The Significance of the Greek Orthodox Religion for Second Generation Greek-Australian Young Women

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This paper discusses the significance of the Greek Orthodox religion for young Greek Australian women. The findings of a qualitative study undertaken in Melbourne, Australia in 2013 indicate that for these granddaughters of Greek immigrants, their Greek Orthodox faith is a marker of Greek identity and also a source of resilience and social support. This is a major aspect of the cultural perspective that has been passed down from elders to these young women who indicate that their faith, expressed as belief in God, the Greek Orthodox religion, prayer, miracles and the sacraments of the Church, gives them comfort, support and emotional well-being, and serves as an important source of resilience. This paper describes the elements of religious belief that shape these young women's perspective and discusses the role of religion in their wellbeing and overall affective state.

Introduction and background

The Greek Diaspora of Melbourne, Australia, dates from 1827; however, the years 1945–1982 are when the majority of Greek people left their country of birth for a place they called “the lucky country” — the shores of Australia. These migrants who were young men and women then are now elderly members of the Greek community of Melbourne. When they arrived, they were young and had hopes and aspirations for a better life, and their migration was almost always intended to be temporary, with many intending to return to their homeland — their “patrida”. Their stories of migration are well known, as are the challenges experienced by this group, the migrants themselves, and the subsequent generations born abroad. Cultural maintenance of the Greek way of life from their homeland was of great importance and served as a way for them to face and manage these challenges. For the Greek diaspora, this has provided a sense of belonging (Kaloudis, 2006). This population has, in fact, established a long-standing Greek community that has withstood time and continues to form
and re-establish itself with subsequent generations of the Greek Australian diaspora and with a new wave of Greek migrants who are once again leaving Greece due to the current economic crisis. The Melbourne Greek community is well established with churches, community/cultural and sporting groups, and language schools that were formed based on the memories and experiences of the original migrants in Greece and continue to evolve through participation by the Australian-born generations as well as the new wave of migrants. These institutions centre on Hellenic identity and a sense of belonging and connectedness within the community. They have also maintained links to their homeland that are markers of identity and sources of social support and social connectedness that have been vital to their overall health and wellbeing from the time of migration until present day (see, for example, Christou, 2001; Tamis, 2005; Tsiolidis & Polland, 2010; Avgoulas, 2013).

This paper presents findings from a larger qualitative study that investigated the health beliefs and practices in three generations of Greek Australian women in Melbourne. Participants of this study included 16 families (48 individuals) from the Greek community of Melbourne. Each family consisted of three female generations: a grandmother who migrated from Greece and her daughter and granddaughter who were born in Australia. Table 1 shows the demographic information of all the participants in this study. Of particular relevance here is the background for the 2nd generation participants, as this paper will discuss findings that are specific to this youngest generation of the study, the granddaughters of the Greek diaspora, and the significance of the Greek Orthodox religion for these participants. The inclusion criteria for these participants were:

1. their grandmother was part of the Greek immigrant generation;
2. their mother [parents] was born in Australia;
3. they were aged between 16–18 years and Australian-born;
4. female;
5. all three generations — grandmother, mother and granddaughters consented to participate in the study.

Table 1. Participant demographics

<table>
<thead>
<tr>
<th>Age [at the time of interview]</th>
<th>Immigrant generation</th>
<th>1st generation</th>
<th>2nd generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Australia</td>
<td>58–78</td>
<td>37–50</td>
<td>16–18</td>
</tr>
<tr>
<td>Australian born</td>
<td></td>
<td>Australian born</td>
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</tbody>
</table>

Data were collected through semi-structured, in-depth interviews over a six month period, and recruitment was undertaken through the general Greek community in Melbourne (Table 2 contains examples of interview questions). The data were analysed using thematic and semiotic approaches to answer the six research questions of the
larger study (these questions are listed below). All six questions have relevance and
significance to this paper, however, but the discussion focuses on questions one and
four, which were specific to the experiences of the second generation participants.
The research questions were:

1. To what extent have culturally specific ideas from the immigrant generation
affected the views of health of members of the first and second Australian
generations of people of Greek background?

2. What kinds of cultural information seem to be transmitted and how does
this differ between the first and second Australian generations?

3. Does the transmission of health culture occur in the reverse direction (i.e.)
from grandchildren to parents, grandchildren to grandparents and children
to parents?

4. To what extent has the Greek Orthodox religion affected views of health
and wellbeing across the generations of the Greek diaspora in Melbourne,
Australia?

5. To what extent has the Greek language been maintained across the genera-
tions of the Greek diaspora in Melbourne, Australia and how is this visible
in each generation’s conceptualisation of health?

6. Does the experience of health transmission in this community fit with
established models?

In order to elucidate the experience of participants in the study, a set of ques-
tions designed to encourage them to discuss their experiences were developed and
trialled. Slightly different questions were used for the oldest participants, who were
all migrants to Australia. Additional questions were asked to the first and second
Australian generation participants in order to elucidate the ways in which their views
differed from the migrants and in what ways they might have been affected by the
Australian context. Examples of the interview questions are contained in Table 2.

