessments (Koeing 2004), views that derive from religion and faith are important to individuals in assessing and addressing their own health as well as the health of family members. In this, the resources offered by religion may be significant in providing people with a culturally validated means for responding to the challenge of illness.

Religious faith and practice are normally handed down from generation to generation and may form part of the daily behavior of individuals in a given community. Younger people are gradually brought into the practices and belief system of the adults in their life and learn the ways in which religion is understood by those around them. In the case of the Greek community in Melbourne, this is especially significant because it is this religious practice that has become the main marker of identity among younger people of Greek background who generally do not speak Greek fluently and have a lifestyle that is like their peers from other cultural backgrounds. Faith in this case determines religious practice and observances and also suggests certain attitudes and approaches to health, illness and wellbeing that are characteristic of the Greek community.

Trust between the Generations

Intergenerational trust in the context of immigration has been of interest for some time, especially in terms of whether it might influence economic achievement and social mobility. Algan and Cahuc (2010), for example, uses various trust measures among immigrants to the United States as a means to estimated economic growth over time. Trust within families is also important in the transmission of cultural information, attitudes, and perceptions. Dohmen et al. (2012) find that children's level of trust correlates with parental levels of trust and suggest a causal effect of parents on children. Guiso et al. (2006) determines that the level of trust in a number of immigrant groups in the US correlates with average trust in their country of origin, while Algan and Cahuc (2010) note that trust among immigrants is related to trust in their heritage region. Ljunge (2010) builds on this work. His findings are especially significant for the present study and suggest that trust is higher in communities with a history of higher trust; mothers are more significant than fathers in engendering intergenerational trust; and, if high enough, intergenerational trust is maintained even in low trust environments. Ljunge (2012, 2013, 2014a) notes the importance of such trust in a range of domains, including health. Religiousness has also been considered in its relationship to trust, in which level of optimism is significant (Berggren and Bjornskov 2010). In this, it is important to note that the generations born outside of the heritage country are not subject to influence from the institutions of the family's culture of origin; they are part of the institutional environment of the country of settlement. For this reason, it is parents and grandparents who serve as the vehicles for cultural transmission, including trust (Bisin and Verdier 2001).

The existence of trust, whether in an economic or cultural sense, is closely related to intergenerational learning which occurs informally in families (Hoff, 2007). Typically, this transmission of information occurs from older to younger members and is intended to maintain the ancestral culture and form a connection between younger people and their heritage. While it has been suggested that traditional patterns of intergenerational learning are changing due to concomitant social change (Newman and Hatton-Yeo, 2008) resulting in less contact between younger members of older

family (grandparents), this has not been a significant feature of the Greek community in Melbourne. In other words, while it has been observed that changes in family structure in many western countries are resulting from familial generations living apart and working longer hours, the Greek families in Melbourne remain close knit, with many younger people having ongoing and intense interaction with grandparents and other, older family members.

A number of authors have been concerned with the relationship between trust and health, specifically the ways in which trust might influence health behavior see, for example, Ehrlich 2000, Skinner and Staiger 2007). While these authors were more interested in the individual's trust in the social environment as associated with health behavior, it has also been suggested that trust as manifested in the existence and nature of social networks also has an effect on health (Ronconi et al. 2012). Ljunge (2014b) shows a relationship between trust and psychosomatic health effects. This may be especially relevant for the Greek community in Melbourne where, as discussed below, traditional methods for addressing health concerns that are not grounded in evidence-based practice remain common and trusted. It has also been found that the maintenance of views on health is strongest for the second generation and tends to drop off significantly after this point (Borjas 1992, Antecol 2000). This potentially counter-intuitive finding is also especially relevant for the community of interest here where it is notable that the second generation individuals, many of whom are now teenagers, often show a significant interest in the health beliefs of their grandparents and other immigrant relatives that often surpasses that of their own parents who may be more invested in the mainstream practices of Australian society.

Methodology

A multi-generation study of women of Greek background was carried out in Melbourne, Australia. Participants were chosen from three generation families that included a grandmother who immigrated from Greece, typically in the 1950s; a mother who was born in Australia; and a daughter representing the second Australian generation. The members of the immigrant generation were aged from about 58 to about 78 at the time of interview, while members of the first generation were aged between 37 and 50, and the youngest participants were from 16 to 18 years of age. The study focused on health knowledge, attitudes and beliefs and, for this reason, focused on women, as the primary caregivers in the traditional Greek context and for their role as family decision makers (see Smolicz et al. 2001, Pauwles 2005).

