

Exploring the impacts of social determinants of health over the life-course on well-being in widowhood for older Greek migrants in urban and rural South Australia

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1 July 2016

CONTENTS

| | |
|--|-----------|
| 1 INTRODUCTION | 1 |
| 1.1 Overview | 2 |
| 1.2 Population Ageing, the Ageing Experience, and ‘Ageing in a Foreign Land’ | 3 |
| 1.3 Social Determinants of Health..... | 4 |
| 1.4 Minority Gerontology | 5 |
| 1.5 The Widowhood Experience | 6 |
| 1.6 Studies of Greek Migrants..... | 7 |
| 1.7 Study Aims and Objectives, and Methodological Approach | 8 |
| 1.8 Thesis Outline | 10 |
| 1.9 Conclusion..... | 11 |
| | |
| 2 GREEK MIGRANTS TO AUSTRALIA: A HISTORICAL AND CONTEXTUAL BACKGROUND | 12 |
| 2.1 Introduction | 13 |
| 2.1.1 Conditions Preceding Mass-Migration..... | 14 |
| 2.2 Australia as a Host Country | 14 |
| 2.2.1 Settlement and Housing..... | 15 |
| 2.2.2 Occupational and Economic Conditions | 17 |
| 2.2.3 Inclusion and Exclusion in English-Speaking Australian Society | 18 |
| 2.2.4 Greek Community and Social Networks | 19 |
| 2.2.5 Education and Language Proficiency | 20 |
| 2.2.6 Greek Identity: Maintaining ‘Greeknness’ | 21 |
| 2.2.7 Families, Gender Roles and Support | 22 |
| 2.3 Conclusion..... | 26 |
| | |
| 3 LITERATURE REVIEW..... | 27 |
| 3.1 Introduction | 28 |
| 3.2 Life-Course Perspective..... | 28 |
| 3.3 Marriage | 31 |
| 3.4 Widowhood | 32 |
| 3.5 Social Determinants of Health..... | 38 |
| 3.5.1 Ethnicity..... | 38 |
| 3.5.2 Gender | 39 |
| 3.5.3 Residential Location | 41 |

| | | |
|------------|---|-----------|
| 3.5.4 | Socio-economic Status | 42 |
| 3.5.4.1 | Employment and Work Conditions..... | 44 |
| 3.5.5 | Informal Social Support..... | 44 |
| 3.5.6 | Social Capital | 46 |
| 3.5.7 | Formal Healthcare and Supports | 48 |
| 3.5.8 | Social Inclusion and Exclusion | 49 |
| 3.6 | Health and Well-Being..... | 50 |
| 3.7 | Conclusion..... | 54 |
| 4 | METHODOLOGY..... | 55 |
| 4.1 | Introduction | 56 |
| 4.2 | Study Overview | 56 |
| 4.2.1 | Interviewees..... | 56 |
| 4.3 | Theoretical Perspective: Critical Reflexive Approach | 58 |
| 4.4 | Study Methods | 62 |
| 4.4.1 | Justification for Choice of Method | 63 |
| 4.4.2 | Interviewee Location..... | 63 |
| 4.4.3 | Interviewee Recruitment | 64 |
| 4.4.4 | In-depth Interviews | 65 |
| 4.4.4.1 | Interview Process, Information, Interview Schedule, and Translation | 66 |
| 4.4.4.2 | Interview Procedure | 70 |
| 4.4.4.3 | Pilot Interviews..... | 70 |
| 4.4.4.4 | Post-Interview Procedures | 71 |
| 4.5 | Data Collection and Interpretation | 71 |
| 4.5.1 | Data Translation and Transcription | 72 |
| 4.5.2 | Data Analysis and Presentation..... | 73 |
| 4.5.2.1 | Quantitative Data | 73 |
| 4.5.2.2 | Qualitative Data | 73 |
| 4.6 | Ethical Considerations..... | 75 |
| 4.7 | Conclusion..... | 76 |
| 5 | DESCRIBING INTERVIEWEES..... | 77 |
| 5.1 | Introduction | 78 |
| 5.1.1 | Contextual and Historical Background | 78 |
| 5.2 | Demographics..... | 81 |
| 5.2.1 | Marriage, Children and Widowhood | 83 |
| 5.2.2 | Residential Location and Living Arrangements | 85 |
| 5.2.3 | Education and Language | 86 |
| 5.2.4 | Driving, Employment and Occupational Conditions | 88 |
| 5.2.5 | Health Status and Formal Services | 90 |
| 5.2.6 | Income | 90 |
| 5.3 | Demographic Summary | 90 |
| 5.4 | Gender Differences | 90 |

| | | |
|----------|--|------------|
| 5.5 | Exploring the Impact of Residential Location | 91 |
| 5.6 | Conclusion..... | 92 |
| 6 | SOCIAL INCLUSION AND EXCLUSION, IDENTITY AND INFORMAL SUPPORT | 93 |
| 6.1 | Introduction | 94 |
| 6.2 | Processes of Social Inclusion and Exclusion | 95 |
| 6.2.1 | <i>'I was always with Greeks'</i> : Greek Community Inclusion..... | 96 |
| 6.2.2 | <i>'I haven't mixed with Australians'</i> : Mainstream Societal Exclusion..... | 99 |
| 6.2.3 | Factors Influencing Exclusionary Processes..... | 102 |
| 6.3 | The Role of Neighbourhoods | 107 |
| 6.3.1 | Safety in Older Age and Widowhood..... | 111 |
| 6.4 | Identity and Homeland: 'Ageing in a Foreign Land' | 112 |
| 6.5 | Prior Informal Support | 117 |
| 6.5.1 | Parental and Spousal Support..... | 117 |
| 6.6 | Informal Support in Widowhood | 119 |
| 6.6.1 | Extended Family | 119 |
| 6.6.2 | Familial Importance and Informal Support in Greek Culture | 121 |
| 6.6.2.1 | Current and Future Support Expectations of Children | 123 |
| 6.6.2.2 | Factors Influencing Support Expectations and Provision | 125 |
| 6.6.2.3 | Familial Reciprocity | 127 |
| 6.6.2.4 | <i>'I want to be by myself, but close to them'</i> : The Paradox of Independence | 129 |
| 6.6.2.5 | Cross-Cultural Perceptions of Familial Difference | 130 |
| 6.7 | Socialising in Widowhood..... | 131 |
| 6.7.1 | Houses 'Closing', and Perceived Appropriateness and Stigma Associated with Socialising in Widowhood..... | 133 |
| 6.8 | Conclusion..... | 139 |
| 7 | THE GREEK CULTURAL EXPERIENCE OF WIDOWHOOD | 141 |
| 7.1 | Introduction | 142 |
| 7.2 | Marriage and Widowhood | 143 |
| 7.2.1 | Change and Daily Challenges | 147 |
| 7.2.2 | Future Time Perspective | 156 |
| 7.3 | The Greek Way of 'Doing' Widowhood..... | 158 |
| 7.3.1 | Fatalism and Religion | 159 |
| 7.3.2 | <i>'Alone but not alone'</i> : Importance of Maintaining Continued Relationships to Deceased Spouses | 162 |
| 7.3.3 | Rituals and Customs as Continuing Bonds..... | 167 |
| 7.3.4 | A Collective Widowhood Experience, 'Otherness' and Cross-Cultural Difference | 174 |
| | Conclusion..... | 178 |
| 8 | WELL-BEING IN WIDOWHOOD | 180 |