Table 2. Examples of interview questions

<table>
<thead>
<tr>
<th>General Questions (asked to all participants)</th>
<th>Specific Questions (for the 1st and 2nd Generation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does it mean to be healthy?</td>
<td>Do you know if your grandmother went to doctors as a child in Greece?</td>
</tr>
<tr>
<td>Are there religious teachings about disease and health?</td>
<td>Do you know how illness was treated in Greece?</td>
</tr>
<tr>
<td>Are there diseases or illnesses that are specific to Greek people?</td>
<td>Do you know of any Greek remedies (health beliefs) and from whom?</td>
</tr>
</tbody>
</table>
Culture and health

Culture is made up of everyday objects, practices and ways of life that are transmitted within a family and community. Markers, that derive from their way of life and that may be recognised by others, define individuals, groups and or populations and represent invisible borders that separate them from others. Geertz (1973) notes that culture is a joint and shared way of life. Further, Campos and Johnson (1990) and Spardley (1979) suggest is that culture is, in a sense, a cognitive map that guides the way of life associated with a specific group. Kagawa-Singer, Padila & Asing-Giwa (2010) note the crucial role that culture plays in wellbeing and also that it provides a lens by which meaning is ascribed to an experience. Edberg (2012) suggests that the concept of culture as a shared way of life can be conceptualised through experience and the feelings and attitudes attached to it. This is where variations are observable, particularly in relation to health. Health and illness are parts of the human experience and are often shaped and guided by culture. For this reason, it is vital for the healthcare sector, particularly in a multicultural society, to be sensitive to variations and thought processes associated with a specific cultural group and how they may vary from the perceived norm. Dutta (2008) emphasises the significance of cultural sensitivity and the importance of appropriate health communication programs addressing the specific needs of cultural groups. The culture of a population, and the identity of individuals that is formed by this, is a fundamental part of human existence that is embedded in experience and influences lifelong behaviour, attitudes, thought processes, and decision-making.

There are various models of health and illness that include the biopsychosocial model, ecological model and social models. These models explain both health and illness based on a range of factors and influences in the living environment. However, they often overlook the cultural influences on health, separate from social factors. Religion, for example, is a significant aspect of culture that can influence the experience of health and wellbeing and includes a public as well as a private component. Koeing, King and Carson (2012) developed a model of the relationship between health and religion that applies to western religions and is relevant to this study (figure 1). This model suggests that both the public practice of religion (church attendance, religious activities performed in a group, etc.) as well as the private component (faith in God, belief in miraculous events, etc.) has an influence on both health outcomes and health behaviour. In this, religion offers a strong basis for the development and maintenance of wellbeing.
The journey of wellbeing is often based on patterns and behaviours that have evolved over time and have been handed down through generations. These ways of life are trusted without having a scientific or medical basis (see, for example, Geertz, 1973; Burch, 2008; Cole, Stevenson & Rodgers, 2009). Many cultural variables, customs and traditions that provide meaning and answers to universally experienced situations derive from the common background of the group involved. One aspect of this is religion which has been shown to be strongly associated with health as a means of coping and resilience (Sherman et al., 2001; Koeing, 2007; Pargament & Cummings, 2010, among others). Studies show that religion provides answers and suggests the meaning of various experiences and may also provide support, comfort, a means of coping and adjustment, and overall positive influences on health and wellbeing (see, for example, Pargament, 1997; Tix & Frazier, 1998; Murphy, Johnson & Lohan, 2003; Ai et al., 2004; Pargament & Cummings, 2010). In addition, as noted by Ebstyle (2003), the role that religion plays in the context of positive behaviour and identity may be significant. Religious institutions may also provide positive enablers at the social/community level for the formation of identity during the time of adolescence.

**Findings and discussion**

The findings presented in this paper derive from interviews with the youngest participants of this study, second generation Greek-Australian women. These participants were invited to talk about their understanding of health in light of their cultural background and personal experience. The interviews were undertaken in the English language. However, code switching did occur, and participants occasionally used or mentioned words in the Greek language that had a direct link to their cultural and religious background. Some examples of such terms are contained in Table 3.
For this generation, health is closely linked to God and His will, but the participants do not see illness as a punishment. Instead, they tend to view it as an element of destiny and fate, an unavoidable aspect of life. This parallels the views of their grandmother and mother, showing transmission of information by the older generations as well as a high level of “intergenerational trust” which has encouraged maintenance of cultural concepts among younger individuals, who were born and raised in the Australian environment and are fully integrated into that context.