The participants were interviewed individually beginning with the youngest generation of each family in the language of the individual's choice. While the immigrant generation was most comfortable speaking in Greek and, in fact, generally had limited English facility, the first and second generation participants were all primarily English speakers. The mothers tended to be bilingual, but the youngest women were not able to converse fully in Greek but did use individual terms and phrases, especially for items and concepts associated with the Greek cultural context (religion, food names, familial terms of address, etc). Interviews were recorded and transcribed and subjected to a process of thematic analysis at the level of the individual and family. This allowed for transmission of ideas across generations to be identified and patterns of cultural practice to be elucidated.

Ethics approval for this study was granted by the Human Ethics Advisory Committee of Deakin University in Melbourne, Australia. The names used in this paper have been changed to protect the families' identity.

Findings

The focus of this study was the transmission of information directly and indirectly related to health across the generations. It was found that the participants associated religious beliefs and practices with health and tended to view physical health, mental health, and religious principles as a continuum. They did not differentiate between folk religious practices and those that derive from the official teachings of the church in the sense of their perceived value in supporting health and wellbeing. In fact, many participants of all generations placed the same value in terms of emotional wellbeing on activities like attending church or praying and using folk rituals perceived to have a religious basis. Participants also expressed a belief in folk remedies that many viewed as most effective in cases of mild illness. In all cases, these practices came from the grandmothers who taught them to their daughters and granddaughters.

The views of the participants fell into three categories: health remedies grounded in the collective experience of the Greek people and deriving from the living environment in which the culture developed; ways of coping with health problems that derive from the teachings of the Church and represent religious observance; and folk practices intended to address health problems that are seen as having a religious dimension but that are outside the teachings of the Church. The following examples illustrate the conceptions of health and wellbeing reported by the participants in this study. The grandmothers spoke in Greek, while the members of the two younger generations used English.

The participants from the Michalidis family described their approach to home remedies that come from the Greek context. The grandmother said: *"Illness was treated differently in Greece there, with remedies and plants."* Her Australian born daughter explained: *"I believe if you have manuka honey, a tablespoon a day, you will live until 100. Going back years ago, 10 – 15 years, I did a demonstration in marketing for a company that made the manuka honey, a gentleman who was from overseas, a heavy smoker, a heavy drinker, and they say they are the main factors of getting cancer and dying at an early age. He was having a tablespoon of manuka honey every day and he lived until 105. And I believe pure olive oil, is very good for you, not as much as fruit and veg. I know about the olive oil from my mother, from the Greek background, growing up every day we add oil to everything, pure olive oil to everything. Or you get a sore throat, take a tablespoon of honey, you can't go to the toilet, have a tablespoon of oil. This is what my mother has told me and I do that in my house, my son coughs, have a tablespoon of honey."* The youngest member of the family summarized her views as: *"Honey, I think, honey cures a lot of things ... when I'm sick I take manuka honey."* Manuka honey is native to Australia and is widely considered to be the most desirable type available in the region.

The members of the Giorgiopoulos family had similar views. The grandmother explained: *"When I was young in Greece, the older women would use natural remedies – I know some, use (them) and have told my children. Herbs are very good and tea too, chamomile tea, mountain tea and nettle. These are cleansers for the body from all the toxins."* Her daughter said: *"I still use remedies that Mum has told me. When the kids have a cough, we would cut up onion and put sugar, honey, in a mug, slices of onion. It works, until today. Cover it with Glad Wrap, in the morning it would be syrup and that syrup, I would give it with a spoon. And it would help."* The granddaughter reiterated these views, saying: *"There are some home remedies that we will use. My grandmother would cut up an onion and she would put it in a cup. She would put a bit of honey and a teaspoon of sugar, leave it overnight in the fridge so in the morning it has produced a cold juice. It's sweet but it still tastes like onion and*

you drink it and it makes your sore throat go away. I have done this heaps of times and its soothing because of the honey. It's like having a teaspoon of honey."