| | | |
|------------|--|------------|
| 8.1 | Introduction | 181 |
| 8.2 | Age, Well-being and Widowhood | 181 |
| 8.2.1 | Death, Dying and Dignity | 183 |
| 8.3 | Lay Definitions of Health and Well-Being | 184 |
| 8.3.1 | Physical Health and Well-Being in Widowhood | 185 |
| 8.3.2 | Psychological Health and Well-Being in Widowhood | 188 |
| 8.3.2.1 | Depression, Anxiety, Worry and Stress..... | 189 |
| 8.3.2.2 | A Cultural Phenomenon: ‘Stenohoria’ (Στενοχώρια)..... | 191 |
| 8.3.2.3 | Loneliness | 195 |
| 8.4 | Coping with Widowhood | 197 |
| 8.4.1 | Successful Ageing, Happiness and Life Satisfaction | 200 |
| 8.4.2 | Increases in Support in Widowhood? | 203 |
| 8.4.3 | Lacking Support: Non-Cohesive Families, or No Biological Children | 204 |
| 8.5 | Formal Health and Support Services | 206 |
| 8.5.1 | Experiences with Health Professionals and Services | 206 |
| 8.5.2 | Enablers and Barriers to Service Access..... | 210 |
| 8.6 | Conclusion | 214 |
| 9 | DISCUSSION AND CONCLUSION | 216 |
| 9.1 | Overview | 217 |
| 9.2 | Research Objectives | 217 |
| 9.3 | The life-course impact of social determinants of health | 217 |
| 9.3.1 | Simultaneous Social Inclusion and Exclusion | 219 |
| 9.3.1.1 | ‘I don’t belong’: Homeland and Identity | 221 |
| 9.3.1.2 | ‘I am with my family’: Familial Inclusion and Bonding Capital..... | 222 |
| 9.3.1.3 | ‘We supported them, they need to support us’: Ingrained and Reciprocal Familial Support Expectations | 224 |
| 9.3.1.4 | Social Lives in Widowhood | 228 |
| 9.4 | The widowhood experience and well-being among older Greek migrants | 230 |
| 9.4.1 | ‘Older people suffer’: Later-Life Health and Well-being..... | 231 |
| 9.4.1.1 | Migrant Health: Benefits and Risks..... | 233 |
| 9.4.1.2 | ‘It’s in God’s hands’: Fatalism and Health..... | 235 |
| 9.4.2 | ‘Widowhood is being alone’: Defining Widowhood | 237 |
| 9.4.2.1 | ‘We follow Greek culture and religion’: Traditional Influences | 239 |
| 9.4.2.2 | ‘It was written for me to be alone for the rest of my days’: Viewing Widowhood Fatalistically | 240 |
| 9.4.2.3 | Notions of ‘One’ Marriage, and Widowhood as Life-long | 242 |
| 9.5 | Contribution to Theory and Wider Relevance | 244 |
| 9.6 | Practical Implications of Findings | 246 |
| 9.7 | Study Limitations | 251 |
| 9.8 | Future Research Directions | 253 |
| 9.9 | Final Conclusions | 255 |
| 10 | APPENDICES | 257 |

| | | |
|--------------|---|------------|
| 10.1 | Appendix A: Interviewee Information Sheet | 258 |
| 10.2 | Appendix B: Interviewee Letter of Invitation | 260 |
| 10.3 | Appendix C: Consent Form..... | 261 |
| 10.4 | Appendix D: Study Advertisement | 262 |
| 10.5 | Appendix E: Letter to Recruiting Organisations | 263 |
| 10.6 | Appendix F: Return Letter for Recruiting Organisations | 264 |
| 10.7 | Appendix G: Ethics Approval..... | 265 |
| 10.8 | Appendix H: Qualitative Interview Themes | 267 |
| 10.9 | Appendix I: Qualitative Interview Schedule | 268 |
| 10.10 | Appendix J: A Note on Transcription | 274 |
| 10.11 | Appendix K: Themes and Nodes – Select Examples (NVivo Excerpts)..... | 275 |
| 10.12 | Appendix L: Interviewees’ Social Capital / Support Summaries | 279 |
| 10.13 | Appendix M: Academic Development arising from PhD | 283 |
| 11 | REFERENCES | 285 |

List of Tables

Table 1: Interviewees by Gender and Location (Chapter 4, p. 57)

Table 2: Demographic Information, including urban/rural upbringing, age at migration, year of arrival, years in Australia, and citizenship (Chapter 5, p. 80)

Table 3: Demographic Information, including gender, age, birthplace, residential location and religion (Chapter 5, p. 82)

Table 4: Demographic Information, including proxy marriage, age at marriage, years married, age at widowhood, years widowed, and children (Chapter 5, p. 84)

Table 5: Demographic Information, including education, preferred language, interview language, English proficiency, and Greek proficiency (Chapter 5, p. 87)

Table 6: Demographic Information, including living arrangements, driving status, work status, job type, and income (Chapter 5, p. 89)

Acronyms and Abbreviations

ABS – Australian Bureau of Statistics

CALD – Culturally and Linguistically Diverse

FECCA – Federation of Ethnic Communities Councils Australia Inc.

