

## 1      Elderly Greek Australians and Traditional Health Beliefs

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 3      *Almost uniformly elderly Greek Australians describe health as absolute*  
 4      *happiness, as their most significant and important possession, a treasure, a*  
 5      *gift from God. Among the Greek elderly, health is something that is closely*  
 6      *linked to religion and God, as they conceptualize their health as a*  
 7      *manifestation of God's will. This group largely perceives their state of*  
 8      *health to be an aspect of fate that they do not have control over and that*  
 9      *must simply be accepted as their lot in life. As a result, they do not*  
 10     *understand poor health to be a punishment or trial. Instead, it is to be*  
 11     *accepted and coped with as part of the natural order of things. This paper*  
 12     *will describe the ways in which religious beliefs define a conceptualization*  
 13     *of health held by many elderly Greeks in Melbourne, Australia, and discuss*  
 14     *how their religion supports their ability to cope with and accommodate to ill*  
 15     *health associated with increasing age.*

### 17      **Introduction**

18      Culture is food, language, beliefs, appropriate and acceptable behavior,  
 19      way of life of a specific population, the backbone of who we are and much  
 20      more. Culture however also is a natural manifestation of human nature that  
 21      allows individuals to give meaning to an experience and often this meaning is a  
 22      product of their culture (Geertz, 1973). With reference to health, Mechanic  
 23      (1992) describes health as a formation of both culture and social structure. As  
 24      culture can influence one's behavior and overall understanding of health and  
 25      illness as well as general attitudes towards health care, an understanding of  
 26      culture is vital in understanding how individuals view their own health. With  
 27      reference to the Greek culture and cultural attitudes towards illness, for  
 28      example, misunderstanding can occur regarding appropriate behavior between  
 29      the family and/or patient and health professionals.

30      The Greek people are very supportive when a member of their family is  
 31      sick; instinctively they take on the care role as their responsibility and duty.  
 32      When a Greek patient is in hospital, their relatives visit and stay with them as  
 33      long as possible, often disobeying policy and procedures put in place by the  
 34      medical facility such as visiting hours or number of visitors. This is not a  
 35      deliberate act to disrespect the rules but a misunderstanding due to cultural  
 36      interpretations of appropriate behavior. Hartog and Hartog (1983) noted that  
 37      medical professionals tend to perceive this type of behavior as "peculiar at best  
 38      or an obstacle to good, efficient, modern medical care" (p. 910).

39      Cultural background is a significant influence on the cognitive/emotional  
 40      dimension of health as well, and there is a complex relationship between the  
 41      biological factors that relate to illness, the social context in which a person  
 42      experiences them, and that person's cultural and linguistic heritage (Kirmayer  
 43      and Sartorius, 2007). This accounts in part for the differences in how the  
 44      experience of illness affects individuals and their ability to cope with, adapt to,  
 45      and/or recover from a given condition. The existence of culture-specific illness

1 behavior is well established (see, for example, Roy et al, 2005; Canino and  
2 Alegria, 2008) and may influence a range of health-related behavior, including  
3 whether professional advice is sought, whether that advice is followed, and to  
4 what extent the individual believes that health care is an appropriate means to  
5 address the situation in question.

6 In the case of the Greek community specifically, it has been noted that a  
7 high degree of dual acculturation is common (Ballotis, 2005). Nonetheless,  
8 individuals tend to maintain very close, extended family networks that form  
9 their central social institutions (Francis and Papageorgiou, 2004; Georgas et al,  
10 2006). The reciprocal relationships, between parents and children, older and  
11 younger relatives, and so on, have traditionally been a source of strength in  
12 times of adversity, including illness, and have allowed for greater resilience  
13 than that experienced by some other immigrant groups (Georgiades, 2010)

14 The existence of strong social networks that create a supportive  
15 environment and reinforce beneficial cultural patterns (such as a Mediterranean  
16 diet associated with lowered risk for heart disease) have been seen as especially  
17 significant among Greek Australians whose mortality from cancer and  
18 cardiovascular disease is lower than for other groups (Anikeeva et al, 2010).  
19 Nonetheless, the prevalence of type 2 diabetes is estimated to be three times  
20 higher for this population than for the Australian born, and levels of obesity are  
21 higher as well (Hodge et al, 2004), suggesting the advantageous effects of  
22 cultural maintenance may be significant.