Several of the participant families relied on orthodox religious practice as a way of dealing with illness. Their beliefs center on the power of faith in the context of health. The members of the Milopoulos family explained. The grandmother said: *"My sister is sick and the doctors cannot help – our hope is in God for a miracle."* Her daughter said: *"There is prayer, when GP's cannot help us. We turn to God and ask for His help and this gives people hope. I believe prayer is a sense of hope."* The granddaughter explained: *"Prayer is something that can help you when you feel helpless and that no one else can help you apart from God. By praying it ignites hope in your heart."*

Similar views were expressed by the Lemoni family. The grandmother stated simply: *"Our faith is strength and hope – God is strength."* Her daughter elaborated on this: *"Religion helps us when we are sick and even when we are not sick. Personally, it calms me down and I feel an inner peace when I pray or when I go to church or when I look at icons. Religion for me is a support. The church / faith is from my parents and what I was raised with growing up. Holy Unction, blessings, spiritually, things like this help the soul and, psychologically, it helps you cope, manage and give you strength."* The granddaughter described her own experience as follows: *"At times, I asked to see a priest because this is something a doctor cannot understand. I choose church because I always know it can help. When I was really little and she [her mother] would always tell me that she would go to church or get a priest for support and to help her prepare and that's how I knew straight away that I have to [as well]."*

The members of the Eleftheriou family described how faith applies in the context of health and illness. The grandmother explained: *"Cancer, there is no cure for cancer. There is a cure for one thing and then there is something else. There was TB. There is a cure for that now [but] there is cancer. They are trying to find the cure but they need to be guided by God."* Her daughter noted: *"We have the service of the Holy Unction that is specific for health, for emotional and physical health. Olive oil is used in that and we know, from ancient times until today, olive oil has healing qualities so that is why it is used, and the flour used in Holy Unction we can make into a Πρόσφορο."* The granddaughter expressed a more universal view: *"It's important to be spiritually healthy, to have a connection with God and afterlife to go to heaven. It does not matter what you do here, it's the afterlife. It often plays on my mind, to do the best thing, to have a good relationship with God and that will help me grow as a person."*

Discussing the specific practice of fasting, as opposed to faith or a broader spiritual outlook, the Dimas family explained as follows. The Grandmother said: *"Fasting what we do in our religion. We have our religion inside us, we are born with one πατριδα and one religion. We always fast on Holy celebrations, from when I was young in Greece, so we can receive Holy Communion. This is something that is neglected by the young people. We still maintain this a bit. Fasting is good, as we know, our body get cleansed."* Her daughter explained: *"I believe that fasting is a good thing as it's a detox. I don't know a lot of people our age doing the whole fasting. The oldies tend to do it, but sometimes what they do and the extremes they take it to, I don't know how that's healthy."* The granddaughter reflected her mother's view: *"I don't know... [Fasting is] good and bad, like for Easter and stuff when you give up meat and all that, but then you have to go off everything else."*

In addition to holding very strong views about faith and the practices of the Church, many of the participants in this study had clear perceptions about folk religion and folk magic, much of which centered on the evil eye. The members of the Papas family discussed this as follows. The grandmother said: *"My son-in-law, my daughter, my*

children, my grandchildren, whoever, 'Mum my head, γιαγιά my head hurts,' and they too have learnt to say, 'Can you do the evil eye? Yes, the grandchildren, and then I start doing it. I learnt it from my mother. You need to learn this from a male and a male tells you. This is how it happened. My uncle wrote it down, my mother told him in Greece, and he sent it to me and I learnt it.' Her daughter explained: "I've passed it on to my kids too. The μάτι, I believe in that. I know how to do it and I even do it without people knowing and then they come up to me and say, 'Ohh great. I feel better now.' Like when one minute they have a massive migraine and all of a sudden, I mean that doesn't happen. Do you know what I mean? So, obviously there is something there. I think there is something there, but I don't know, it works. Well, my mum used to and my grandmother. I was a very healthy child and, when we would go to certain functions, to name days, to parties and whatever and we would go to a specific house, every time we would go to this house, about a half an hour later or an hour later, I could not walk. I had pains in my legs. I had a fever, I had temperature. When my grandmother would do the μάτι I would be fine after that, and it was very strange." Her granddaughter expressed much the same view: "I believe in the μάτι like when I'm not feeling 100%, I ask mum to do it and she does it with the water and the oil and everything and like that, and, if the oil evaporates, it disappears and that means I have the evil eye, and usually it goes away after she has done it, and it makes me feel better."

