

Conflicted Identity across the Generations of Greek Australian Women: The Greek Diaspora in Melbourne, Australia

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This paper discusses and presents findings from a qualitative study undertaken in Melbourne, Australia that investigated health beliefs and practices across three generations of the Greek Diaspora of Melbourne. A total of 48 female participants (immigrant generation, first generation and second generation Greek Australian) took part in the study. Echoed by the participants were both challenges and strengths connected with their conflicted Greek Australian identity. This was associated to a sense of belonging and cultural identity, despite their location of birth (born in Greece and migrated to Australia or born in Australia and of Greek descent). For the immigrants, cultural maintenance was vital and often combined with anxiety for the way of life of their homeland of Greece to be maintained and recreated by their children and grandchildren. Decades following the migration of the diaspora, the significance placed on maintenance and way of life remains an important aspect of their identity that has been transmitted to their Australian born descendants, along with the anxiety coupled to this. The elements of culture that these participants particularly wanted to maintain and identified to be of great importance as part of their Hellenic heritage were religion, language, food and culture. This paper will discuss these four aspects of identity and how they are interconnected with the overall health and wellbeing of the generations of the Greek Diaspora in Melbourne but that often simultaneously contribute to a conflicted sense of identity.

Keywords: Culture, Greek Diaspora, Health and Wellbeing, Identity, Transmission

Introduction

This study investigated transmission of health information among three generations (immigrants, first generation, and second generation) of Greek-Australian women in Melbourne, Australia. This included, first, an examination of the way these three generations understood health and disease as an aspect of cultural maintenance within the larger Australian society, and second, religious practice in the context of health and wellbeing. The specific areas of interest were the extent to which culturally specific ideas from the immigrant generation affected the views of health of members of the first and second Australian generations; the kinds of cultural information transmitted and how does this information differs between the first and second generations; whether the

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transmission of health culture occur in the reverse direction, i.e. from grandchildren to parents, grandchildren to grandparents and children to parents; to what extent does the Greek Orthodox religion affect views of health and wellbeing across the generations in this Greek community; the extent to which the Greek language been maintained across the generations and the way this is visible in each generation's conceptualization of health; and the extent to which the experience of health transmission in this community fit with established models.

Literature Review

The Greeks in Melbourne

Migration to Australia by Greek people dates from 1827, however the peak occurred during 1945-1982. It was during this time that many young men and women left their homeland for a temporary new beginning in what they referred to as the "*lucky country*". Despite the move only being intended to be short term with the plan and aspiration to return to Greece, this was a dream only realized by a few. These immigrants were young upon migration and would spend their whole adulthood in Australia. Many married and had children, and Australia slowly became their new home. For this population, cultural maintenance was vital from the day they boarded one of the many ships from Greece to Australia (Cyrenia, Nea Hellas, Ellinis, Australis, Fairisky, Flaminia, Fairsea, Skaybryn, Brittainis, Basillisa Frederikh and the famous Patris), and has remained so to the present day. It was these immigrants who shared and transmitted their Greek culture and Hellenic heritage to their Australian born descendants and the community in general. This heritage is now equally valuable to the Australian born generations of the Greek diaspora.