N-Vivo – Qualitative Data Analysis Program

NYAM – New York Academy of Medicine

OECD – Organisation for Economic Co-operation and Development

OFTA – Office for the Ageing

SA – South Australia

SDH – Social Determinants of Health

SES – Socio-economic Status

SPSS/PASW – Statistical Package for the Social Sciences

UN – United Nations

WHO – World Health Organization

WWI – World War I

WWII – World War II

Definition of Key Terms

'Ageing in a foreign land'

Term coined by Alexandre Kalache to describe the process of growing older as a migrant in a foreign host country, and associated implications and ramifications.

Ageing

The process of growing older, often accompanied by physiological and psychological changes, or developing the appearance and characteristics of old age, in addition to a host of social aspects. Ageing is a complex process composed of several features: an exponential increase in mortality; physiological changes that typically lead to a progressive deterioration of psychological function; and increased susceptibility to certain diseases with age. Some things improve as individuals age, including emotional intelligence and life experience.

Ageing in place

The notion of independently, comfortably, and safely ageing in one's own home and community (in the residence of their choice, rather than in residential care), regardless of age, income, or ability level, for as long as one is able. This includes being able to have any services or other supports older individuals might need over time as their needs change. Ageing in place is advantageous in terms of sense of attachment or connection, and security and familiarity in relation to both homes and communities. It relates to sense of identity both through independence, autonomy, caring relationships, and roles in the places individuals live.

First-generation Greek-Australian migrants

Unless otherwise stated, this thesis refers to only the cohort of Greeks who were born in, and left Greece to migrate to Australia post-World War II (WWII) as part of a period of mass-migration spanning the years 1945 to 1975. Migrants from this cohort are regarded 'first generation' Greek migrants to Australia, and are now classified as 'older adults', due to having typically migrated as young adults and having settled in a foreign host country over their life-course. Earlier migrant arrivals conceivably encountered divergent experiences, and are thus not the focus of this thesis.

Greek-Australians

Those who are Australian citizens, of full or partial Greek descent, or who were born in Greece and now reside in Australia (i.e. the Australian-born children of Greek migrants to Australia, or Greek migrants to Australia).

Greek identity

Involves affiliation with a Greek identity; including cultural, religious, and linguistic factors. These individuals are predominantly born in Greece, but may also be born in countries like Cyprus, modern-day Turkey, Egypt, and parts of the Middle East.

Greeks of the diaspora

Any ethnically Greek populations born in Greece, who have migrated and are now living elsewhere (outside Greek borders), who form active Greek communities overseas,

whose members identify with a Greek cultural background and identity. An estimated three million Greeks live in the United States, Canada, Australia, and across Europe and Africa. Greeks of the diaspora are defined by possessing Greek culture and language, rather than being subjects of a particular state. The Greek diaspora has transmitted the ideas of western romantic nationalism and philhellenism.

Imagined migrant communities

An imagined community is different to an actual community in that it is not based on daily face-to-face interaction among its members. Migrants may create 'imagined migrant communities' by creating communities which transcend the nation-state while simultaneously affirming their affiliation with those similarly displaced from their homeland. This may especially be the case where there is a smaller or non-existent migrant community in the country of migration.

Migration

The process of dislocation or movement of individuals from their home country to a new foreign host country, typically in order to secure employment or improve living conditions. Internal migration refers to migration within one country, while international migration refers to the movement from one country to another. The reasons for migration can be divided into two main aspects: 'push' and 'pull' factors. Push factors are home country conditions forcing individuals to relocate (e.g. civil war, poverty, unemployment). Pull factors are influences in the new host country which encourage individuals to relocate (e.g. education, safety, social security, quality of life, political and religious freedom).

Native Greeks

Those of a Greek cultural background who are born, raised and currently living in Greece.

New and emerging migrant communities

New and emerging migrant communities are small, newly arrived, and have all or a combination of the following characteristics: significant increase in numbers over the last five years; often lack established familial networks, support systems, community structures and resources relative to more established communities; can be more vulnerable than established communities due to possessing a refugee background; comprise individuals with low education or no English; or those who are unfamiliar with or less able to locate mainstream government services available in Australia to assist with meeting basic needs.

Older adults

This term refers to individuals chronologically aged 65 years and above in line with current conceptions of ageing and gerontology in developed countries. Old age comprises the later period of life after youth and middle age, usually with reference to varying forms of deterioration.

Older/Established migrant communities

Migrant communities who have lived in the host country for some years, who represent large numbers, often have familial networks, support systems, community structures

and resources available to them, who have settled in the host country by perhaps learning English, and becoming more familiar with available mainstream government services (more so than new or emerging migrant communities).

Post-WWII mass migration to Australia

Refers to waves of migration of individuals from their home countries to Australia as a foreign host nation in the period following WWII (1939-1945), at which time the Australian government committed to a strong, sustained immigration program. The purpose of this program was to create prosperity, meet labour shortages, and protect Australia from external threat. Throughout the 1950s and 1960s, the White Australia Policy guided the demographics of Australia's growing population. Individuals could migrate to Australia unassisted, or through an assisted program (overseen by the British and Australian governments). From 1945 to 1975, Australia's population expanded from 7.5 million to 13 million. Australia had become far more culturally diverse by the late 1970s.

Second-generation Greek-Australians

The Australian-born children of first-generation Greek migrants.

Southern Europeans

Individuals born in southern European countries such as Greece, Italy, Portugal, Spain, Albania, Bulgaria, Croatia, Bosnia Herzegovina, Republic of Macedonia, Serbia, Cyprus and Malta.

Third-generation Greek-Australians

The Australian-born children of second-generation Greek-Australians; the grandchildren of first-generation Greek migrants.

Widow

A surviving woman who has lost her spouse by death, who has not married again. Widows outnumber widowers since they typically outlive men, and tend to have married men older than themselves.

Widower

A surviving man who has lost his spouse by death, who has not married again. The Indo-European root means 'be empty', symbolising the grief many widowed individuals feel.