23 Cultural maintenance for Greek Australians centers on interaction with  
24 others from a similar background, whether family members or friends, and this  
25 type of interaction is often seen as crucial for the maintenance of health. A lack  
26 of participation in social activities, either through unwillingness or inability, is  
27 often seen by Greek Australians as both a sign and a cause of mental illness  
28 such as depression which is understood by them to be chronic and social in  
29 origin (Kiropoulos et al, 2011). This stresses the importance of social networks  
30 in the conceptualization of health held by many members of this community  
31 and is also an indication of the role such networks play in maintaining and  
32 transmitting traditional views, perceptions, and behavior.

33 Both health and illness are impacted by various experiences at all levels  
34 (both micro and macro) and are generally accepted to have elements that derive  
35 from the meaning ascribed to them by the individual involved that extend  
36 beyond the physiological state. The fact that social determinants, cultural  
37 determinants, and also environmental factors may contribute to a person's  
38 understanding of his or her own health suggests that the meaning of health and  
39 illness is a sociocultural construct. In this sense, this phenomenon cannot be  
40 considered without taking a holistic perspective and examining a range of  
41 variables that impact upon wellbeing for individuals, groups, populations and  
42 society in general.

43 Frameworks and models that incorporate the many factors that may affect  
44 individuals and groups can assist in conceptualising and/or applying concepts  
45 and may suggest means by which problems or situations might be addressed or  
46 understood. In the context of health, various models have been developed

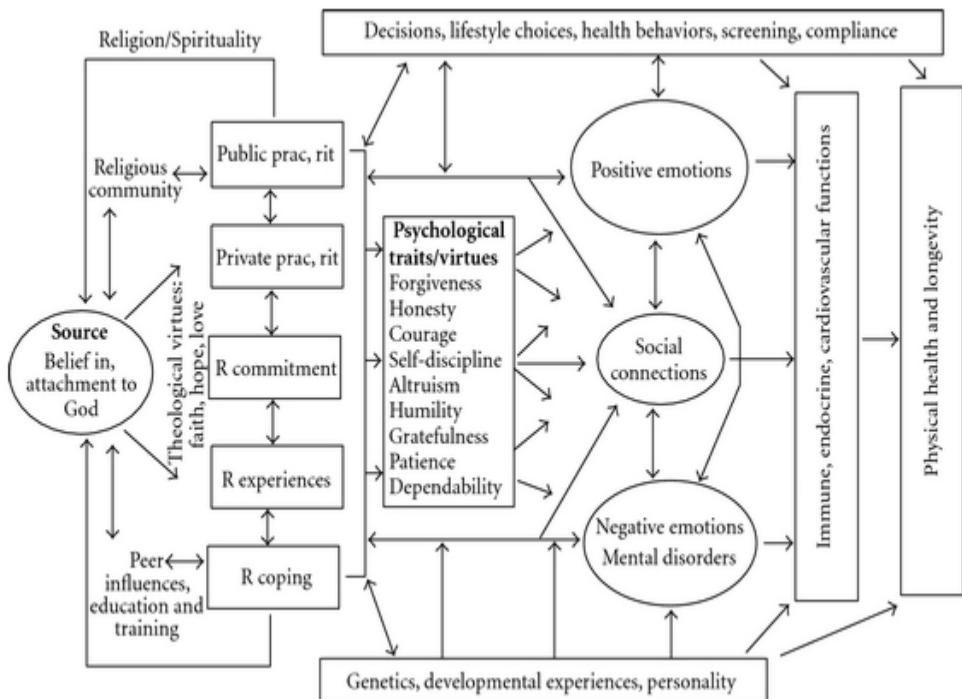
1 which are intended to show the relationships between factors in the human  
2 environment that are believed to have a bearing on health and illness. Currently  
3 influential models of health that have been presented in the literature can be  
4 generally categorised as biopsychosocial, ecological, or social and represent  
5 recent scholarly work on this topic. These terms describe the orientation of the  
6 model and the perspective from which the phenomenon of health is viewed.  
7 The inclusion of a wider range of influences and determinants came about in  
8 response to gaps in the biomedical model which views disease as resulting  
9 from biological challenges that come from outside the body and can be  
10 addressed by medical-type interventions (see Ogden, 2012).

