

Elderly Greek Australians and Traditional Health Beliefs

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

Introduction

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

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 with them as long as possible, often disobeying policy and procedures put in place by the medical facility such as visiting hours or number of visitors. This is not a deliberate act to disrespect the rules but a misunderstanding due to cultural interpretations of appropriate behavior. Hartog and Hartog (1983) noted that medical professionals tend to perceive this type of behavior as "peculiar at best or an obstacle to good, efficient, modern medical care" (p. 910).

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

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

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

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

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

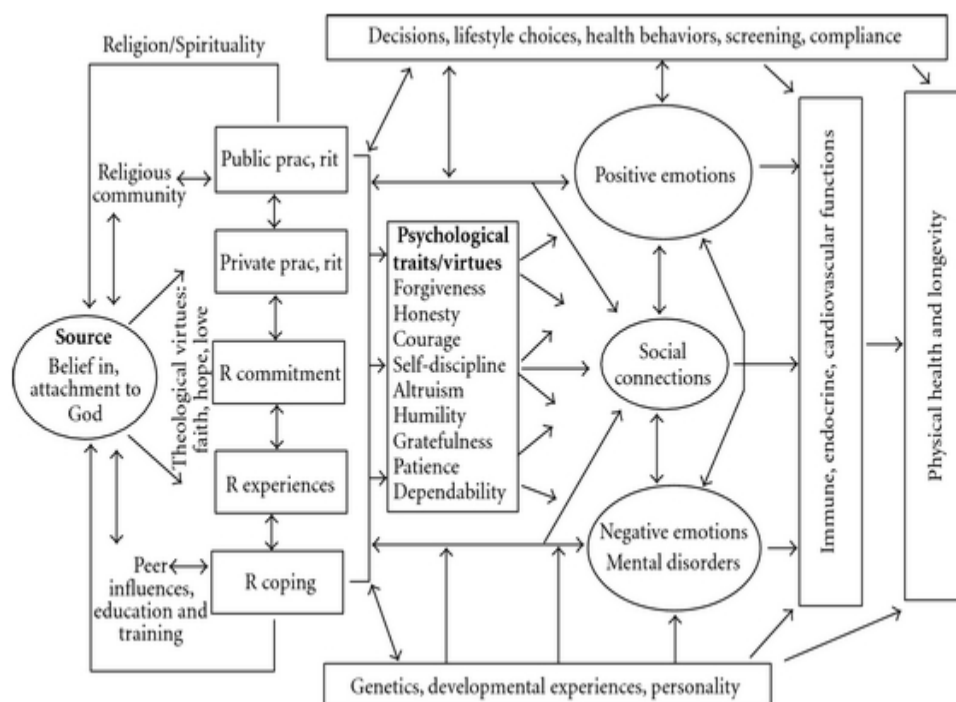
Both health and illness are impacted by various experiences at all levels (both micro and macro) and are generally accepted to have elements that derive from the meaning ascribed to them by the individual involved that extend beyond the physiological state. The fact that social determinants, cultural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

Frameworks and models that incorporate the many factors that may affect individuals and groups can assist in conceptualising and/or applying concepts and may suggest means by which problems or situations might be addressed or 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.

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

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

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

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

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

Methods and Results

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

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

40 Discussion

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

17 For this population, evidence shows that religion is in fact a source of
 18 resilience and can also offer a framework into which illness fits as an expected
 19 potential life experience. Unlike the mainstream Australian population, the
 20 elders of the Melbourne Greek community have maintained their traditional
 21 culture and in particular the Greek way of life. Cultural maintenance is of great
 22 importance for these migrants and has become a key characteristic of this
 23 group. The current economic crisis in Greece has seen a new wave of migrants
 24 coming to Melbourne, and the established Greek community of Melbourne has
 25 assisted the new wave enormously with their transition to life in a new country.
 26 These newcomers often feel the new little Greece of Melbourne is like the old
 27 Greece of the 1970's, as Greek society has evolved under its own social,
 28 cultural and political forces while the little Greece of Melbourne represents an
 29 idealized view of the remembered culture of earlier migrants. The newcomers
 30 tend to see Melbourne Greeks as "more patriotic" and Melbourne is said to be
 31 more cultural, while Greece has changed over the years to align with 21st
 32 century Europe. The aspirations of the original wave have been achieved at
 33 present, and subsequent generations of Greek Australians have grown up
 34 within the cultural context created by the original immigrants despite being
 35 highly assimilated in other ways. It remains to be seen, however, whether faith
 36 and/or religion plays a similar role for these younger community members and
 37 whether it will serve them as a source of resilience as they move through the
 38 life course. Furthermore, it is not yet clear whether the memory culture that
 39 was created by the original Greek immigrants will be maintained by 1st and 2nd
 40 generation Greek Australians and how the new wave of migrants will influence
 41 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

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

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