Widowhood

The experience or state of losing one's spouse or marital partner as a result of death. Widowhood may be associated with changes to psychological health, including higher loneliness, depression, anxiety, and unhappiness. For some, it may also be associated with lessened income, driving ability, social participation, and support. For those more dependent on their spouses in marriage, widowhood has far-reaching implications. Periods of grief can last various durations, spanning several months to a lifetime, depending on individual coping mechanisms. Widows or widowers may experience a new sense of independence in adapting to their new lifestyle.

Modern Greek to English Glossary

Greek words / phrases featuring throughout this thesis have been retained and presented where the basic English term does not represent a sufficient translation, or wholly encapsulate the term, or where terms are more culturally-specific. Further explanation in English is provided where required. Grouped thematically, the terms below are firstly presented in the Modern Greek script, and are subsequently followed by a pronunciation guide, concluding with a definition in English (where possible).

Migration and Settlement

Διασπορά (Diaspora) The dispersion or spread of people outside their country of birth / original homeland: The term 'diaspora' comes from an ancient Greek word meaning 'to scatter about.'

Ελληνισμός (Ellinismos) Hellenism / Greekness: An all-consuming sense of pride / devotion to being Greek

Φιλόπτωχο (Philoptoho) Greek women's auxiliary associated with the Greek Orthodox church

Καφενείο / Καφενεία (Kafenio / Kafenia) Coffeehouse(s): Traditionally a male-only site of interaction

Μαύρη ξενιτιά (Mavri xenitia) Dark (black) foreign lands, far away from one's birthplace / original homeland

Ξένος / Ξένη (Xenos / Xeni) Outsider: non-Greek

Marriage, Widowhood and Mourning

Καντήλι (Kandili) Oil lamp/vigil light of religious significance, requiring ritual lighting at specified intervals or occasions

Κόλυβο (Kolivo) Boiled wheat: the dish may include icing sugar, almonds, walnuts, sesame seeds, cinnamon, pomegranate seeds, raisins, anise, parsley, and more. It has religious significance and is consumed at the funeral (plain boiled wheat) and at subsequent memorial services e.g. the 40 day service (boiled wheat with added ingredients listed above). The boiled wheat symbolises life after death

Μνημόσυνο / Μνημόσυνα (Mnimosino / Mnimosina) Service(s) in memory of the deceased

Λιβάνη (Livani) Aromatic incense which symbolises the rising of prayers up to heaven, just as the smoke from the incense rises

Λιβανίσαι (Livanisi) Blessing with incense

Χρόνο (Chrono) Year: date of religious / ritual significance on the annual anniversary of death

Τρισάγιο (Trisagio) Religious hymn used in church, but also a set of prayers which form the memorial service

Χήρα (Hira) Widow

Χήρος (Hiros) Widower

Χωρίς (Horis) Without / apart from

Σαράντα (Saranda) Forty days: A date of religious / ritual significance, which in the context of mourning, occurs 40 days after a death

Health and Well-being

Στενοχώρια (Stenohoria) Literally 'a narrow place': indicative of stress, worry, and sadness

Κουράγιο (Kouragio) Courage / inner strength

Family

Κουμπάρος / Κουμπάρα (Koumbaros / Koumbara) Orthodox individuals chosen to be involved in the marital ceremony (best man / woman) and the baptism (Godfather / Godmother)

Γιαγιά (Yiayia) Grandmother

Παππούς (Pappous) Grandfather

Miscellaneous

Φιλότιμο (Philotimo) A largely untranslatable term representing a uniquely Greek virtue which literally means 'love of honour', however, it represents much more than this. 'Kindness' and 'generosity' are two of many words which it encapsulates.

Τι να κάνουμε; (Τι να kanoume?) What can I/we do? What can be done?

Summary

This thesis examines the impact of widowhood on health and well-being among older first-generation Greeks in Australia. A life-course and social determinants of health perspective informed this qualitative study. In-depth interviews (n=41), mostly conducted in Greek, allowed for inclusion of those less proficient in English, enabling the Greek speaking, Greek background researcher to employ insider linguistic and cultural knowledge to gain rich accounts of widowhood and its effect on health. Social determinants considered in this study were ethnicity, gender, residential location, socio-economic status, social support and capital, and social inclusion and exclusion. The findings are reported in the following main areas: demographics, social inclusion and exclusion and social support, the widowhood experience, and health and well-being. The study built upon limited existing literature to provide a nuanced and timely exploration of older Greek migrants' widowhood experiences and later-life well-being.

The study found that most interviewees felt socially excluded from mainstream English-speaking Australian society. Interviewees were generally included in their Greek communities, which had implications for their later-life sense of identity, notions of safety and homeland, and socialising in widowhood. This thesis describes how processes of life-course exclusion across different areas of life and communities influenced older widowed Greek migrants. Continuous efforts to maintain '*Greekness*' were often not conducive to wider societal inclusion, and many simply did not have opportunities to amass language and capital to facilitate social mobility in the wider English-speaking Australian community. Exclusion represented an added form of life-course disadvantage, compounding factors such as earlier experiences of poverty, lower familial socio-economic status and educational attainment, migration, and often adverse work conditions in Australia. For most interviewees, ageing and widowhood exacerbated their sense of exclusion.

Interviewees' social capital and support was largely bonded and reciprocal, confined to their families and Greek communities. Family units are vital in Greek culture, resulting in considerable expectations of informal support in later life. Children were also central to interviewees' social networks. Familial emotional and instrumental support enhanced interviewees' sense of belonging, coping and overall well-being, contributing to their ability to reside independently in their community in widowhood, a time at which interviewees had typically lost their primary confidant and associated support.

Cultural background influences widowhood experiences. The impact of ethnicity and earlier life-course experiences on marriage and widowhood were evident among this group of Greek migrants. Interviewees valued marriage and viewed widowhood rather fatalistically as an all-encompassing experience to be endured in older age, with mostly negative implications for their later-life identity, daily life and socialising. Most subscribed to notions of how widowhood was performed in Greek culture (e.g. mourning rituals, memorial services, continued bonds and spousal relationships), which in their wider Australian context were largely non-normative and enhanced a sense of 'otherness'.

Regarding well-being, this thesis found that experiences of ageing, migration and widowhood had resulted in unique struggles over the life-course, and had influenced interviewees' lay understandings pertaining to their current physical and psychological well-being in older age. Although most interviewees acknowledged the importance of remaining healthy and independent as they aged, their accounts reaffirmed that their personal notions of happiness and life satisfaction appeared more collectivist and familial (rather than individualist) in nature, highlighting the importance of familial happiness and well-being.

