Religion as a Means of Resilience and Adjustment to Chronic Illness

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Abstract: This qualitative study will present the understanding of health and belief practices among elderly Greek Australians. In particular, the role of religion has been explored as a means of resilience and adjustment to illness, as religious faith often influences individual's thoughts, feelings, and how they may accept or understand their particular health condition. Adjustment has a strong psychological or emotional component that is likely to be affected by culturally determined conceptualizations of health. As such, the particular background of a population may be very significant in the level and means of adaptation of individuals and groups.

Keywords: Religion, Resilience, Adjustment, Chronic Illness, Elderly Greek Australians

INTRODUCTION

The impact of a chronic condition is a significant life event on a number of levels and its rippling effects impact individuals at both micro and macro levels. The way in which individuals adapt to chronic illness is closely related to the cultural and linguistic factors that are an integral part of personal identity. For this reason, a better understanding of the views and perceptions of specific cultural groups may provide insight into the health needs of members of those groups and further our understanding of the role illness plays in the collective and group experience.

This study discussed here concerned elderly members of the Greek community in Melbourne, Australia, and was conducted in 2011. Melbourne is home to one of the largest Greek diasporas in the world. The majority of Greek migration to Australia occurred in the years following World War II (ABS, 2011), meaning that the original generation of immigrants has now entered its senior years. The children and grandchildren of this immigrant generation are highly acculturated into Australian society, but Greek remains one of the top 10 languages in use in the country (ABS, 2010). Participants in this study were drawn from users of Fronditha Care, a community organization in Melbourne providing health and social services for elderly persons of Greek descent. Thirteen individuals (five male and eight female) expressed an interest in taking part and were subsequently interviewed in depth by a researcher fluent in both Greek and English. The participants were aged from 67 to 94 years old and had been diagnosed with cardiovascular disease or had a family member that they cared for with this condition. The content of the interviews centered on participants’ experience of illness, their understanding of their own condition, and the meanings they ascribed to illness in the context of their culture and religion and took place in Greek and/or English, depending on how participants felt comfortable expressing themselves. All interactions were recorded and transcribed for study and analysis. Ethics approval for this study was obtained from the management of Fronditha Care and from the Human Ethics Committee of La Trobe University in Melbourne.
Culture and Health

Human beings tend to seek meaning in the experience of illness, and often this meaning is a product of their culture (Larson, 2012). The way an individual and/or group may conceptualize both health and illness can be influenced by this meaning which may then dictate health behavior. Cole, Stevenson and Rodgers (2009) note that culture may provide a way for individuals to better understand and interpret a particular illness, a process that will reflect the underlying norms of their group. Burch (2008) further suggests that beliefs about health can be influenced by culture as well, such that new information will be interpreted in the context of a person’s existing cultural framework and the understanding of health and illness that prevails in his or her cultural context.

Culture, then, influences how a person might behave with reference to illness and/or health and may also determine general attitudes towards health care. Hartog and Hartog (1983) note that patients’ behavior is often determined by cultural values. Lay diagnosis (what a person feels to be wrong with him or herself), based on conceptualizations of illness generally accepted in a particular cultural group, may determine how an individual gives meaning to his or her own health (Olafsdottir and Pescosolido, 2009; Pescosolido, 2011), and a number of authors have noted the profound impact of culture on the experience of health and illness (see, for example, Kirmayer, 2001; Papadopoulos et al, 2004). An example of this is the typical Greek attitude towards illness. 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, relatives visit and stay as long as possible, often disobeying policy and procedures put in place by the medical facility such as limits on visiting hours or number of visitors. This is not a deliberate act to disrespect the rules but a misunderstanding due to their interpretation of what constitutes appropriate behavior. Hartog and Hartog (1983) note that medical professionals may perceive this type of behavior as an impediment to them doing their job and not in the best interests of the patient. On the one hand, health care professionals are often unaware of the importance behavior of this kind has in the culture of the patient and may dismiss the actions of family and friends as showing ignorance of modern health care. On the other, family members and the patient him or herself may view the traditions of their culture in times of illness as vital in a moral, social, and health context. This incongruence in expectations may be more pronounced when the patient belongs to a cultural or linguistic subculture (Sobo and Loustaunau, 2010). While acculturation has the potential to change perceptions about health and illness, the degree of change and its direction tends to be individual and difficult to predict (Gurung, 2012).