11 Keonig, King and Carson (2012) note that religious beliefs may contribute  
12 to pathways, mediators, traits and general emotions that can be positive  
13 (forgiveness, altruism, gratefulness, hope and optimism, meaning and purpose)  
14 or negative (loneliness, depression, suicide, anxiety, and use of drugs and  
15 alcohol) in the context of health. Their model, which the authors suggest is  
16 relevant to the major religious traditions of the West, outlines potential  
17 pathways by which religion may affect health and wellbeing based on the  
18 assumption that an individual's belief in God is the initial driver. Belief in God  
19 gives rise to a number of elements that characterise formal religion and  
20 includes both public and private rituals, individual religious behaviour, coping  
21 strategies, and religious experiences.

22 Religious feeling is then assumed to affect a number of mediating  
23 psychological, social, and behavioural factors that can give rise to positive  
24 emotions and positive social connections. These factors can have psychosocial  
25 impacts but also effects on physical health through lifestyle choices and health-  
26 related behaviour associated with religious belief and practice. The model takes  
27 into account negative factors as well and suggests that the ultimate impact of  
28 religion and spirituality on health will depend on the nature of individual  
29 perception and interpretation of the religious context. The model is underlain  
30 by genetic and developmental events and is also affected by individual  
31 personality traits that may be associated with the emergence of positive  
32 emotions. The model developed by Koenig, King, and Carson (2012) is as  
33 follows - Figure 1.

34  
35

### 1 **Figure 1. Koenig, King, and Carson Model**



Source: Koenig, King and Carson (2012: 591)

5 This model is especially relevant in this study because of the significance  
6 of religious beliefs in the Greek community. The participants in this study  
7 frequently cited religious practice or belief in discussing their own experience  
8 as well as their understanding of health and wellbeing. In particular, public and  
9 private religious practices, religious experiences, and the sense of belonging to  
10 a religious community are extremely significant and include a strong  
11 dimension of what can be thought of as folk religious practices, traditional  
12 rituals and behaviour that are seen by members of the community to have a  
13 religious basis but are outside of formal theology and the tradition of beliefs in  
14 the formal religious context.

15       Review of literature concerning models of health highlight that both health  
16 and illness are impacted by a wide range of factors that come from several  
17 levels of experience that include the physical, social, and cultural environment  
18 but also from within in the context of psychology and perception. These factors  
19 interact and may emerge in characteristic ways under specific circumstances  
20 that relate to context. As a result, the meaning and experience ascribed by an  
21 individual and/or population to a health-related event may vary. This suggests  
22 that a holistic perspective needs to be taken in examining and understanding  
23 health and illness and that the nature of the context cannot be overlooked. In  
24 this study, the Greek community of Melbourne, while integrated into the larger  
25 Australian context, maintains a characteristic outlook that is rooted in their  
26 ancestral culture and mediated, in many cases, by the Greek language. For this

1 reason, it is to be expected that a number of specific factors deriving from the  
2 cultural, religious, and linguistic background of individuals may be as  
3 significant as factors in the Australian context in shaping perceptions of health  
4 and illness and contribute to wellbeing in this community.