Overall, this thesis concludes that for this group of older widowed Greek migrants 'ageing in a foreign land', many life-course experiences (including migration and widowhood) have affected their later-life conceptions of health and well-being. For many among this group, jeopardies over the life-course and especially in older age, which may impact their current health and well-being include migrant status, being older, and female, and the widowhood experience. This thesis has numerous practical implications for policy.

Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed

Date 1 July 2016

Acknowledgements

A heartfelt *ευχαριστώ* to each individual who invited me into their home, offered their hospitality, and shared with me stories of loss, hardship, love and happiness. From you, I gained a world of insights and wisdom. I hope I did your words and voices justice in translating them from Greek to English.

To my supervisors Professor Fran Baum, Dr. Lareen Newman and Dr. Ruth Walker for their intellectual guidance throughout this PhD journey.

To my colleagues Professor Michael Tsianikas, Dr. Brodie Beales and Mary Skaltsas for their motivation and mentoring, and to Dr. Sam Franzway for his professional editing skills.

To my dear friend Carol Anne, for enriching beyond measure part of this PhD journey.

To my baby brother Photis, my *φως*. Dream big.

To my parents, for their constant nourishment, love, unwavering support and encouragement. *Σ'αγαπώ*.

To my fiancé, big bear and Iron Man, Paul, for making each day brighter. You are wonderful, and I adore you. *Te amo il mio bel ragazzo*.

Dedication

For my *γιαγιάδες* and *παππούδες*

Dimitrios and Stavroula Alexandrou
Fotios and Georgia Panagiotopoulos
Ilias and Paraskevi Drakopoulos

Your stories are the essence of this thesis.
Your unconditional love and prayers carry me safely to each destination.

Αιωνία η μνήμη

This is for the migrants
who come in on the tides
for the stars that advise them
to leave their lives behind them
Luka Lesson (Exit)

1 INTRODUCTION

*She has stories
Of crossing harsh seas
Homeland poverty
And host country hardships*

*Of arrival and settlement
In the foreign land which became her home
Of endurance and resilience
Of working her hands to the bone*

*Stories in need of sharing
From a cohort of women
Who can only sign their names
Stories soon to be boxed in caskets*

Panagiotopoulos (Unpublished poetry, 2013)

1.1 Overview

Migration is a global phenomenon influencing individual and population health and well-being, and ageing processes. Globally, migrants experience poorer health outcomes than non-migrants (FECCA, 2015). It is generally acknowledged that multiple dimensions of migration and settlement, ethnicity, and other individual, cultural, and socio-demographic factors have impacts upon migrant health and well-being. This results in within-culture and across-group differences, and has implications for policy and practice promoting individual and group health and equity. However, research to date has not dedicated sufficient attention to studies of ethnicity, migration, and health and well-being, especially from a life-course perspective (FECCA, 2015). Specific culturally and linguistically diverse (CALD) research is required to understand the particular health needs and outcomes of Australia's large and diverse migrant populations, and the determinants creating and reproducing disparities. In-depth, culture-specific research conducted in migrants' native languages is especially lacking among communities ageing in countries outside of their birthplaces.

Widowhood is a key developmental phase and transition faced by many older adults. The experience of losing one's spouse is more common in late life. Although much literature exists on the lived widowhood experience among different populations, this life transition has not been examined specifically among older migrants who have become widowed in host countries as opposed to their country of origin. The rationale for this thesis was to fill existing gaps in literature by exploring widowhood among a group of older first-generation Greek migrants to Australia. These individuals migrated as younger adults and now represent a large cohort 'ageing in a foreign land' (NYAM, 2009). Specifically, the study explores the impact of key social determinants (including ethnicity, gender, residential location, social support and capital, and social inclusion and exclusion) on the health and well-being of these Greek widows and widowers in rural and urban South Australia. This research may have implications for the types of supports and services older migrants require to live independently, while also contributing to evidence on the lived widowhood experience and health and well-being of individuals living and ageing in host countries.

In this study, interviewees comprise a cohort of 'older adults' (i.e. aged 65+) who migrated to Australia primarily as young adults during a period of post-WWII mass-migration (1945-1975). They represent a migrant cohort who has lived and grown older in Australia, often strongly identifying with a Greek cultural background or wider diaspora, despite time since migration. This group often have limited or no English (OFTA, 2009), and lack engagement with health services (Newman et al., 2012), and integration to mainstream English-speaking Australian

society (Tamis, 2010). Thus, to achieve this study's aims and objectives, qualitative in-depth interviews were conducted primarily in the Greek language to encourage inclusiveness of those less proficient in English. Interviews were informed by a reflexive approach and life-course perspective to understand interviewees' individual and collective contexts.

The section below introduces existing research pertaining to population ageing, social determinants of health, minority gerontology, widowhood, and Greek migrants.

1.2 Population Ageing, the Ageing Experience, and 'Ageing in a Foreign Land'

Globally, particularly in developed countries, populations are ageing rapidly (ABS, 2010a, UN, 2009). Primary causes of population ageing include increased life expectancy and low fertility rates (ABS, 2010a). Expanding older populations worldwide, coupled with declining younger populations have significant implications for health and welfare, labour forces, and housing (ABS, 2010a). 'Older adults' are defined as those aged 65 years and over in Organisation for Economic Co-operation and Development (OECD) countries, while those aged 85 years and over represent the 'oldest old' category (Jackson, 2002). Sex ratios are approximately equal for males and females at birth, however, there are almost twice as many females than males aged 85+, reflecting women's higher life expectancy (ABS, 2010a). Australia's older population is increasing both in size and as a proportion of the country's total population (ABS, 2009-2010b, ABS, 2010d); in 2010 13.5% of Australia's overall population was aged 65 and over (ABS, 2010a). After Tasmania, South Australia possesses the oldest population of all states and territories, with 16% aged 65 and above (ABS, 2010a, ABS, 2011a).