The members of the Lambros family discussed the principles by which they believe the evil eye works and also commented on the different opinions of the generations. The grandmother said: "There are people that can ματιάση— some by accident and they don't want to cause harm. [With] others, it may be intentional and, for others, great admiration. My father believed that harm could even come to a rock from admiration, as there was a time when a rock was admired and it split in two. When someone has μάτι any ordinary person can ξεμάτιαση or they can go to the church to a priest." Her daughter explained: "Like the μάτι, yes it exists. We believe if we receive Communion and participate in the church life that we are not subject to it. We certainly don't mix the oil and do that prayer. That's against the Church. What were encouraged to do is say three [of] the Lord's Prayer, if we are affected by it and that's it. My mother still does the oil and I tell her off. We're not allowed to do it, and I know were not allowed to. I would go straight to a priest and they read a blessing, and we always have oil from the Holy Unction and you can cross a person with it." The granddaughter said: "My family, my grandmother, would often say when I'm sick that I have the μάτι. My grandmother would say it more than my mum, but my mum believes in it, too. There are two ways to ξεμάτιαση. There is the religious way and the non-religious way. I'm not sure if my grandmother still does the wrong way, as my mum would say, that's wrong, as there is a religious way it should be done, to go to a priest, say the Lord's prayer three times. That's what my mum would say the proper way is."

These interview excerpts reflect the degree to which characteristically Greek views on health, illness, and general well-being are shared among the female members of these families. This attests to the influence of the Greek culture and background brought to Australia by the immigrant generation and also to their efforts to teach these customary ways to their children and grandchildren. At the same time, the acceptance of such views and practices suggests the existence of a strong cultural identity among those individuals who were born in Australia and are fully integrated into the local context as well as a high level of trust and acceptance of the view of older family members.

Discussion

The families who took part in this study were notable in the degree to which the Australian born members accept and make use of cultural practices brought to Australia by the oldest members of the family. At the time of this writing, these individuals had been in Australia for several decades, and all the younger participants had been born in Australia, were native speakers of English, and participated in a lifestyle that reflects the local norm. The women of the middle generation were all natural bilinguals but used English in much of their daily interaction, including with their children. The members of the second generation do not speak Greek fluently, with having only nominal knowledge. They are native speakers of Australian English and can really only express themselves fluently in that language. This is notable because the members of the three generations expressed remarkably similar views, which for the middle and youngest generations of participants, had largely been translated in English and conceptualized in terms of the norms of Australian society. For example, participants associated the general unwellness traditionally associated with the evil eye with "migraine", a clinical term that is widely used and understood in the English-speaking community. Similarly, fasting was associated with the phenomenon of "detox", an alternative health practice understood in the English-speaking community to offer a way to rid the body of non-specific "toxins". This suggests that, even when they do not speak Greek well and do not belong to the cultural community that currently uses that language, these Australian-born women have internalized a typically Greek worldview that derives from the experience of the immigrant generation and express it using the cognitive framework provided by English and the experience of growing up in Australia.

One aspect of this framework that is especially significant is the importance of religious practice and faith to these women's understanding of health and well-being. This view seems unusual in Australia, where it has been reported that religiosity has been declining among the population (Hughes 1997, Kaldor et al. 2004). Among younger Catholics specifically, attitudes toward religion have been found to be weakly positive, with religion being viewed as unable to act as a means for solving problems (Rymarz and Graham 2006). While separate in their religious practice, the Greek Orthodox community nonetheless has certain similarities with the Roman Catholic community. As representatives of this community, the participants in this study appear to represent an opposing trend, where religion has remained important, even among young adults, as an important source of well-being and basis for interpreting their experience.

The persistence of cultural and religious practices associated with Greece and a Greek heritage that were introduced to them by the older members of their family who learned them in Greece in their own youth can be seen as a manifestation of a high level of trust among the familial generations. This trust among the participants in this study was sufficiently strong that the knowledge associated with their Greek heritage seems to take precedence over other sources of similar information available in the larger Australian context. In other words, where a choice exists to address certain issues an individual might face, the participants in this study showed a preference for those practices they associated with being Greek and that had a cultural status in the context of their own heritage and family background. All participants for example tended to attribute minor illness, and especially headache, to the evil eye, rather than to the more common explanations in the English-speaking environment, such as tension, stress, or physical illness. They also generally chose to address the condition using either a religious remedy or a folk remedy involving the supernatural cure of the

problem. None indicated that they would use over-the-counter medication or perhaps see a doctor which are the more expected responses in the wider Australian context. This suggests that their trust in the strategies learned from older members of their own families surpasses is strong enough to support this choice of behavior.