5 It has also been suggested that religious faith may play a positive role in an  
6 individual's health by allowing for social support and hence providing a  
7 positive coping mechanism (Pargament et al, 1998). In the context of mental  
8 health specifically, religion has been found to have a beneficial effect in  
9 providing a means for individuals to manage and understand their condition  
10 (Dein et al, 2012; Koenig, 2013). In situations of chronic or terminal illness,  
11 religion has also been shown to be an important tool for resilience and  
12 accommodation (Park, 2013). Religious affiliation and practice is of  
13 significance for the Greek community of interest in this study and is likely to  
14 be significant in issues that relate to health. As members of the Orthodox  
15 Church, many individuals of Greek background participate in a range of  
16 religious and social activities that involve religious expression. This tends to be  
17 especially important to older members of the community and is significant in  
18 their perceptions of health and wellbeing.

19 Religion and the folk beliefs that accompany its formal practice is one  
20 important aspect of culture on which migrant populations may differ from the  
21 majority of the receiving population. The role of the distance between the  
22 religion of newcomers and the predominant religion of the location of  
23 settlement has been considered in trying to understand why some groups seem  
24 to be able to adjust better than others to a new cultural environment and  
25 suggests that the values held by individuals are more significant in this than the  
26 religion itself (Wimmer and Soehl, 2014). Acculturative stress occurs when the  
27 values and perceptions of newcomers do not fit well with those of the majority  
28 population in their new place of residence. Three aspects of acculturative stress  
29 have been found to be relevant for immigrant groups: environmental,  
30 attitudinal, and family factors. These factors may have psychological, social or  
31 physical manifestations in the individual. If individuals have the capability to  
32 adapt to these stressors, acculturative stress may not occur. Those who cannot  
33 adapt effectively may experience negative impacts to health and wellbeing that  
34 derive from the cultural distance between their background and the culture of  
35 the receiving community.

36 The Australia Bureau of Statistics (ABS) (2011) shows that there are  
37 approximately six million people that make up Australia's population who  
38 were born overseas, making Australia a diverse and multicultural country. This  
39 phenomenon can impact how the health needs of all Australian citizens are  
40 met, as culture affects people's conceptualisation of health. Thus, from this  
41 perspective, understanding culture can provide higher levels of health care and  
42 better outcomes in meeting patients' needs. One issue that has emerged in  
43 various countries around the world whose populations are diverse, as  
44 Australia's is, is the extent to which people can and should become like the  
45 existing population they join upon emigration.

1 The social environment also contributes to the way individuals or  
2 populations conceptualise concepts, feelings, thoughts, and reactions. Aspects  
3 of the micro, meso and macro environment, that may include the family  
4 domain, the school or work environment and even the community, are factors  
5 in the ecological perspective on culture. All these levels can and do influence  
6 individual responses to experience and may derive from the way a person was  
7 raised and his or her personal characteristics as well as a way of life that has  
8 been transmitted within the cultural group. All of these play an important role  
9 in people's ability to function and lead their daily life and also define the  
10 characteristics of a population. It is this set of factors that may be referred to as  
11 ethnic identity. This is discussed by Liebkind (1992; 2001) found that ethnic  
12 identity, understood in this way, can associate individuals and/or populations in  
13 particular ways and define relationships that bind them. This phenomenon, the  
14 sense of belonging and this acquired membership in a group, is also of great  
15 significance, particularly for minority communities or populations that  
16 experience stigma as a group identity, and can support self-esteem and overall  
17 wellbeing).

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19

## 20 **Methods and Results**

21

22 A health belief can generally be described as a phenomenon that is formed  
23 and shaped by people around us, in particular family, such as parents to  
24 children, grandparents to grandchildren and so forth. People's beliefs in life  
25 manifest from their culture of origin, their way of life and their ancestral  
26 customs. Transmission of such beliefs often spans generations and shape health  
27 beliefs and practices which are passed from older to younger individuals.  
28 Interestingly, these beliefs are not grounded in medical fact, instead they are  
29 learned from the society in which a person lives in and have evolved over time  
30 and become embedded in the culture as "*trustworthy*".