Significant proportions of older Australians are born overseas, with one third born in the UK or Ireland, and southern Europe (ABS, 1999a, ABS, 2001). Greeks and Italians represented the largest populations from non-English speaking countries in the mid-1970s. Though southern European arrivals have since declined numerically and proportionately (ABS, 2003), they still represent a significant proportion of Australia's current and future ageing populations (OFTA, 2009). Census data indicates 1.9% of Australia's population report Greek backgrounds owing to parents' country of birth (ABS, 2011d). Greek populations possess the oldest median ages of any migrant country of birth (ABS, 2009-2010a). 12.8% of all older Greeks reside in South Australia (ABS, 2002b). Over 70% of South Australia's 9,755 Greeks are older adults (ABS, 2011h, MulticulturalSA, 2014). Older Greeks often have limited English proficiency (Tamis, 2009a); in South Australia, 70% of Greeks aged 80+ spoke little or no English (OFTA, 2009).

Older age is traditionally associated with fewer economic resources and poorer health, physical strength and cognition, and higher rates of disability and long-term health conditions (ABS, 2006c, Bonanno and Kaltman, 1999, Tsang et al., 2004, Zisook and Shuchter, 1993). It also may be associated with declines in personal independence, network size, and opportunities for interaction (ABS, 2006c, Bonanno and Kaltman, 1999, Zisook and Shuchter, 1993). Older age may increase instrumental dependence on external resources and supports for daily living, increasing older individuals' vulnerabilities or risk of poor quality of life (Tsang et al., 2004). Gender also has an impact on older age and health, with women more likely to suffer chronic illnesses leading to increased disability, while illness more commonly results in mortality for men (Stathakos et al., 2005).

The ageing of largely non-English speaking culturally diverse populations presents unique challenges, as service providers may be ill-equipped to address specific cultural, linguistic, and spiritual needs (FECCA, 2015). The term 'ageing in a foreign land' describes the intersection of ageing and migration, and suggests that migrants in host countries grow older in countries which may still be somewhat 'foreign' to them, despite years since migration (NYAM, 2009). Specifically, lacking English may result in diminished involvement or inclusion within mainstream English-speaking Australian society (Patterson, 1989), enhancing social and cultural dislocation, and sense of 'otherness'.

1.3 Social Determinants of Health

Social determinants of health are the structural determinants, social factors, and daily living conditions shaping individual and population health (CSDH, 2008, Dunn and Dyck, 2000, Raphael, 2006, Venkatapuram et al., 2010). The premise of this approach is that societal positions and resources are distributed unequally among individuals, producing health and well-being inequities (Marmot, 2005). For example, social exclusion, gender, and socio-economic status are important determinants affecting individual health (Popay et al., 2007, Popay et al., 2008), contributing to differences in illness (Ballantyne, 1999) and mortality (Metz, 2005). Adopting a social determinants approach distinguishes this study from the majority of health and ageing studies which adopt more dominant biomedical approaches to well-being. Such approaches are limited in that they often do not consider the social aspects of health and well-being.

Cumulative disadvantages place ethnic minorities at particular risk, with marginalisation contributing to migrant vulnerabilities and health risks. Markers of distinction, including accent and skin colour, construct migrants as outsiders (Lynam and Cowley, 2007). Marginalisation justifies exclusion by conveying the message that one is not valued or does not belong, with implications for well-being (Lynam and Cowley, 2007), and the present study. To address the lack of empirical studies exploring the intersection between social determinants of health among older adults and migration (excluding Zsembik and Fennell (2005) and Dunn and Dyck (2000)), this thesis considers social determinants which may influence older widowed Greek migrants' well-being.

1.4 Minority Gerontology

Given that ageing constructs, conceptualisations, and associated processes differ cross-culturally (Berdes and Zych, 2000, Torres, 1999, Tsang et al., 2004), researchers must consider context to reveal the social and psychological processes underlying human development and ageing (Jackson, 2002). Worldwide, minority gerontology is generally lacking, with the general bulk of gerontological research being 'culturally oblivious' (Torres, 1999). Studies of older migrants (especially first-generation) are rare (Berdes and Zych, 2000). Tsianikas et al. (2010)'s literature review reported that while there exists more general CALD research, few studies focus on the experiences of particular groups ageing outside of their country of origin (Jackson, 2002), especially in their own native languages. Studies of native English speakers residing in English-speaking countries such as Australia and the US may not apply to largely non-English speaking migrants. The multi-dimensional intersection of ageing, ethnicity, and life experiences represents a unique experience of 'ageing in a foreign land' among CALD individuals. The compounding influence of widowhood among specific migrant groups in Australia has also not been empirically examined. Manderson and Kokanovic (2009) argue that migration complicates the context in which individuals experience physical and psychological health conditions. Older migrants' health outcomes are often complicated by not only their migrant status, but related cultural and linguistic factors, social isolation, and discrimination (Ghobreyal, 2013). Older minority CALD adults are doubly vulnerable to prejudice (Johnstone and Kanitsaki, 2008). The Federation of Ethnic Communities Councils of Australia Inc.'s (FECCA) recent (2015) report asserts factors associated with older CALD adults' health, including life-course factors and social determinants such as earlier experiences, acculturation, English language, living arrangements, and location of family. Previous studies show that where individuals lack language skills to access services or navigate wider society, they often depend on others to facilitate interaction (Goodall et al.,

2013), which has implications for ageing well in host countries. Explorations of age-related transitions such as widowhood are thus warranted among specific migrant groups, particularly among non-English speakers most likely to be socially isolated or excluded from studies sampling English-speaking populations, due to lack of resources or specific cultural or linguistic skills.

1.5 The Widowhood Experience

Chapter 3 reviews broader gerontological literature on widowhood, showing that, typically occurring in late life, widowhood is a distressing life transition which has impacts upon many facets of life (Anderson and Dimond, 1995, Bradbeer et al., 2003). Widowhood is often associated with decreases in physical and psychological health and well-being, and increases in mortality (Siegel and Kuykendall, 1990, Torges et al., 2008, Wilcox et al., 2003), loneliness (Golden et al., 2009), and depression (Bennett et al., 2005). It may lead to difficulties with grief, identity, friendships, and familial relationships (Holmes and Rahe, 1967, Stroebe et al., 1993). Widowhood alters older adults' daily social environments. A widowed status may be perceived as stigmatising and demeaning.