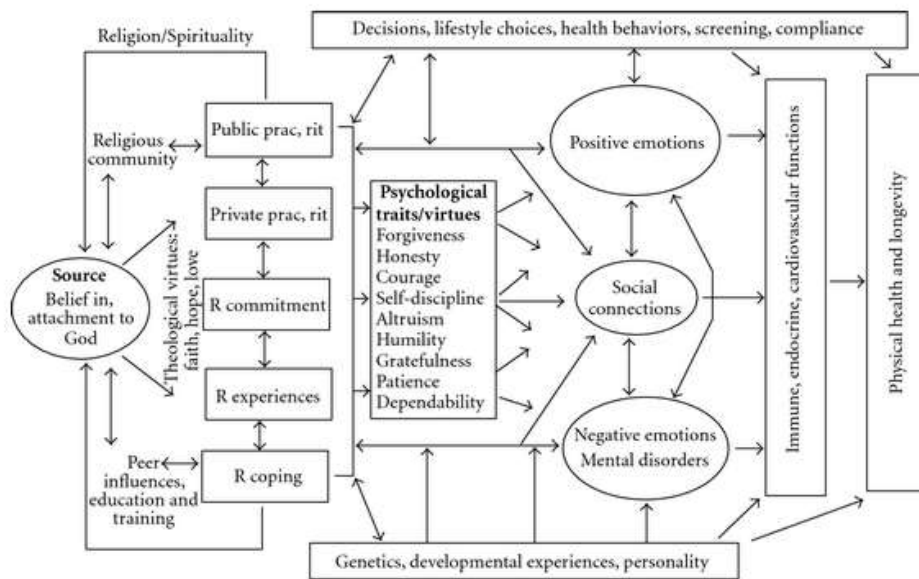
Today, Melbourne has a well-established Greek community with the church often being the heart. This diaspora group is the world's largest outside Greece and is known for the maintenance of their cultural values and retention of unique connections to their homeland (Christou 2001, Tamis 2005, Kaloudis 2006, Tsolidis and Polland 2010, Barker 2012, Avgoulas 2013). Each generation of the Greek diaspora experienced, and still experiences, their own challenges, and one of these is the issue of identity and conflicted sense of belonging in both Australia and Greece (Tsolidis and Polland 2009, Bondi 1993, Avgoulas 2013). The immigrant generation of the Greek diaspora never forgot their homeland (*patrida*) however. Their nostalgia as well as the need to maintain their traditional culture remains strongly evident. In 2014, a news story about the Greek diaspora in one of Melbourne's neighborhoods showed how ancient cultural ways are still of great worth and significance in the community. A statue of the ancient god, Poseidon, was to be placed in a local lake as a decoration by the Greek community. Despite there no longer being any real belief in the ancient gods, this was a way for the diaspora to celebrate and maintain their heritage as well as to share it more widely with the community.

Religion in Diaspora

Religion was and still is of great significance to the diaspora on a number of levels, and one of these is health. Experiences related to cultural practices and beliefs are often associated with patterns that are developed over time despite not having any medical or scientific grounding to them (Burch 2008, Cole et al. 2009, Geertz 1973). Religion can provide meaning to an experience of health and illness as well as answers to various life events (Park and Folkman 1997, Murphy et al. 1992). The positive health outcomes at an emotional level provided by religion as well as religion often serves as a source of resilience and social support are well-known (Pargament 1997, Tix and Fraizer 1998, Koieng 2007, Pargament and Cummings 2010, Ai et al. 2004).

For the Greek community, religion and the institution of the church provides membership and a sense of belonging that is directly linked to wellbeing and identity. Particularly for the Greek diaspora of Melbourne, this is the heart of their cultural maintenance and a strong marker of their identity. Faith for this group includes customs and practices within the Church (sacraments, miracles and prayer) and outside it (superstitions, magic and folk religious beliefs). The positive health outcomes associated with such practices are well known in the literature and also provide a strong link to their ancestors and community (Prado et al. 2004, Friedman et al. 2006, Pargament and Cummings 2010, Avgoulas and Fanany 2012a, 2012b, 2013).

Experiences associated with and meanings given to both health and illness are conceptualized through frameworks and/or models associated to health. The models of health that are frequently discussed in the literature can be categorized as biopsychosocial, ecological or social. However, many of these models do not account for the central importance of religion in individual health. An exception to this is a model (Figure 1) developed by Koenig et al. (2012) that has direct relevance to the Greek community of Melbourne. For this diaspora group, the Greek Orthodox religion is of great importance and is extremely significant in regard to their identity as well as their overall wellbeing in both private and public matters associated with health. There is a great deal of literature that discusses the overall health benefits of religion in association with resilience and social support (see, for example Pargament and Cummings 2010, Koenig 2007, Pargament 1997, Avgoulas and Fanany 2015).

Figure 1. Model of the Relationship between Religion and Health

Source: Koenig et al. 2012.