31

32 This is exemplified by the Greek population of Melbourne whose  
33 understanding of heart disease and the factors associated with becoming a  
34 person at risk as well as the social and cultural determinates of risk behavior  
35 was examined in a qualitative study undertaken in 2011. Thirteen individuals  
36 (five male and eight female) over the age of 60 who had been diagnosed with  
37 cardiovascular disease or had a family member that they cared for with this  
38 condition and who expressed an interest in participating in this study were  
39 interviewed in depth about their experience of illness and the way in which  
40 they understand this condition. An ethnographic approach (see Maxwell, 2004)  
41 was used to identify the way in which cultural precepts that underlie their  
42 conceptualization of health are manifested in the meaning given by elderly  
43 Greek Australians to the experience of CVD and, further, how this affects their  
44 adaptation in the context of this condition. One of the researchers is a member  
45 of the Australian Greek community and was able to undertake this research in  
the language of the participants but, due to differences in age, training and

1 experience, occupied both a position of insider and outsider (see Dwyer and  
 2 Buckle, 2009 for a detailed discussion of this issue).

3 The Greek population of Melbourne can be described as very religious. It  
 4 is important to note that, for the migrant generation that was the subject of this  
 5 study, religion along with the traditions of their culture is of great significance  
 6 that they often describe as their most valuable possession (Avgoulas and  
 7 Fanany, 2012a). The majority of these early migrants arrived at Station Pier in  
 8 Port Melbourne with nothing more than a small suitcase containing very few  
 9 passions and a large store of information about their culture and way of life. It  
 10 is not uncommon for these elders to say “*water and soil from your homeland*  
 11 *equals health and prosperity*”. The early years of their settlement were difficult  
 12 ones, but they felt that if they kept their homeland and the Greek way of life  
 13 close to their hearts, things would work out. The Greek way of life, traditions  
 14 and culture has been kept very much alive and handed down from one  
 15 generation to the next as the long history and cultural richness of the Greek  
 16 tradition is a great source of pride for its members, and this is a key  
 17 characteristic of the Greek community in Melbourne, Australia.

18 For this population, illness in old age is part of an individual’s fate and has  
 19 to be approached with acceptance. Acceptance of a predestined lot among this  
 20 population can seen as a means of adjustment to illness, particularly in old age,  
 21 as this group does not see fate or luck as random. The events of an individual’s  
 22 life are viewed as being determined by God, and religion serves as the link  
 23 between the individual and the divine. In this sense, religion can be described  
 24 as a coping mechanism providing a source of resilience for the misfortunes in  
 25 life (see Avgoulas and Fanany, 2012a). In addition, to drawing personal  
 26 strength from their religion, this group views its own experience through the  
 27 lens of faith which suggests a meaning for these events (see Avgoulas and  
 28 Fanany 2012b, for further discussion on this). Religion, then, supplies and  
 29 etiology for illness and also suggests various means by which it can be  
 30 addressed through personal behavior, prayer, ritual, and other activities that  
 31 give the experience meaning. Meaning based resilience has been observed to  
 32 be very strong and more enduring, especially among the elderly (Folkman,  
 33 2008), and religion is one of the most powerful sources of this kind of  
 34 meaning. Religion plays a very significant part in the lives of the elderly  
 35 Greeks in Melbourne, Australia socially as well as emotionally. Additionally,  
 36 in their feelings at least, it binds them to their original homeland and to the  
 37 cultural experience of their ancestors.

38

39

## 40 **Discussion**

41

42 There are certain events in an individual’s life that can be described as  
 43 moments of impact or events that occur out of sequence, interrupting the  
 44 expected progression of the life course. Illness, accidents, or even a sudden  
 45 romance or separation may all fall into this category. Instances such as these  
 46 may only take moments to occur, even though the individual may wonder

1 about their cause for the rest of his or her life. Traditional health beliefs, such  
 2 as those held by the elderly Greeks studied here, may provide the answer to  
 3 those who maintain them. Interestingly, for this group, events do not just  
 4 happen, and everything in life has a reason and purpose. These older  
 5 individuals accept that each person has a predestined lot, which comes from  
 6 God and is not random. Without fail, the participants of this study believed that  
 7 their state of health is an aspect of fate and/ or luck (*τύχη*) that they do not have  
 8 any control over and must simply accept. More specifically the belief held by  
 9 this group is that health at an advanced age is a matter of lot and is associated  
 10 with an element of luck in their overall fate that has been predestined. Their  
 11 destiny, in turn, has been predetermined by God in accordance with His  
 12 judgment for them and cannot not occur. For this reason, they view every  
 13 occurrence, including those with negative outcomes such as illness, as having a  
 14 specific meaning and purpose in their life.