Close to 30 years ago, sociologist Lopata (1987) called for cross-cultural studies of widowhood in response to growing migrant populations worldwide, and limited existing research. Associated health and well-being implications for specific cultural groups in widowhood are not always understood by mainstream society (Rosenman and Shulman, 1987). Migrants' early childhood socialisation in their home country fosters ideas, feelings, and notions pertaining to myriad factors, including: gendered behaviour, familial relations, religious beliefs, and the meaning of marriage and marital roles. Minority groups whose cultural and linguistic backgrounds are dissimilar to the host country (e.g. Greek migrants to Australia) possess divergent widowhood experiences compared to mainstream groups more closely approximating the host country's background and norms (Lopata, 1977, Panagiotopoulos, 2009, Rosenman and Shulman, 1987). Such differences may result in later-life dissimilarities in widowhood and the meaning of death. Historically, widowhood research globally has largely focused on white, English-speaking populations (Lopata, 1987); similarly, research on older widowed adults in Australia has principally focused on the English-speaking majority (Lau and Morse, 2008). Worldwide, existing literature on widowhood among CALD groups typically details different ethnic groups' unique customs and rituals without exploring the impact of such practices on health and well-being (see: Brison (1995), Ghadially (1999), Hsu et al. (2003), Sossou (2002)). Additionally, there exist few studies of widowhood among migrants' 'ageing in

foreign lands' (NYAM, 2009), as research is typically conducted in the country of the cultural group in question (see: Czerenda (2010), Hsu et al. (2003), Khosravan et al. (2010), Mehta (2002), Pizzetti and Manfredini (2008), Rodgers (2004), Sheykhi (2006), Shih et al. (2010)).

For older Greek migrants, distinct ways of grieving (Alexiou et al., 2002), mourning rituals, memorial services, and continued relationships to the deceased (Klass et al., 1996) have implications for identity, coping, and well-being in widowhood. Such normative expectations are particularly pertinent where individuals have sustained traditional familial and cultural values despite living overseas. Guided by gaps in previous literature, and influenced by my linguistic background and insider cultural knowledge, this thesis considers factors above and beyond the widowhood experience which likely influence older Greek migrants. Such factors include the unique intersection of life-course experiences (i.e. migration, language, and cultural and societal integration), and other social determinants (i.e. gender, residential location, and social support), to provide a more holistic understanding of widowhood and well-being among this group. Empirical research exploring widowhood and well-being among migrants is warranted; Tan et al. (2010) recommend exploring each of Australia's distinct and ageing minorities to better understand their needs, and provide appropriate services and supports.

1.6 Studies of Greek Migrants

Among Greek populations specifically, most empirical studies are limited to natives (i.e. those born, raised, and ageing in their home country) (see: Glytsos (2008), Kassidou et al. (2010), Mavrovouniotis et al. (2010), Mystakidou et al. (2005), Stathakos et al. (2005)). Such studies are of limited generalisability to older Greek migrants living in Australia and elsewhere, who were similarly born and often raised in Greece, but differ considerably in that they migrated to host countries during their teenage or adult years, and have lived and aged in these foreign countries. Studies of Greek natives are not a substitute for studies sampling Greek migrants in 'foreign countries' due to the unique interactions between life-course experiences in host and parent cultures and environments, which have impacts upon migrant ageing (NYAM, 2009). Most studies involving Greek migrants of the diaspora residing in predominantly English-speaking countries like the US, Canada and Australia examine specific themes which are either unrelated to, or not the central focus of the present study. Furthermore, most existing migrant studies in English-speaking host countries tend to comprise those who possess sufficient English proficiency to participate in empirical studies involving written questionnaires, focus groups, or interviews administered solely in English (see: Rosenbaum (1991)). In

contrast, this thesis offered interviewees the opportunity to be interviewed in their native language to be inclusive of those less proficient in English.

The absence of empirical studies on migrant widowhood and well-being limits our understanding of the impact of bereavement and associated experiences on their health and well-being. This is especially true of rural migrants who are more likely to be excluded from studies due to geographic and recruitment issues. Presently, there exists no study investigating widowhood and well-being among Greek migrants ageing in Australia – one exception being my Psychology Honours thesis (Panagiotopoulos, 2009) comparing the well-being of Greek and British migrant widows (i.e. only females). In this study, Greek widows reported worse self-rated health, and increased symptoms of depression and loneliness compared to their British counterparts, and displayed greater later-life dependence on familial support (Panagiotopoulos et al., 2013). Furthermore, Greek widows rarely viewed widowhood as an opportunity for personal growth like more individualist, English-speaking widows may (Panagiotopoulos et al., 2013). Informed by existing gaps in the literature, in addition to the ageing of the study's proposed population group, the present study is warranted and timely, to provide insights into this groups' health and well-being. By considering the life-course influence of social determinants on the well-being of Greek widows and widowers in rural and urban South Australia, this study seeks to contribute to knowledge of later-life widowhood. Additionally, future researchers may build upon this study to explore similar subjects among other ageing migrant groups with shared values. Below, the study's specific research aims and objectives, and methodological approach are outlined.

1.7 Study Aims and Objectives, and Methodological Approach

To investigate the impact of social determinants of health on the well-being of older Greek widows and widowers in rural and urban South Australia, from a life-course perspective, this thesis addresses the following research objectives:

- 1) *How have the lives of Greek widows and widowers been shaped over their life-course by social determinants of health, including ethnicity, gender, residential location, socio-economic status (including education, occupations and occupational conditions), social support and capital, and social inclusion and exclusion?*
- 2) *To what extent have these social determinants shaped their widowhood experience and well-being in older age?*

3) *What is the Greek cultural experience or performance of widowhood within their Australian context in older age?*

This study couples qualitative research design with reflexive methodology, stressing researcher reflexivity throughout the research process. Using semi-structured in-depth interviews, this approach is conducive to capturing older Greeks' distinct voices. Drawing upon my bi-lingual and bi-cultural background, I offered interviewees the opportunity to communicate solely in their native language of Modern Greek, actively including those possessing limited or no English. Mainstream research often overlooks such individuals due to the costs and difficulties associated with employing translators and interpreters to mitigate language barriers (Tsianikas et al., 2010). Including the perspectives of less assimilated or comparatively more socially isolated individuals contributes to the study's innovation, and to limited empirical research sampling non-English speakers.

