Avgoulas, Maria-Irini and Fanany, Rebecca 2013, Illness in old age is part of an individual's fate and must be approached with acceptance, *International journal of civic, political and community studies*, vol. 10, no. 3, pp. 71-76.

Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30058014

Reproduced with the kind permission of the copyright owner.

Copyright : 2013, Common Ground
Illness in Old Age Is Part of an Individual's Fate and Must Be Approached with Acceptance

MARIA-IRINI AVGoulAS AND REBECCA FANANY
Illness in Old Age Is Part of an Individual's Fate and Must Be Approached with Acceptance

Maria-Irini Avgoulas, La Trobe University, Australia
Rebecca Fanany, Deakin University, Australia

Abstract: Older members of the Greek community see aging and the ill health that may accompany it as an inevitable part of life. They associate illness very closely with God’s will, and largely believe their state of health is an aspect of fate and / or luck that they do not have control over and must simply accept. This paper, based on research conducted in Melbourne, Australia, describes the way in which the experience of old age is understood in the worldview of this group. The words fate and luck (τύχη = tyche; γραφτό = graphto) are often used by older Greeks to characterize their situation. Luck, to this group, is not random. The term (τύχη) was used in classical times to refer to a kind of minor deity that controlled the fortune of the Greek city states, and an element of this idea of intention remains today. In the modern context, luck comes from God, and for this group, is part of γραφτό, or destiny, something that is written. In its usual usage in Greek, γραφτό refers to something that must happen to a person because it is predetermined and cannot not occur. The meaning that these older Greek individuals give to the word luck in the modern world is manifested in their acceptance of the problems of aging and their approach to coping with their own experience.

Keywords: Illness, Old Age, Fate, Luck, God, Acceptance, Elderly Greek, Australia

Introduction

How people adapt to changing health that often accompanies aging is often a product of culture, religion, social context, and living conditions. These components of context and identity offer culturally and socially accepted conceptualizations within a given community that may serve as a backdrop for individual perceptions that are formed in the context of shared knowledge and group experience. For this reason, it is not uncommon for members of different social and cultural groups within a multicultural society to adapt to illness in ways that are unique to their community and that derive from the traditional meanings ascribed to illness in their culture of origin. In 2011 a qualitative study was undertaken in Melbourne, Australia exploring the cultural understanding of health and adjustment to cardiovascular disease among the Greek elderly. Thirteen individuals (five male and eight female) over the age of 60 who expressed interest in participating in the study were interviewed in depth about their experience and conceptualization of illness. They were asked to share their understanding of cardiovascular disease (CVD) and what their specific cultural views and attitudes are. Participants were interviewed over a one month period via in-depth, semi-structured interviews by a Greek speaking researcher making use of a number of open ended questions which aimed to encourage them to share their personal experiences and narratives in either the Greek or English language. A key finding that emerged from this study was that illness in old age is part of an individual’s fate and has to be approached with acceptance and this will be further discussed in this paper.

Meaning in Health and Illness

The meaning an individual gives to his or her experience of health and illness is very significant, particularly in the context of chronic conditions that become part of the person’s lived experience. This meaning reflects the perception of the individual, based on his or her background, culture, prior experiences, and social situation, and also provides a means of coping and a source of resilience in the face of potentially deteriorating health (Frankl, 1959; Marris, 1974; Antonovsky, 1980). Meaning, in this context, may relate to the impact illness might have on the individual concerned (Cassell, 1982) or to the consequences arising from the illness (Marris, 1974). In western culture, loss of control, loss of self-esteem or self-worth, and loss of...
individual identity have been associated with the meaning of illness to individuals (Fife, 1994). In terms of contextual meaning, the challenge for individuals is often to incorporate negative change inherent in illness into their worldview such that continuity is maintained between past experience and future experience that is likely to be characterized by coping with illness (Wortman and Silver, 1989).

In coming to terms with the meaning of a serious illness, many individuals show a degree of fatalism, or assumption that nothing can be done to alter the course of their experience. This attitude has been associated with lessened interest in changing health-related behaviour and also with less desirable health outcomes (Keeley et al, 2009). While research indicates that an attitude of helpless acceptance of illness can be changed (Powe and Weinrich, 1999; Magai et al, 2004), it has also been noted that a fatalistic approach to illness may be part of a lay conceptualization of health and have cultural roots (Davison et al, 1992; Prior, 2003). Considerable work has been done to elaborate lay views about illness (see, for example, Popay et al, 2003; Prior, 2003; Blaxter, 2004), and it has been suggested that such conceptualizations of health and illness may be very complex (Blaxter, 1983) and often explicate the ways in which individual and group behaviour relate to the social, cultural, and environmental contexts in which people live (Davison et al, 1992; Popay et al, 2003).