The existence of this level of trust and reliance in the customs and practices of their ancestors, and the close relationship to older family members this entails, no doubt contributes to the strong sense of identity observable among Australians of Greek background. The desire to maintain this identity is notable and does not appear to be fading, despite the fact that younger individuals, like the women in this study, tend to be increasingly similar to the surrounding population in certain ways (educational experience, employment, language use, etc). Interestingly, Greek identity seems to be sufficiently robust as to persist, even without the Greek language as a means of access to the culture of origin. It has been noted that, while members of the Greek community in Australia tend to have favorable attitudes toward maintenance of the Greek language, it is increasingly difficult to maintain the language in communicative contexts (Bradshaw 2006).

This suggests that the Greek community, as represented by the women who took part in this study, is successfully translating traditional cultural views and practices into English and maintaining them as part of a way of life reflecting acculturation to the Australian context. In terms of health specifically, which was the focus of the present study, it is likely that this perspective will continue to affect the way in which community members understand, experience, and deal with health issues. Religious strategies for dealing with health problems are likely to remain important and may well have a significant impact on interactions within the healthcare system. It has been noted that the medical profession in Australia has tended to overlook the importance of religious views held by patients, especially as many Australians are increasingly areligious (see Peach 2003, for discussion of this). In this, the Greek community may represent an important subgroup whose interactions with the healthcare industry and specific health needs are more culturally determined than the Australian norm and have been formed by certain traditions, practices and views that originate in their Greek origin and that continue to be supported by strong levels of trust among the generations.

Conclusion

The strong maintenance of specific cultural practices and interpretations among three generations of women of Greek background in Melbourne suggests that trust, both in family members as individuals as well as in the views and beliefs associated with their heritage, is an extremely significant factor in defining a characteristic Greek identity in Australia. The trust in and reliance of the value of this cultural identity is likely to support the continuity of intergenerational learning into the future. The degree to which this learning is carried out in English, as opposed to Greek as in the past, will be a particularly interesting aspect of the experience of the Greek community and one that will be worthy of further study. In addition, as the study reported here was limited to female participants and focused on health and well-being, it will be important for future research to address the experiences of men in the context of intergenerational trust and learning among the generations in diaspora. The insights developed in this way will contribute greatly to the understanding of the immigrant experience and the nature of cultural transmission and maintenance in Greek diasporas relative to the surrounding communities.