Cultural Identity

Culture has a direct connection to health (Diener and Diener 1995, Diener, et al. 1995, Ariendellet et al. 1997) and may impact on overall experience. The role of culture for specific groups has not been fully explored or understood, despite its importance in providing effective and high quality health care. Culture can and does affect health and this may be linked to cultural identity and wellbeing of immigrant groups (Lopez-Class et al. 2011, Unger and Schwartz 2012). The experience of migration is often associated with trauma (e.g. loss of homeland, displacement, war, famine), and the health issues associated to these can continue until settlement or beyond (Pumariega et al. 2005). Acculturation to a new location may not be linear for all individuals. Some immigrants may assimilate more readily, whereas others maintain an identity derived from their culture of origin (Berry and Kim 1988). The process of transition can require adjustment or changes to customs, language, social norms and the law (Organista et al. 2003). Choice in this may not be possible and may cause stress that can impact overall wellbeing. Particularly for immigrant populations, the process of migration, settlement and adjusting to cultural variations is a health concern in itself and may be physically as well as emotionally stressful, especially early in the process of migration (Berry and Kim 1988, Organista et al. 2003, Yeung and Schwartz 1986, Zheng and Berry 1991). It is difficult to predict the challenges experienced by new migrants, but these difficulties can include language, understanding social institutions, interaction and being part of the new cultural population, and effects from pre-migration experiences may exacerbate the challenges experienced and difficulties faced.

Language and Identity

The variable of language is a key to identity and must be considered in association to acculturation, as it is not just a means of communication but also a way to express identity (Authers 2006, Alba 1990). Language cannot be separated from social behavior, and this tends to be a factor in how people are perceived, recognized and treated (Montreuil and Bourhuis 2004, Weisskirk and Alva 2002). In this way, language contributes to the health and health care received by immigrants and their ability to communicate, express and explain symptoms of illness within the healthcare system. That a heritage language will be maintained in a given community cannot be taken as certainty, as there may be advantages to taking on a new identity which includes using the majority language and its social patterns. This can result in a conflicted sense of identity that for immigrants who may feel loyal to two cultures and possess two separate identities. Within the Greek community specifically, social networks integral to the sense of cultural identity, which has been strengthened through the use of the Greek language at the community level a vehicle for the continuation of heritage culture (Evergeti 2006, Tamis et al. 1993). A created sense of identity is observable among those who live outside Greece, which may have implications for community health where folk and modern healthcare practices are both used (for a detailed discussion, see Rosenbaum 1991, Mariño et al. 2002). The need for cultural sensitivity, in addressing the needs of immigrant communities is well-known and must take into consideration culture as well as language (Georgiades 2010).

Methodology

This research was undertaken using a qualitative method with an ethnographic approach. This gave the 48 participants an opportunity to discuss their experience of health, the meaning they give to health and wellbeing in the context of culture, and how their cultural identity has influenced this. All participants were female, with each being part of a family group that included an immigrant grandmother, Australian born mother, and Australian born granddaughter. Table 1 below outlines the demographics of the participants – including age and years in Australia.

Table 1. *Participant Demographics*

	Immigrant Generation	First Generation	Second Generation
Age [at the time of interview]	58 - 78	37-50	16 -18
Years in Australia	39 - 56	Australian born	Australian born

Female participants were selected due to the unique position they hold within the Greek family. Furthermore, Greek grandmothers are known for having a vital role when it comes to the maintenance of the community language as they

are often careers for their grandchildren (for a detailed discussion, see Smolicz et al. 2001). Greek families tend to be traditional and to maintain traditional practices and roles. This includes the role of in the maintenance of the health of family members (Pauwels 2005, Georgas et al. 2006). Thus, these were important considerations in investigating the patterns of health beliefs and practices across the three generations. The sample size allowed for thick, rich data (for a detailed discussion see, Fusch and Ness 2015). The interview protocol contained questions in three sections – general questions for all participants; questions specific to the immigrant generation, and questions specific to the first and second generation. Some examples of these questions are contained in Table 2 below. The order of the interviews was important to this research. For this reason, participants were interviewed in reverse order of age. This ensured that the information provided by the participants represented their original thinking and had not been affected by discussion within the family. This assumed that the grandmothers were the source of much of the cultural information that was likely to emerge, and it was important to understand each generation's perceptions of health without influence from members of the older generations who already knew what the research entailed. This allowed the emergence of data that was distinctive and allowed for the nature of identity across the three generations to be better understood. Approval for this study was obtained from the Human Ethics Advisory Group of the Faculty of Arts and Education, Deakin University in Melbourne.

Table 2. *Examples of Interview Questions*

General Questions (all participants)	Questions Specific to the Immigrant Generation	Questions Specific to the First and Second Generation
"What does it mean to be healthy?"	"How was illness treated in Greece when you were a child?"	"What has your mother and/or grandmother told you about how illness was treated in Greece?"
"Can we improve/protect our health by what we eat?"	"Was illness treated differently in Greece than in Australia?"	"Have you been to Greece? If so, how old were you and with whom did you go? If not, why?"
"Can we improve/protect our health by what we eat?"	"What have you tried to maintain and hand down to the younger generations about the Greek way of life?"	"What has your experience been as a first or second generation Australia?"