Generally, cultural practices (i.e. traditions and beliefs) are handed down by elders to the younger generation and represent culturally acquired ways of thinking that are widely accepted as ‘trustworthy’ by most members of the community and shape their health beliefs and practices. These traditional ideas can be very powerful, and the social and cultural contexts in which people live have been shown to exert a strong influence on health and illness, including its outcomes (Diez-Roux, 2001; Dressler, 2004). As a result, the process of understanding and in turn adjusting to particular health conditions varies significantly. This issue is considered by Williams and Healy (2001) who note that health beliefs may be a factor in how individuals view health care and potentially make them reluctant to seek support outside their family. It is often assumed that people make choices about health and health care in light of social benefits that may accrue from certain kinds of behavior (Blalock, Beard and Dusetzina, 2010), but it has also been suggested that support seeking behavior and availability, use and effectiveness of coping resources are also culturally determined (Oyserman and Uskul, 2008).
Religion as a Means of Adjustment and Resilience

There are many different ways an individual might adjust to a life changing event such as a chronic condition. Most researchers agree, however, that adjustment is a long term process that may be unpredictable and complex (Livneh, 2001). As a result, people adapt differently to various health issues, and the effectiveness of adaptation is often associated with their coping strategies. The role of religion is of particular importance in terms of coping with significant life events, such as a chronic illness, as religious faith often represents a source of resilience and may play a vital role in supporting those affected by a life crisis (Pargament and Cummings, 2010).

The instinctive human desire to give a meaningful explanation to stressful situations has been widely noted (see Park, 2010). Religious beliefs may provide a source of meaning and also have beneficial effects on self-esteem and in allowing individuals a sense of control over their life (Diener and Diener, 2009). For this reason, religious faith has been associated with resilience; the explanation that religion provides for highly stressful situations may support individuals’ psychological wellbeing and assist in adjustment (Pargament and Cummings, 2010). This is particularly important in relation to the conceptualization of health and illness described by the elderly Greek participants in this study. Religion for these individuals serves as the lens through which they view and interpret their own experience and which provides a framework for determining the meaning of these events.

Discussion of Findings

For the elderly Greeks who participated in this study, illness of a chronic nature was perceived as challenging, permanent, unexpected and even associated with isolation and loneliness. In this, their views parallel those of the Australian mainstream (see, for example, Fuller, Stewart Williams, and Byles, 2010). However, to this elderly group, illness was not simply an inexplicable, random event or individual misfortune. Instead, they perceived the experience of illness in older age as having strong personal significance and carrying a specific meaning derived from their culture and heritage. Despite having several negative aspects that were a cause for concern, the understanding of the participants in this study was that a serious health condition might be positive, and the experience of illness had a meaning they were able to ascertain based on their cultural background which provided appropriate metaphors for its conceptualization.

The elderly Greeks studied here perceived illness and also their state of health to be an aspect of fate that they cannot control and that must be simply accepted as their lot in life. They largely perceived their state of health as an aspect of fate/luck (τύχη = tyche; γραφτό = graphto). For them, these terms do not have the connotations of randomness that the terms have in English. The word τύχη (tyche) originally referred to a minor deity responsible for the fate of the ancient Greek city states. Its modern meaning is ‘luck’, but the idea of a volitional force controlling people’s fortunes remains in its etymology. The word γραφτό (graphto) has a significant and powerful meaning associated with religion and God and a person’s predetermined fate that cannot not occur. The root is associated with writing or recording (occurring in English words like ‘graphic’ and ‘photograph’) and suggests to Greek speakers a destiny that is predetermined, or already written, from which an individual will not deviate because it is God’s plan. That is, from the point of view of the participants in this study, being healthy in advanced age has an element of luck because individuals cannot predict what their condition will be, but they believe that God knows and has chosen for them. Participants made it clear that their condition was determined by God in accordance with His judgment for them and hence not random in the sense of having no purpose and not associated with factors internal or external to them as individuals, other than their lot in life.
The level of acceptance of chronic conditions was notable among participants, as they saw both health and illness as closely linked to God and their strong religious faith. They associate illness very strongly with God’s will and have a deeply held belief that this must be accepted as a sign of faith. The older Greeks in this study all accepted without question that illness of a chronic nature is possible, and even likely, in old age and that such circumstances must be accepted as fact. However, this understanding has not reduced the psychosocial impact of chronic illness on them as individuals. Several participants still felt that having a permanent condition set them apart from others of their contemporaries, even though they all realized that many older people experience heart disease as they did. In some cases, the isolation they felt seemed to relate more to illness impeding their interactions with younger family members and the larger Greek community than to preventing them from socializing with their contemporaries. They knew that other older people were likely to be unwell, much like themselves, and hence more accepting of physical limitations. Younger people, including family members, while extremely sympathetic to their condition, often could not slow down to accommodate them, while the elderly participants in this study longed to remain active in the larger community, not just interact with their peers. The importance of intergenerational interaction in their culture should not be underestimated; for many of the older Greeks studied here, participation in family and community events with children and grandchildren took precedence over their health needs and even compliance with medical advice.

For example, while the participants in this study were all very familiar with the advice generally offered to CVD patients about diet, exercise, medical appointments, and so forth, they felt that the enjoyment they would gain from being with their younger relatives and taking part in the social and religious activities of their ethnic community was more important in terms of pleasing God and fulfilling an appropriate social role than following medical advice might be for their condition. They all believed that God intended them to be a full member of the community and participate in its religious and social institutions despite their illness. In this, they displayed very effective adjustment to their condition, even though several had experienced serious episodes of illness, including hospitalization and medical procedures, and were, in some cases, dependent on medication.