The Greek Community in Melbourne

Melbourne, Australia is a cosmopolitan city of more than three and a half million people. Its population is diverse and is made up of many distinct cultural groups. The city of Melbourne has the world’s largest Greek population outside Greece. Greek migration to Australia dates back to 1827, but the vast majority of Greeks arrived between 1945 and 1982. The term ‘lucky country’ has often been used by the elderly members of the Greek community to describe Australia.

The Greek migrants who left their country of birth decades ago in search for a new beginning had enormous hopes and aspirations for a better life. The vast majority of them arrived on the shores of Australia with nothing more than a small suitcase containing their very few possessions but with a large store of traditions of their culture and way of life that was and still is their most valued possession.

The elders of this community in particular have ensured that their culture and traditions are kept very much alive and are handed down from generation to generation. The long history and cultural richness of the Greek tradition is a great source of pride to its members, and this is a key characteristic of the Greek community of Australia. Young and old Greek Australians speak of their country of origin with great pride and passion as it remains central to their perception of nationality and ethnicity.

At the community level, the Greek population of Melbourne is well established with;
1. 100 language schools
2. Three bilingual colleges
3. 42 Greek orthodox churches
4. 24hr Greek radio station
5. Greek newspapers published weekly
6. Greek pay TV channels that broadcast from Greece
7. Youth, elderly, welfare, social, cultural and sporting organizations

Greek Orthodox is the dominant religion with the church being more than a place of worship. The church is often the centre for the local community. Many elderly recreational and social groups are connected to the church.
Findings—The Link between Illness and Fate

This study examined the cultural understanding of health and adjustment to cardiovascular disease (CVD) among the Greek elderly of Melbourne, Australia. The older members of the Greek community that took part in this study, held the idea that being healthy and having the capacity it entails, is of great value and represents an ideal state. As expressed by one of the participants, “Health is the most significant thing for a person – health is the best”. The same sentiment was echoed by another participant who said “Health equals happiness, what else do we need?” All participants made similar comments but acknowledged that health should be seen as a gift from God as stressed by one of the elders interviewed “I thank God that I am alright”. All participants felt that, while health was an integral part of their happiness and well being, it was possible for them to experience these emotions despite a health problem. They tended to perceive their condition in terms of the health and capacity they did posses and the associated happiness that brought, rather than in terms of illness and impairment with a focus on their lack of health.

In turn, this group perceives their state of health to be an aspect of their fate (τύχη) and strongly expressed their views about the unpredictable nature of illness and the inability of people to predict or interrupt its onset. There was a strong belief amongst this group that all people are at the same risk of becoming ill, as they perceive illness to be determined by luck and fate. “Anyone can get sick. Our only protection is our emotional wellbeing, to accept our condition, keep active and move on with life.” As reflected by one of the elderly men interviewed, “My wife is healthy, she doesn’t do anything different to me, this is just her luck. My wife is a very happy person; she looks after our grandchildren and me.” An elderly women interviewed also mentioned that her sister died at a young age as she had heart disease; “Age does not matter, It’s just fate,” she said. This view, held generally by the participants, contrasts with the message given to them by their doctors and other health care workers, that their personal risk can be reduced by their actions. While accepting that these professionals meant well, the participants in this study tended to feel that such advice was misguided and did not address the real issue as they saw it, namely that they were getting older and had to expect to be chronically ill because this was their lot. They might follow medical advice and recommendations but they did not see this as having the potential to change the outcome of their fate.

The participants felt strongly that illness was a private matter that should not be discussed in public. As one of the elderly women mentioned that she is the only one in her family that has heart disease and at times questions why this has happened to her. This is, however, something she has come to accept as her fate. She further explained, “I have accepted it and keep it to myself. I don’t even discuss things with my siblings. It’s taboo in the Greek culture to take things outside the family. I know this is bad and can impact our health. But what can we do? This is who we are. Personally I do not want to be a burden on others”. This attitude created a dilemma for the participants because, even though they realized it would be appropriate to discuss their illness with their doctor or with other health care personnel, it was very difficult for them to do so because such action would violate a deeply held cultural norm. Many of them felt it would be better to bear or tolerate a change in their own condition, rather than mention it to an outsider because illness is a part of each individual’s lot and must be dealt with by that person who had to accept and accommodate to his or her personal challenges. Luck (τύχη = tyche; γραφτό = grafto) for this specific population does not have the same connotation of randomness the word has in English. That is, from their point of view being healthy at an advanced age has an element of luck because individuals cannot predict what their condition will be. However, participants made it clear that their condition was determined by God in accordance with His judgement for them and hence not random in the sense of having no purpose.
Discussion