The comments of members of this second Australian generation illustrate this view. One said: “I never look at illness as a form of a punishment. Everything happens for a reason. When babies die, that’s sad for parents, but it could be a lesson for someone else. God isn’t punishing the baby, but that could be a lesson for someone else”. Another participant explained: “When someone has cancer, it could be in their genes but it could have started ages ago. God may have given it to a certain person and put it in their genes and decides when it will appear”. One spoke of illness as “for our inner self and how much we are able to deal with. I always used to think that I wasn’t a strong person and I was challenged with stuff in life and I now know that I am way more”. This participant mentioned that this way of thinking stemmed from her grandmother: “She [grandmother] has always been on the outside like nice and...
soft and fluffy and on the inside like rock, and through everything that she has been through, that’s definitely where I get strength’.

When these participants spoke of the Greek Orthodox religion, the support they found in their faith and the positive emotions it triggered were key to their overall wellbeing. Figure 1 shows some examples of how the second generation Greek Australian participants of this study conceptualise religion as a positive force in their wellbeing and overall affective state. It is notable that their conceptualisation of religion relies more on the intangible, personal aspects of belief and less on the formal practices associated with church attendance and observation of rituals and events. While there is no doubt that the personal manifestations of their religious faith stem from the Greek Orthodox tradition, these elements of belief are more important to these young women than participation in the group aspect of religious practice.

Figure 2: Religion, wellbeing and overall affective state for second generation Greek Australian young women

When the granddaughters of the immigrants of the Greek diaspora of Melbourne spoke of health, illness and overall wellbeing, cultural perspectives that had been transmitted to them by their older relatives with first-hand experience of Greece and the Greek way of life were observable as central to their beliefs. The perspective of their elders appears to have shaped their understanding of their experience despite the fact that the younger women were born and raised in Australia and only know of their culture as mediated by their elders and also despite having been significantly influenced by the Australian context and education. Several of them expressed views that coincide with the generally accepted presentation of such issue in modern educational
contexts: “God does not make people sick. Scientifically, that does not make sense to me. The choices we make in life is what determines that”; “If someone gets lung cancer at the age of 60, it’s not God; it’s because they smoked”.

These views represent a more evidence-based understanding that the younger women have been exposed to as part of the educational process and media in Australia. All of them have significantly higher levels of formal education than their grandmothers, most of whom had only a few years of basic education in Greece. The educational attainment of the migrant generation is shown in Figures 3 and 4.

The second generation participants were all at the end of their high school education or had recently begun university study. All aspired to continuing study at the tertiary level and had aspirations similar to those of other Australians in this age group. This contrasted strongly with their grandmothers, as shown above, and attests to the high level of integration of the Greek community into the broader Australian environment.

The findings of this study suggest that a major aspect of culture that has been passed down from the immigrant generation to young people who are fully integrated into the Australian context is the vital role of the Greek Orthodox religion in health and wellbeing. The 16 young women who took part in this study stress that their faith is a marker of who they are and a symbol of their cultural identity in addition
to providing them with comfort, support and resilience through its practices that represent a positive influence on their overall health and wellbeing. This has been noted in the literature for various groups and communities (see, for example, Sherman et al., 2001; Koeing, 2007; Pargament & Cummings, 2010, among others). The level of trust the young women in this study place in the views of the older generations is notable and seems to be strongly accepted. One participant said about her grandmother: “She is just the knowledgeable one. They have been through a lot. They have come from a different life from what we live now and they are old but they are still so healthy. They must have been doing something right”. Another noted: “My grandmother is a very resilient person. She is so calm and collected no matter what drama she comes across. Anything you tell my grandmother she has seen it before. She is not surprised by anything. She is very experienced and very wise”. Again, this aligns with similar studies reported in the literature that suggest the strength of traditional views in certain cultural communities (see, for example, Geertz, 1973; Burch, 2008; Cole, Stevenson & Rodgers, 2009; and Edberg, 2012, among others).

For the elders of the Melbourne Greek community, religion has often been the key to their adjustment and adaption to migration in the face of illness or challenges in life. This function, in addition to specific practices and religious customs, has also been transmitted to their granddaughters who derive the same type of social support that appears to be key in their emotional health and wellbeing. Interestingly, the young women who took part in this study were similar in age to their grandmothers at the time of their migration to Australia. This was noted by some of the participants and was seen by them as an indication of their grandmother’s resilience and strength. One said: “It would have, however, been very difficult when she left, she was my age now and I could never had done that. She was very tough and still is”.

**Conclusion**

The findings of this study demonstrate the vital role that culture and cultural identity may have for individuals and populations. For the young women who took part, the elements of Greek culture and religion they learned from their mothers and grandmothers is central to both their conceptualisation of health and wellbeing and also to its development and maintenance. For these young women, who are English speaking and have grown up in Australia, their knowledge of Greece and its religion and culture has come entirely from the direct and indirect influence of their elders and observation of their way of life. This is significant in that it demonstrates the durability of Greek identity for this population, despite the potentially interfering presence of other cultural elements in the community in which they live, and also the level of trust and reliance they place on their elders. For this group of young women, as for their grandmothers, religious faith and practice and the perceptions that derive from them, serve as an extremely important source of resilience as well as a significant marker of their personal identity and cultural belonging.
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