Interviews were conducted in either the Greek or English language, which allowed participants to use the language of their choice to best express themselves and explain in their own words the meaning of health in the context of their cultural identity. All interviews were conducted by the same researcher who occupies an insider/outsider position in the Greek community due to differences in age, training and experiences and was well placed to undertake this research (see, Dwyer and Buckle 2009). Data collected was analyzed using thematic

analysis and the principles of semiotics. All data was de-identified to maintain confidentiality and protect the privacy of participants. Each of the families was given an identifying number and generation was identified by a letter; for example Participant 6A was the grandmother of family 6, 6B was the daughter (first generation), and 6C was the granddaughter (second generation). The data was coded and categorized according to theme. Table 3 contains the themes and experiential domains that emerged.

Table 3. *Themes and Experiential Domains*

Themes	Experiential Domains of Participants
1. Greek culture and health, food and health, formal health knowledge, folk health beliefs	1. Health knowledge and conceptualization of health
2. Greek Orthodox religion, religious practices, religious folk ideas	2. Religion
3. Greek culture, Greek language, culture-specific practices, the idea of being Greek	3. Culture
4. Trust, reliance on family, in-group/out-group perceptions	4. Transmission of knowledge

Findings and Discussion

This research aimed to identify patterns of transmission of cultural information relating to health and wellbeing among three generations of female family members of the Greek diaspora in Melbourne by examining the information transmitted and the reasons for this transmission. Four aspects of experience, culture, religion, food and language, were at the core of transmission. Religion was the most powerful and equally important to each of the three generations. For the Australian born generations, particularly the youngest participants who were 16 to 18 years old at the time of interview, the way they interpreted various religious symbols differed from their elders. This included the sign of the cross and abstinence from food during religious periods, such as Easter or Christmas. The importance of these aspects of practice was not less than for the elder participants but their symbolic function reflected their own experience as English-speaking Australians. This was a product of the cultural memories learned from the immigrants, acculturation to the Australian context and formal education.

Education and formal health knowledge differed significantly between the immigrant and Australian born generations. The immigrants had little or no formal education, whereas the Australian born participants were all highly educated. A majority of the first generation (63%) had a university degree, while the second generation participants were completing high school or had begun university study.

The Greek Orthodox religion and the institution of the Church was cited by all the participants as a place where they felt belonging and that was a positive influence on their health. This is consistent with the literature and

seems to be a phenomenon that is not dependent on the specific belief system but instead relates to the existence of religious belief and practice of some kind as factor in the experience of the individual (see, for example Prado et al. 2004, Friedman et al. 2006, Pargament and Cummings 2010, Avgoulas and Fanany 2012a, 2012b, 2013).

Members of the immigrant generation expressed this as follows:

"I see religion, God, and religion as support. This is something I was raised with and brought from Greece."

"When the priest makes their speech when we go to church, they say for us to live the right way, for us to fast and pray. All this brings us inner peace and happiness. They tell us not to get angry, and this calms us down, and, when we are close to God, we're healthier and happier. You feel calmer when you go to church. "

A member of the first generation explained:

"It's important for me, for my children, to receive Holy Communion regularly, because we live in a society that puts a lot of pressure on us, and I believe, if you have your roots in spirituality, which I believe orthodoxy really has, it grounds them. It gives them something a strength, a foundation."

Some of the second generation participants said:

"Prayer offers support and having something, a prayer or a saint, that you pray to is very supportive."

"We generally go to the doctor but I also pray for my grandmother who is unwell. I pray because I am religious and I try to connect to God. Prayer gives you comfort and I always do my cross before I go to bed. My parents taught me this and my grandmother and grandfather because I come from a religious background."

While agreement on the significance of religious belief and its value to them in terms of personal resilience and membership in the Greek community was unanimous, the participants expressed a conflicted sense of identity in the other three domains. For the immigrant generation, health was strongly connected to their Greek identity as well as to their experiences of health in Greece. This generation migrated to Australia at a young age, with little or no education and maintained a perception of Greece formed by childhood experience with an imperfect knowledge base of the state of health there. For these grandmothers, what they associated with their culture (in Greece) at the time of their childhood formed the framework for how they understood their current health. They often compared the state of health in Greece to that in Australia based on this conceptualization.