The participants of this study showed high levels of what has been referred to in the literature as “hidden resilience” (Luthar, 1999; Ungar, 2004; Ungar, 2010). This is of particular significance in the findings of this research as these participants had the ability to view their situation subjectively when, in fact, their condition was serious from an objective perspective. That is, while they knew their health problems were major, they were able to perceive them as inconvenient but manageable. Even when hospitalization or long term medical supervision was required, these older Greeks maintained a view that their condition was not a catastrophic change in their circumstances and would not be more than they could deal with. Their traditional health beliefs seem to serve as a means of adaptation and resilience for these participants, and they were quite accepting of their illness. All of them felt that there was no need for them to be upset or complain and that an illness is no excuse to stop living life to the fullest. In other words, they were able to see chronic illness as a setback that had to be dealt with but not inherently different from any of life’s challenges and certainly not a death sentence or the beginning of their demise.

Religion was of great importance for this group as they were raised to have a strong faith and do not question religion or God. They have tried to ensure that this understanding of religious faith be kept alive and transmitted to the younger generations. They were concerned to maintain this aspect of their culture through their children and grandchildren and hoped that these younger family members would continue to share their beliefs. These older Greeks often remind the younger generations, during illness or any such difficulty, that they should not be afraid to ask for God’s help. They believe that God will respond to such requests and will provide the strength, if not the means, to adapt to and manage one’s condition. It is likely that this
very strong belief, in and of itself, has value for the participants of this study, especially those
for whom medical treatments have been less effective in moderating their symptoms. The ability
of strong faith to facilitate coping in the elderly has been described in the literature (see, for
example, Wilkinson and Coleman, 2009; Faigin and Pargament, 2010) and represents the main
strategy used by the participants in this study to come to terms with their condition.

The elderly Greeks studied here saw a very close association between illness and God’s will
and have a strong belief that God’s will must be accepted as a sign of faith. This has made them
more resilient to the negative aspects of their illness than the seriousness of their condition
might predict. To many of the participants in this study, this understanding of disease etiology,
as resulting from divine will and not from individual risk factors that might be lessened, meant
there was no real need to change their behavior or do anything special about their illness. While
they were concerned to ameliorate symptoms that distressed them, they had a tendency to feel
doctors and other health care workers had to be humored and tolerated because they did not
really understand the nature of illness in old age. They were certain that their condition would
progress as God determined, regardless of whether they obeyed medical advice and no matter
how they changed their behavior.

The role of religious faith in the context of serious illness has been well documented in the
literature (see, for example, Pargament and Cumming, 2010; Koenig 2007; Sherman et al, 2001;
among others). Among the Greek elderly studied here, it was central to the meaning they ascribe
to their condition as well as the means available to them to conceptualize and accept it. For
them, health is closely linked to religion and God, as they see their health as a manifestation
of God’s will. In this sense, they understand there to be a close connection between religious
expression and the manifestation of this expression in the form of health and well-being. In
times of illness, a return to health is similarly associated with religious expression, and religion
was uniformly seen by the participants in this study as a source of important emotional support.
The outward manifestation of this is observable in the participation by individuals in church
activities and the importance of prayer. However, the older Greeks studied here manifested a
much deeper level of faith that was directly related to their resilience in the context of serious,
chronic illness. This resilience, in turn, was shaped by their cultural framework, of which religion
is a part, and that has been maintained even in diaspora in Australia. This highlights the import-
ance of culture in shaping experience and suggests, for this population at least, that traditional
interpretations still represent a powerful support for resilience and adaptation to illness in old
age.

In practical terms, the findings of this study suggest that a greater understanding of the reli-
gious views of individuals may allow greater insight into health behavior, including what may
appear to be non-compliance with medical advice, apparent lack of concern about an illness
in comparison to the severity of that illness, and resignation to diagnosed conditions. While
based on a small number of participants of Greek descent, this study indicates that the cultural
metaphors by which individuals understand their own condition may not be apparent from
superficial observation, such as may occur in a health care setting, especially when the individuals
concerned show high levels of acculturation in other respects. The elderly Greeks who took
part in this study had been in Australia for 40 to 60 years and had spent much of their working
life in an English-speaking environment. Nonetheless, the degree to which they maintained the
perspective of their native culture was notable. While there may be significant benefits to this
population in terms of resilience and adaptation to the health challenges of aging, the specific
cultural elements that contribute to this outcome are also of significance in Australia, and
other multicultural societies, in supporting the aim of providing culturally appropriate health
care and effectively addressing the needs of population subgroups in older age.
REFERENCES


AVGOULAS: RELIGION AS A MEANS OF RESILIENCE AND ADJUSTMENT TO CHRONIC ILLNESS

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