The core theme that emerged in this study is the strong belief held by the elderly members of the Greek community in Melbourne, Australia that their state of health to be an aspect of fate that they do not have control over and must simply accept as their lot in life. It’s important to note however that word’s such as ‘fate’ and ‘luck’ have a significantly different meaning in the Greek language when compared to the English. The word ‘luck’ to this group is not random, which is the usual conation of the word in English where the term tends to suggest situations that occur outside of a person’s ability to control them and that might change in an equally random manner. By contrast, tyche (τύχη), that term used by a number of respondents to explain their situation, was used in the classical times to refer to a kind of minor deity that controlled the fortune of the Greek city states. This is of significance in understanding the meaning that these older Greek individuals give to the word ‘luck’ in the modern world, which clearly shows that what seems random chance is really volitional on the part of a higher being. In the modern context this is God and for this group ‘luck’ does not mean something that occurs without reason. Hence to be ill for this group simply means that that this state of health is part of a person’s ‘destiny’, that cannot be altered as it has been pre-determined by God and must be approached with acceptance. Graphto (γραφτό) in Greek means ‘destiny; something that is, written’ and contains the root ‘graph’, that occurs in the English word photograph (‘written by light’), graphic (‘having to do with writing’), and so forth. In its usual usage in Greek ‘γραφτό’ refers to something that must happen to a person because it is predetermined and cannot not occur. With reference to illness this can also be associated with fatalism and can be associated with lessened interest in changing health-related behavior as discussed in the literature (see, for example Keeley et al, 2009).

The meaning that participants in this study gave to the chronic illness they experienced is directly related to their cultural background that places ‘luck’ (τύχη) and ‘destiny’ (γραφτό) at the center of an individual’s experience. From their point of view, God has determined what will happen to them and it is not possible to deny or alter the course of their life in a meaningful way. While this outlook is akin to the kind of fatalistic acceptance of ill health noted by some authors (see, for example, Davison et al, 1992; Prior, 2003; Keeley et al, 2009), the older members of the Greek community in Melbourne tend to view acceptance of their lot in life as a positive behaviour that brings them closer to God and represents a culturally appropriate adaptation to the trials of life. The idea that a higher power might influence the course of people’s lives is very long-established in Greek culture and forms part of the cognitive background against which people measure their experience. In this sense, an acceptance of fate and destiny is highly beneficial for this community because it allows them to avoid much of the anxiety associated with the diagnosis of chronic disease or other health problem as well as the ongoing distress that may attend treatment and the continuing status of being a patient. This is not to say the diagnosis of a serious health problem does not cause negative emotion among elderly Greeks, but their understanding of luck allows them to accept their condition by fitting it into an existing cultural framework that governs group experience and defines such events as deriving from their divinely-determined destiny.

The concepts of luck (τύχη) and destiny (γραφτό) are integral parts of the Greek understanding of religious faith and their own relationship with God. At the heart of this understanding is the certainty that God will not demand that their experiences be more than they can cope with. In other words, because a person’s destiny is seen as being tailored exactly to his or her physical, emotional, and intellectual capacity, there is no possibility that the individual would not be able to cope. The means for doing so lie in a parallel conceptualization of faith that holds that religious observance and participation in the traditions and rituals of the Church offer both strength as well as time tested channels for expression of the emotions attendant on hardship, ill health, and other misfortunes. The importance of being able to participate in religious and community events was expressed repeatedly by participants in this study as was
their recourse to personal religious expressions as a means of allaying the uncertainty and distress associated with illness.