Some members of the immigrant generation said:

"We had our own garden in Greece and, in those years, everything was natural, and this was good for our health."

"We didn't have much in Greece. We would always eat legumes and very rarely we would have meat, and that is the reason why we were healthier. Because we ate things that were ours, homegrown."

Members of the first generation explained:

"Mum would tell me what's good to eat, vegetables, beans, lentils all the things they grew up with from the land. When I was young, we ate well because mum cooked, and that's what I tell the kids."

"Why didn't they have asthma back then? There wasn't depression back then. There was no anxiety, no autistic kids. I can't understand what's happened now; I think it's the food we eat and our environment."

A member second generation explained her view was as follows:

"Processed food is bad for our health, all the chemicals, why are apples so big now? Apples from the tree are smaller compared to the ones from the supermarket. The growth hormones they did not have them then and that's the reason we have more illness today that we didn't have then in my grandmother's time. Best example my grandmother grew up in a tobacco farm, there tobacco was all natural, it wasn't addictive; it was still bad for your lungs, but not that bad, and there weren't all those chemicals. It was not addictive; you only smoked it because it was a pass thing, a social thing. Now cigarettes are one of the worst things you can put in your body."

The older women had a strong view that the lifestyle, as least as they now view it, in Greece in the past was supportive of health, especially those elements of it that stood out to them as distinguishing life in Greece from life in Australia. The garden, which might belong to an individual and serve as a source of fresh produce, was a prominent aspect of this and contrasts strongly with the very hot, dry climate of Australia which makes gardening difficult in many areas. While the produce traditionally eaten in Greece is readily available in Australia and it is, in fact, possible to have one's own garden, as many of these older people do, the effort required to is great and the cost is high. For them, the garden, which is a central element in their recollections of Greece, is associated with health, perhaps because of the very different situation in Australia and the difficulty of achieving the kind of results they remember from childhood.

In a reflection of the views of the immigrant generation, the garden as a connection to Greece and the practices associated to their ancestors, however, was seen by all the participants saw as contributing to overall health and wellbeing. They viewed the role and importance of gardens was a maker of

identity that characterized their understanding of their Greek culture. Again, this interpretation differed by generation.

A member of the immigrant generation said:

"I have a lovely garden with fresh vegetables. I had a garden in Greece as well, and our garden is our connection to Greece."

One of the first generation said:

"Growing up my parents always had a homegrown the veggie garden, what they had in Greece. What they could bring with them from the village they did."

One of the second generation participants said:

"My grandparents always have a massive garden with fresh fruit and vegetables. I think a garden for them is just what they had in Greece. From what I have seen a garden is a way to keep our Greek tradition alive and I want my own garden."

The women of the first generation were exposed to their mother's views from childhood but were educated in Australia and also held many of the views that are characteristic of the larger society. Generally, their own experiences were more significant to them in terms of health issues, and they are fully integrated in the norms of health behavior of the larger community. Nonetheless, they are aware of the traditional views on food, health, and related issues that they see as part of their Greek background. Some of them are concerned that they do not fully maintain these practices and, like their mothers, believe that they might be better for health than their current (Australian) lifestyle.

The youngest women are even further removed from the health beliefs of their grandmothers and have absorbed traditional views on health and diet mostly through their mothers. They are all native speakers of English and have gained much of their health knowledge from the current school context. As a result, while aware of their Greek heritage and how the older generations view health behavior, they are much more like other young people their own age and tend to hold all the current views on health that are often portrayed as being evidence-based and are supported by the public environment in Australia.

Food choices, in contrast to health knowledge and health behavior, did demonstrate that a distinct cultural identity had been transmitted by the older generations. This is perhaps to be expected as taste in food is generally determined at a young age before children are old enough to make choices independent from their family members. For the immigrants, eating what they perceived to be characteristically Greek food was a way of expressing their identity as Greeks. For the Australian born generations, food choice distinguished them from others and was a marker of their identity. The interpretation and symbolic meaning of food differed across generations, however, and was

influenced by the norms of the English-speaking mainstream for the younger generations.

Members of the immigrant generation said:

"As much as I can I cook what we used to cook in Greece."