15 Almost uniformly, the elderly Greek Australians that took part in this  
 16 study described health as absolute happiness, as their most significant and  
 17 important possession, as "*a treasure and a gift from God*". It's important to  
 18 note that this understanding of the etiology of disease as resulting from divine  
 19 will and not from individual risk factors, is of great significance as they  
 20 perceived that there is no real need to change the way they conduct themselves  
 21 or do anything special about their illness. There was an indication that these  
 22 individuals felt that following health advice might be viewed by God as them  
 23 making an effort to take care of themselves, and hence beneficial in terms of  
 24 pleasing God, but not necessarily changing the outcome of their condition or  
 25 improving their health in the way doctors or other health professionals  
 26 intended. One of the participants mentioned that he only took part in cardiac  
 27 rehabilitation and hence changed his diet to be able to care for his grandson.

28  
 29     *"My heart attack took away my independence and more importantly my daughter  
   30 was worried that I'm too unwell to care for my grandson and told me that I can  
   31 only win her trust if I listen to the doctor's advice. I agreed, as picking up my  
   32 grandson from school and taking him to soccer is more important than great  
   33 amounts of sugar in my coffee. My daughter thinks that sugar and my unhealthy  
   34 diet caused my heart attack, she doesn't understand that we cannot avoid  
   35 destiny".*

36  
 37     This statement echoes a view held by most of the participants of this study  
 38 and, as a result, they were mostly concerned that their illness be manageable  
 39 and did not feel particular distress at having a diagnosis of cardiovascular  
 40 disease. Instead, their distress centered on on the possibility that worsening  
 41 health might prevent them from fulfilling their social role and isolate them  
 42 from their peers and families.

43     Absolute happiness was of great significance to the participants of this  
 44 study, something that they described as "*a gift from God*" that they had to  
 45 protect by not being anxious and stressed about things and, more importantly,  
 46 never had to question. One of their methods in coping with stress and/or  
 47 anxiety is through religious expression and by seeking strength in their faith.

1 Religion was also described by a participant of this study as something that has  
 2 helped her accept her condition and that has prevented her from asking 'why?',  
 3 as questioning God's will can be perceived as a sin. Nonetheless, many of these  
 4 elderly Greeks felt it was wholly appropriate to request God's intervention in  
 5 protecting the health and well-being of their loved ones.

6 One participant described religion as a good luck charm (*φυλαχτό*) stating  
 7 *"in the morning when my children leave for work I pray for them to be safe and*  
*I know this protects them"*. This religious act reassures the person involved and  
 8 allows them to put their concern aside, resulting in peace of mind and  
 9 acceptance of whatever occurs. Similar ideas are readily expressed by older  
 10 members of the Greek community who have experienced a serious illness,  
 11 demonstrating the kind of meaning based resilience described by Pargament  
 12 and Cummings (2010) among others. The ritual of faith offers patterns of  
 13 behavior in times of trouble but also provide a vehicle of the expression of  
 14 emotion as well as reassurance and connection with the larger community of  
 15 faith.