For the older members of the Greek community in Melbourne, this view of fate and destiny is very much in contrast with current medical and health advice given to those affected by chronic disease. In the context of diet, for example, there was an overall understanding and acceptance by this group that certain foods, such as, fried food, too much meat, sweets and pasta should be avoided and noted that smaller meals, vegetables, fish and fruit are generally healthier options. They also understand that smoking and alcohol are generally bad for one’s health and should be avoided. One of the participants said, “God has given us knowledge and we have some responsibility to look after our health by what we eat and more importantly to be happy and look after our emotional wellbeing.” Another said something similar: “An illness is our fate, [but] if we are happy, close to God we are emotionally healthier. We have a responsibility to God to look after our overall health, to be happy and eat healthy”. The observations about diet held by one of the participants were particularly interesting. “Food does not impact our health, all food is good for us in moderation as long as you eat it with happiness”. Another believed that, “We can look after our health by what we eat, however we cannot avoid our fate.” These statements exemplify this acceptance of fate and destiny in the context of chronic disease and point up a corollary idea, namely that God expects people to be happy and to enjoy what they have, regardless of the course their life takes. The dilemma for older Greeks lies in that this traditional view based in their culture is often at odds with the approaches taken in the modern context of disease management.

Nonetheless, the participants in this study did not feel distress when their doctor or other health professional suggested behaviour changes that were inconsistent with what they say as appropriate personal or social behaviour. They tended to view doctors and other professionals as well-meaning but misguided in their belief that behaviour change would change the course of illness. Because they tend to see illness as an unalterable aspect of their luck and destiny, the participants in this study were mostly concerned that their condition be manageable such that it did not prevent them from taking part in their social and religious activities. For this, they do rely on the advice of their doctor as well as on the judgement of their children and grandchildren who are often involved in their treatment and care. However, the importance of community participation was seen as far outweighing medical intervention in making illness tolerable and, more importantly, in allowing the individual to take positive action in relation to his or her condition.

**Conclusion**

For this group, then, a belief in fate (τύχη) and destiny (γραφτό), while defining a kind of fatalism with respect to the events of life, seem to be highly adaptive in allowing individuals to come to terms with their changing experience and any ill health or other misfortune they might experience as they grow older. Because these ideas are part of religious faith, which itself serves as the underlying framework for seeking meaning in human experience, they provide a very powerful means for the elderly Greeks studied here to adapt to and cope with ill health. A person’s luck and destiny cannot be denied because they are seen as coming from God, and God has also provided the means, through the expression of religious faith, of dealing with the adverse aspects of personal lot. While perhaps negative from a medical point of view, the kind of fatalism about their condition expressed by elderly Greeks is, in fact, a highly beneficial attitude at a personal level that offers time honoured ways of finding meaning in experience, a means of overcoming the negative emotions often associated with chronic illness or other misfortune, and, no less important, an unbreakable connection to the ways and experiences of their ancestors and culture of origin.
REFERENCES

Frankl, VE (1959) *Man’s Search for Meaning: An Introduction to Logotherapy*, Beacon, Boston.

ABOUT THE AUTHORS

**Maria-Irini Avgoulas:** Ms. Maria-Irini Avgoulas is currently employed at Latrobe University in Melbourne, Australia and holds the role of associate lecturer and placement coordinator, in rehabilitation counselling in the School of Public Health and Human Biosciences. Her previous clinical experience includes several years of working in health (acute hospital settings and in-patient psychiatry). She was also employed for a number of years with Centrelink, an Australian government statutory agency. In 2011 she undertook a study examining the cultural understanding of health and adjustment to CVD among the Greek elderly of Melbourne, Australia. This study is part of a PhD research project that she commenced in 2012 at Deakin University examining the transmission of culturally determined health beliefs among three generations of greek families in Melbourne, Australia.

**Dr. Rebecca Fanany:** Dr. Rebecca Fanany is a senior lecturer in the School of Humanities and Social Sciences at Deakin University in Melbourne. Her research interests relate to language culture and health, including how health is conceptualized and how language and cultural background influence the experience of illness. Her recent publications include several articles and papers on these topics as well as a book entitled *Health as a Social Experience*, to be published in late 2012.
*The International Journal of Civic, Political, and Community Studies* is one of five thematically focused journals in the collection of journals that support the New Directions in the Humanities knowledge community—its journals, book series, conference, and online community.

Studies in the humanities frequently analyze the processes and dynamics of civil society, political orientations and community engagements. This journal explores the interdisciplinary space where the practices of the humanities intersect with the methods and concerns of the social sciences.

In addition to papers of a traditional scholarly type, this journal invites case studies that take the form of presentations of practice—including documentation of socially-engaged civic, political, and community practices, together with exegeses analyzing the effects of those practices.

*The International Journal of Civic, Political, and Community Studies* is a peer-reviewed scholarly journal.

ISSN 2327-0047