"At our age, legumes; I prefer them but unfortunately the kids don't like them. We grew up with this type of food and I believe the fact that we have reached this age, that is significant. "

One member of the first generation said:

"My mother would say, eating is a sign of health, and they still say this. I was told eat more or people would think you have a bad marriage. For that generation, being thin means you're not happy. And they don't let any food get thrown out. Because they lived through war and famine, they see food different to us. "

A second generation participant explained:

"Γιαγιά (grandmother) doesn't like it when we have fast food, she would be like why didn't you come to me and I will cook you something."

Despite strong views about the value of the Greek diet, the perception of food has also shifted for the immigrants, through the influence of family, friends, doctors and the Australian context. One participant explained, "*I try to avoid heavy foods, such as moussaka, foods that we made in the past.*" For the first generation, food was an important aspect of their Greek identity as well as a link to their mothers. One participant said, "*When I cook Greek food I feel better. It's almost like I hear 'well done', you're maintaining it, and you're cooking Greek meals for your family. The migrants brought all their traditions and culture from Greece and it's like I'm maintaining it, keeping it for the migrants. I feel like I'm keeping the Greekness, and my children can understand the difference when they go to and Aussie house and to a Greek.*" Another explained, "*The kids like Greek food and when we travel and we have been away for a while they say, 'we need some of grandmother's food!'*" This first generation born in Australia sees itself as responsible for maintenance of their culture of origin and have been described as 'reinforcers'. This has been noted in Greek communities as well as in groups from other backgrounds (see, for example, Alba 1990, Khoo et al. 2002, Portes 1994). However, the first generation participants in this study were the most torn between their Australian upbringing and loyalty to their Greek heritage. They are, however, heavily integrated into the Australian mainstream. One participant said, "*I also cook Asian dishes for my parents; Mum is interested in different foods and likes what I make.*"

Fasting in the Greek orthodox religion is a time of abstinence from certain foods, during religious occasions such as Easter and Christmas or weekly on

Wednesday and Fridays. When the immigrants spoke of this, they described it as something that was good for overall health and wellbeing. One explained, "*Fasting is what we do in our religion. We have religion inside us, and we are born with one homeland and one religion.*" Folk sentiments were also expressed by both the immigrant and the Australian born generations. An immigrant participant explained, "*If you don't fast, you cannot understand religious events.*" One of the first generation participants said, "*Living in Australia, we only fast the week leading up to Easter. The people in Greece work shorter days, have days off, and can celebrate things better.*" This participant felt that, if she was in Greece, she would fast more, because, "*There you would feel it more as a festive religious event because, at religious times, they change their working times based around the celebration and attending church services.*"

A shift in the symbolic meaning of fasting in the Australian context was expressed by the second generation. One of these participants said,

"Obviously it's difficult to fast on Wednesdays and Fridays but I would at least try to have vegetarian food." Another explained, "*Fasting is religious mainly. It prepares you mentally, it cleans you before you go into the happy days, but it's also really healthy. I generally fast, unless there is a special occasion and I may have dairy. And it's a chance to be really healthy as well. I like to fast and it's not bad.*"

Language plays a central role in the process of cultural maintenance and is also a marker of identity. For the participants of this study, the of the Greek language was a way they could retain a cultural identity, even when the language was not a primary means of communication.

The use of the Greek language was often a conscious decision made by the immigrant generation to maintain their language of origin, and, in turn, transmit the language to the Australian born generations (see, Borland 2006). However, on a social level, the use of the English language by these older women is very challenging, firstly, due to their level of education and lack of formal schooling in Australia and, secondly, to the differences between the Greek and Roman alphabets. Their years of living in Australia and exposure to oral and written English did lead the immigrant generation to use some English words automatically and often to forget a Greek word and use the English word when speaking Greek. A member of the immigrant generation said, "*There are times that by accident I speak in English as I have forgotten the Greek word. This also happened to me in Greece. I don't know how this happens.*" This also occurred during the interviews where some participants switched language and used English words influenced by the Australian context. Some examples of these are in Table 4 below.

Table 4. *Examples of English Words Used by the Immigrant Generation*

homemade	anyway	alcohol
jeans	lungs	hamburger
chips	restaurant	stress
healthy	computer	mobile
bus stop	drugs	cheese cake
ice cream	government	happy
cancer	pollution	infection
no hope	very difficult	take it easy

The interviews with the Australian born participants of the first and second generations contained a number of instances where participants used a Greek word instead of an English one while speaking English. This was much less frequent among the youngest participants than their mothers, the first generation. However, code switching did occur for both of the Australian born generations. Some examples of Greek words used in English conversation are contained in Table 5, below. The use of these terms in Greek shows a direct link to their cultural and/or religious identity and suggests that there are certain experiences that they conceptualize partly in Greek.