16 For this population, evidence shows that religion is in fact a source of resilience and can also offer a framework into which illness fits as an expected potential life experience. Unlike the mainstream Australian population, the elders of the Melbourne Greek community have maintained their traditional culture and in particular the Greek way of life. Cultural maintenance is of great importance for these migrants and has become a key characteristic of this group. The current economic crisis in Greece has seen a new wave of migrants coming to Melbourne, and the established Greek community of Melbourne has assisted the new wave enormously with their transition to life in a new country. These newcomers often feel the new little Greece of Melbourne is like the old Greece of the 1970's, as Greek society has evolved under its own social, cultural and political forces while the little Greece of Melbourne represents an idealized view of the remembered culture of earlier migrants. The newcomers tend to see Melbourne Greeks as "more patriotic" and Melbourne is said to be more cultural, while Greece has changed over the years to align with 21<sup>st</sup> century Europe. The aspirations of the original wave have been achieved at present, and subsequent generations of Greek Australians have grown up within the cultural context created by the original immigrants despite being highly assimilated in other ways. It remains to be seen, however, whether faith and/or religion plays a similar role for these younger community members and whether it will serve them as a source of resilience as they move through the life course. Furthermore, it is not yet clear whether the memory culture that was created by the original Greek immigrants will be maintained by 1<sup>st</sup> and 2<sup>nd</sup> generation Greek Australians and how the new wave of migrants will influence the Greek community of Melbourne.

42 For the current population of elderly Greeks, however, their religious faith  
 43 and culturally based worldview is an integral part of their personal and group  
 44 identity that affects every aspect of their experience, including the inevitable  
 45 health issues that are to be expected in an aging population. This situation has  
 46 significant practical implications as more members of this group require health

1 care and support as their age increases as many of their views are incompatible  
 2 with the principles of evidence-based medicine and may contravene the usual  
 3 practices of the health care sector. While this issue is not unique to the older  
 4 members of the Australian Greek community, their perceptions and  
 5 experiences point up some of the difficulties that may emerge in relation to  
 6 aging and age-related health care for culturally distinct population groups  
 7 relative to the majority culture.

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10 **References**

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12 ABS. (2011). *Migration, Australia, 2009-10* (catalogue no.3142.0). [www.abs.gov.au/aus\\_stats/abs@nsf/Latestproducts/3412.0Media%20Reseasel2009-10?opendocument&tabname=Summary&prodno=3412.08&issue=2009-10&num=&view=](http://www.abs.gov.au/aus_stats/abs@nsf/Latestproducts/3412.0Media%20Reseasel2009-10?opendocument&tabname=Summary&prodno=3412.08&issue=2009-10&num=&view=).

13 Anikeeva, Olga, Peng, Bi, Hiller, Janet E, Ryan, Phillip, Roder, David, and Han, Gil-  
 14 Soo (2010) "The Health Status of Migrants in Australia: A Review," *Asia Pacific  
 15 Journal of Public Health*, 22 (2): 159-193.

16 Avgoulas, M and Fanany, R (2012a) "Cultural Understanding of Health and  
 17 Adjustment to Cardiovascular Disease among the Greek Elderly". *The  
 18 International Journal of Aging and Society*. 1(4): 61-74.

19 Avgoulas, M.-I. and Fanany, R. (2012b) "Religion as a Source of Resilience for  
 20 Elderly Greeks in Melbourne, Australia" Athens: ATINER'S Conference Paper  
 21 Series, No: PSY2012-0089.

22 Ballotis, V (2005) *Ideas about Causes of Mental Illness and Attitudes toward Seeking  
 23 Treatment as Related to Acculturation Style, Religious Commitment and  
 24 Orthodox Christian Commitment in Greek-Americans*, Dissertation Abstracts  
 25 International: Section B: The Sciences and Engineering, 65(10-B).

26 Canino, G and Alegria, M (2008) "Psychiatric Diagnosis: is It Universal or Relative to  
 27 Culture?" *Disease Management and Health Outcomes*, 16 (6): 411-419.

28 Dein, S., Cook, C.C.H., & Koenig, H., (2012) "Religion, spirituality, and mental  
 29 health: current controversies and future directions." *The Journal of nervous and  
 30 mental disease* 200.10 852-855.

31 Dwyer, S. C., & Buckle, JL. (2009). The Space Between: On Being an Insider-  
 32 Outsider in Qualitative Research. *International Journal of Qualitative Methods*,  
 33 8(1), 54-63.