References

- Ai AL, Peterson C, Tice TN, Bolling SF, Koenig HG (2004) Faith-based and secular pathways to hope and optimism subconstructs in middle-aged and older cardiac patients. *Journal of Health Psychology* 9(3): 435–450. doi:10.1177/1359105304042352
- Algan Y, Cahuc P (2010) Inherited trust and growth. *Am. Econ. Rev.* 100(5): 2060–2092.
- Antecol H (2000) An examination of cross-country Differences I gender gap in labour force participation rates. *Labour Economics* 7(4): 409–426.
- Berggren N, Bjørnsko C (2011) Is the importance of religion in daily life related to social trust? Cross-country and cross-state comparisons. *J. Econ. Behav. Org.* 80 (2011): 459–480.
- Bisin A, Verdier T (2001) The economics of cultural transmission and the dynamics of preferences. *J. Econ. Theory* 97: 298–319.
- Bradshaw J (2006) Parent and child perspectives on Greek language education in Australia. *International Journal of the Sociology of Language* 2006(180):43-54.
- Borjas GJ (1992) Ethnic Capital and International Mobility. *Quarterly Journal of Economics* 107(1): 123-150.
- Dohmen T, Falk A, Huffman D, Sunde U (2012) The intergenerational transmission of risk and trust attitudes. *Rev. Econ. Stud.* 79(2): 645–677.
- Ebstein King P (2003) Religion and Identity: The Role of Ideological, Social, and Spiritual Contexts. *Applied Developmental Science* 7(3): 197-204.
- Ehrlich I (2000) Uncertain lifetime, life protection, and the value of life saving. *J. Health Econ.* 20(3): 459–460.
- Guiso L, Sapienza P, Zingales L (2006) Does culture affect economic outcomes? *J. Econ. Perspec.* 20(2): 23–48.
- Hoff A (2007) Intergenerational learning as an adaptation strategy in aging knowledge societies. In *Education, Employment, Europe. Warsaw: National Contact Point for Research Programmes of the European Union*, 126–129. European Commission.
- Hughes P (1997) Australia's religious profile. In GD Bouma (ed), *Many religions, all Australian: religious settlement, identity and cultural diversity*, 29-50. Adelaide: Open Book Publishers.
- Kaldor P, Hughes P, Castle K, Bellamy J (2004) Spirituality and wellbeing in Australia. *National Church Life Survey Occasional Paper* 6.
- Koenig H (2004) Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice. *Southern Medical Journal* 97(12): 1194-1200.
- Ljunge M (2010) Trust issues: Evidence on the intergenerational trust transmission among children of immigrants. *Journal of Economic Behavior & Organization*, 106: 175-196.
- Ljunge M (2012) *Trust drives Internet use*. Working Paper no. 947. Research Institute of Industrial Economics (IFN), Stockholm
- Ljunge M (2013) *The power of beliefs: evidence on the influence of trust on self-assessed health*. Working Paper. Research Institute of Industrial Economics (IFN), Stockholm
- Ljunge M (2014a) *Inherited trust and the economic success of children of immigrants*. Working Paper. Research Institute of Industrial Economics (IFN).
- Ljunge M (2014b) Social capital and health: Evidence that ancestral trust promotes health among children of immigrants. *Economics & Human Biology* 15:165-186.
- Moreira-Almeida A, Lotufo Neto F, Koenig HG (2006) Religiousness and mental health: a review. *Revista Brasileira de Psiquiatria* 28(3): 242–250. <https://doi.org/10.1590/S1516-44462006005000006>

- Murphy SA, Johnson LC, Lohan J (2003) Finding meaning in a child's violent death: A five-year prospective analysis of parents' personal narratives and empirical data. *Death Studies* 27, 381-404
- Newman S, Hatton-Yeo A (2008) Intergenerational learning and the contributions of older people. *Ageing Horizons* 8(10): 31-39.
- Pargament KI (1997) *The psychology of religion and coping: theory, research, practice*. Guilford Press.
- Pargament KI, Cummings J (2010) Anchored by faith: religion as a resilience factor. In JW Reich, AJ Zautra, JS Hall (Eds), *Handbook of Adult Resilience*, 193-212. New York and London: The Guilford Press.
- Pauwels A (2005). Maintaining the Community Language in Australia: Challenges and Roles for Families. *International Journal of Bilingual Education and Bilingualism* 8(2-3), 124-131. doi:10.1080/13670050508668601.
- Peach HG (2003). Religion, spirituality and health: how should Australia's medical professionals respond?=*Medical journal of Australia* 178(2): 86-90.
- Ronconi L, Brown TT, Scheffler RM (2012) Social Capital and self-related health in Argentina. *Health Economics* 21(2): 201-208.
- Rymarz R, Graham J (2006) Australian core Catholic youth, Catholic schools and religious education. *British Journal of Religious Education* 28(1):79-89.
- Skinner J, Staiger D(2007) Technological diffusion from hybrid corn to beta blockers (with D. Staiger). In *Hard-to-Measure Goods and Services: Essays in Honor of Zvi Griliches, E Berndt, CM Hulten* (Eds). Chicago, IL: University of Chicago Press.
- Smolicz JJ, Secombe ME, Hudson DM (2001) Family Collectivism and Minority Languages as Core Values of Culture among Ethnic Groups in Australia. *Journal of Multilingual and Multicultural Development* 22(2): 152-172
- Tix AP, Frazier PA (1998) The use of religious coping during stressful life events: main effects, moderation, and mediation. *Journal of Consulting and Clinical Psychology* 66(2): 411-422.
- Yangarber-Hicks N (2004) Religious coping styles and recovery from serious mental illness. *Journal of Psychology and Theology* 32(4): 305-317