Table 5. *Use of Some Greek Words by First and Second Generation Participants*

First Generation	Second Generation
μάτι (evil eye)	κήπος (garden)
Ευκελεο (Holy Unction)	Νιστια (fasting)
Γιαγιά (grandmother)	σέλινο (celery)
χαμομήλι (chamomile tea)	Ευκελεο (Holy Unction)
Αγιασμός (Holy water)	Σταυρός (cross)
χωρίο (village)	χωρίο (village)
Προσευχή (Prayer)	Πάτερ ημων (Lord's Prayer)
πρόσφορο (offering bread)	Μοναστήρι (monastery)
Παναγία (Virgin Mary)	Πρόσφορο (offering bread)
ρίγανη (Oregano)	χαμομήλι (chamomile tea)
Μύρο (Myrrh)	Γιαγια (grandmother)

While the participants in this study showed different levels of Greekness in their self-perception, ability and desire to maintain Greek cultural practices, and mastery of the Greek language, they all retain a conception of being Greek that is tempered by their experiences. While certain significant aspects of Greek heritage have been passed down from generation to generation, especially in relation to religion, it is also the case that each succeeding generation is more integrated into the English-speaking cultural environment of Australia and, consequently, more like the surrounding community and less like the immigrant generation in its views. Nonetheless, as discussed above, there are certain elements that are strongly associated with being Greek by all three generations. The elements they identified as marking their Greek identity tended to be seen as

positive for health and wellbeing but also sometimes created a conflict between participation in mainstream Australian social norms and the desire to project a Greek identity. Interestingly, for the youngest participants, the idea of having a Greek identity was especially appealing, perhaps reflecting the broader views of the generation, despite the fact that their experience was most like the Australian norm among the three generations. Also, the resilience of all the participants was notable, despite expected dilution in each generation. This resilience derives in large part from their religious outlook and practices that support membership in the Greek Orthodox community. Religion was, and is anticipated to be in the future, the central feature of identity for people of Greek background in Melbourne in the future. This, combined with a high level of integrational trust, continues to contribute to the maintenance and transmission of the Hellenic culture between the generations of the Greek diaspora of Melbourne. As one second generation participation put it:

"I don't want to lose any part of my Greek identity, like I said, I don't see myself as Australian, I don't have Australian blood, like an African elephant if its born in Australia, we still consider it African, so we're just [Greeks] born somewhere else. "

Conclusion

The large and dynamic Greek diaspora in Melbourne has largely succeeded in maintaining certain aspects of its traditional culture, despite the distinctive nature of these elements that separate the community from the English-speaking, Australian mainstream. There can be no doubt that this maintenance has been driven by the original immigrants who are now grandparents and have made an effort to convey the importance, as they see it, as well as the content of their culture to their children and grandchildren. This has been noted in other Greek communities around the world (see Christou 2001, Kaloudis 2006, Tsolidis and Polland 2010) and seems to be the predominate practice of diaspora communities. One of the main challenges for future continuity, including in Melbourne, will be to accommodate to the perceptions and experiences of its members as the generations change and younger people are more like the rest of Australia, in culture as well as language. It is likely that religion will continue to serve as a unifying factor in the community, however, and may eventually become the greatly dominant factor in group identity.

The study reported here involved women of three generations, with the assumption that cultural practices, including those related to health, tend to be maintained by the female members of Greek families (see Smolicz et al. 2001, Pauwels 2005, Georgas et al. 2006). It did not address the experience and perceptions of male members of the Greek diaspora, and this is an important direction for future study, as it is not possible to understand the full dimensions of the community without insight into the perceptions of both men and women. This study also focused on the elements of health and wellbeing that relate to

cultural background. The prominence of religious practice, both formal and informal, in this was unanticipated and is also worthy of further investigation. In this, the Greek community in Melbourne is different from the larger community for whom formal religious practice has decreased significantly (see Singleton 2016). Nonetheless, in many other ways, the Greek diaspora in Melbourne confirms observations made in immigrant communities of all kinds in other parts of the world and indicates the existence of processes of assimilation and acculturation that are manifested in the behavior and views of its members and represent an example of culture shift and adaptation in the context of immigration.

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