34 Francis, A and Papageorgiou, P(2004) "Expressed Emotion in Greek versus Anglo-  
 35 Saxon Families of Individuals with Schizophrenia," *Australian Psychologist*, 39:  
 36 172-177.

37 Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety,  
 38 Stress, & Coping*, 21(1), 3-14.

39 Georgas, J, Berry, JW, van de Vijver, FJR, Kagitcibasi, C and Pootinga, YH (2006)  
 40 *Families Across Cultures: A 30-Nation Psychological Study*, Cambridge University  
 41 Press, New York.

42 Geertz, C. (1973). *The interpretation of cultures: selected essays*. Basic Books.

43 Georgiades, Savvas (2010) "Sensitive Practice with Greek Immigrants: A Review of  
 44 Evidence," *International Journal of Culture and Mental Health*, 3 (1): 52-60.

45 Hartog, J., & Hartog, E. A. (1983). Cultural Aspects of Health and Illness Behavior in  
 46 Hospitals. *Western Journal of Medicine*, 139(6), 910-916.

47 Hodge, Allison M, English, Dallas R, O'Dea, Kerin, and Giles, Graham G (2004)  
 48 "Increased Diabetes Incidence in Greek and Italian Migrants to Australia: How  
 49 50

1        Much Can Be Explained by Known Risk Factors?" *Diabetes Care*, 27 (10): 2330-  
 2        2334.

3        Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*  
 4        (2nd ed.).

5        Kirmayer, LJ and Sartorius, N (2007) "Cultural Models and Somatic Syndromes,"  
 6        *Psychosomatic Medicine*, 69: 832-840.

7        Kiropoulos, Litza and Bauer, Isabelle (2011) "Explanatory models of depression in  
 8        Greek-born and Italian-born immigrants living in Australia: Implications for  
 9        service delivery and clinical practice," *Asia-Pacific Psychiatry*, 3:23-29.

10       Koenig, H. G. (2013) *Is religion good for your health?: The effects of religion on*  
 11       *physical and mental health*. Routledge

12       Liebkind, K. (1992). Ethnic identity: Challenging the boundaries of social psychology.  
 13       In G. Breakwell (Ed.), *Social Psychology of identity and self -concept* (pp.147-  
 14       185). London Academic

15       Liebkind, K. (2001). Acculturation. In R.Brown & S. Gaettner (Eds.), *Blackwell*  
 16       *handbook of social psychology: Intergroup process* (pp.386-406). Oxford U.K:  
 17       Blackwell.

18       Maxwell, J. A. (2004). *Qualitative Research Design: An Interactive Approach* (2nd  
 19       ed.). Sage Publications, Inc.

20       Mechanic, D. (1992). Health and illness behavior and patient-practitioner  
 21       relationships. *Social Science & Medicine* (1982), 34(12), 1345-1350.

22       Ogden, J. (2012). *Health psychology*. McGraw-Hill Education (UK)

23       Pargament, KI and Cummings, J (2010) "Anchored by Faith: Religion as a Resilience  
 24       Factor," in Reich, JW, Zautra, AJ and Hall, JS, eds, *Handbook of Adult*  
 25       *Resilience*, The Guilford Press, New York and London, 193-212.

26       Park, C. L. (2013) "Religion and meaning." Paloutzian, Raymond F and Park, Crystal  
 27       L, eds, *Handbook of the psychology of religion and spirituality*, The Guilford  
 28       Press, New York, 295-314.

29       Roy, R, Symonds, RP, kumar, DM, Ibrahina, K, Mitchell, A, and Fallowfield, L  
 30       (2005) "The Use of Denial in an Ethnically Diverse British Cancer Population" A  
 31       Cross-Sectional Study," *British Journal of Cancer*, 92: 1393-1397.

32       Wimmer, A., & Soehl, T. (2014). Blocked Acculturation: Cultural Heterodoxy among  
 33       Europe's Immigrants1. *American Journal of Sociology*, 120(1), 146-186.