This study focused on two separate areas in South Australia to compare widowhood and well-being experiences in light of residential location as a social determinant. Urban interviewees were sourced from metropolitan Adelaide, the capital city of South Australia, home to 8,991 older Greek migrants (ABS, 2011h). Just under 1000 older Greek migrants reside in South Australia's non-urban areas (ABS, 2011h). Rural interviewees were sourced from the regional Riverland area, encompassing several towns. Many Greek migrants settled in the Riverland post-WWII, resulting in a sizeable, although ageing, community today (ABS, 2010c). Forty-one interviews were conducted, with two omitted from analysis due to exclusion criteria. Consistent with life-course perspective, demographic factors, and experiences including migration, settlement, ageing, support, social inclusion and exclusion, and health and well-being, were explored to more fully understand the widowhood experience. Rich qualitative accounts were elicited within an empathetic and supportive research environment. For interviews conducted in Greek, data was simultaneously translated and transcribed from Greek to English for wider dissemination. Consistent with qualitative research methodology, interview transcripts were subject to thematic analysis and interpretation (Flick, 2009, Grbich, 2007, Ritchie and Lewis, 2009, Silverman, 2010). The selected methods and methodology were conducive to fulfilling the aforementioned aims, investigating the impact of social determinants on the well-being of older Greek widows and widowers in rural and urban South Australia, in order to determine how life-course factors shaped later-life widowhood and well-being.

The theoretical approaches guiding this study include a life-course perspective and social determinants of health lens. Given the importance of individual, social, and cultural contexts

and histories for human development, adaptation, and well-being, life-course approaches have gained prominence as avenues to understanding relationships between inequalities and health (Mayer, 2009). A life-course perspective makes evident how history, societies, and institutions define and shape lives (Mayer, 2004). Chambers (2005) used life-course theory to depict the complexities and multiple narratives of older widows' stories. Similarly, Moen et al. (1992) adopted a life-course perspective on women's multiple roles and health, depicting pathways between health and social integration, concluding that multiple non-familial roles in adulthood (e.g. volunteering) positively related to later-life health measures. This study uses a life-course perspective to consider the influence of previous life experiences in Greece, migration and settlement to Australia, and current experiences of 'ageing in a foreign land'. This framework considers relevant life events from infancy to old age and their distinctive meanings (Mayer, 2009). Widowhood represents the cumulative experience of earlier events and circumstances, and associated benefits or impairments ultimately influencing health and well-being.

1.8 Thesis Outline

Chapter 2 provides a historical and contextual background to Greek migration and settlement in Australia. The study's literature review in Chapter 3 explores key concepts to the thesis, including social determinants, well-being, and marital status, in addition to the study's chief theoretical frameworks. Chapter 4 describes the study's rationale, qualitative design, methodology, and study methods, including interviewee recruitment and information, data collection, translation and transcription, analysis techniques, and ethics, and reiterates study aims and objectives. Demographic characteristics relating to the study group are presented in Chapter 5 to gain an understanding of interviewees and some of their experiences, contextualising subsequent chapters. The study's qualitative research findings are presented in Chapters 6-9. Chapter 6 explores interviewees' life-course social inclusion and exclusion, informal social support, and socialising across social fields in older age. Chapter 7 highlights and discusses findings pertaining to nuanced Greek cultural experiences of widowhood despite residing in Australia. Interviewees' lay notions of health and well-being are explored in Chapter 8. Chapter 9 presents a discussion of the study by integrating, reflecting, summarising, and positioning research findings with respect to previous literature, to produce overall insights regarding this group. Chapter 9 also considers contribution to theory, practical implications, study limitations, and future research directions.

1.9 Conclusion

This chapter has introduced key areas relevant to this thesis, including population ageing, social determinants of health, minority gerontology, widowhood, and Greek migrant studies. It outlined the aims and objectives of the research, and methodological and theoretical approaches. It noted the existing gaps in current knowledge which this study seeks to fill by specifically investigating widowhood and well-being among a group of older, first-generation Greek migrants to Australia, informed by a life-course and social determinants of health perspective. The following chapter introduces the context in which older Greek migrants in Australia were raised, and how they lived and aged.

2 GREEK MIGRANTS TO AUSTRALIA: A HISTORICAL AND CONTEXTUAL BACKGROUND

'The brown suitcase you carried across the seas was small, but your heart was large, and your eyes as bright as one thousand realisations'.

Panagiotopoulos (Unpublished poetry, 2013)

2.1 Introduction

This chapter presents a historical and contextual overview of Greek migration to Australia, illuminating the social context of the cohort from which interviewees were selected, to better understand later-life experiences and well-being, consistent with the study's life-course perspective. Appreciating post-WWII Greek-Australian migrants' somewhat collective experience aids understandings of their individual life-courses, presented in later chapters. Individuals are biographically, historically, socially, culturally, psychologically, relationally, and politically constituted; their stories reconstructed, recalled, and expressed in particular contexts (Tziovas, 2009). This group has in common the act of migration, a complex psychosocial process central to this thesis, in addition to other social, cultural, and historical experiences. Zacharia (2008) describes migration as an alienating dislocation or exile. It often disrupts the social and economic fabric of individuals' lives (Cornelius and Gell-Redman, 2010) and identities, especially in older age, and may be coupled with a sense of loss, marginality and hardship (Shariff, 2008).

This cohort of Greeks arrived many decades ago to migrant-receiving Australia (Christou, 2006, Lock and Wakewish-Dunk, 1990), and have lived and aged here. Sayad (2004) states that migrants move with their history, traditions, language, religion, and other social structures, which are explored in this chapter. Overall, Conomos (2002) described life for post-WWII Greek migrants to Australia as full of hardship and toil, with happiness attained in strong kinship and community bonds. Attaining economic gains or upward mobility was especially viable among their second-generation children, typically due to being born and educated in Australia.

Descriptive, sociological, and anthropological research is drawn upon below to detail Greece's socio-economic and politico-historical context during the early-to-mid 20th century, highlighting conditions preceding the mass exodus of a considerable proportion of its population to other nations post-WWII. Subsequent sections present an overview of migratory, settlement, and cultural experiences, as primarily non-English speakers within the wider, English-speaking community. Specifically, they explore various life-course factors and influences (including settlement, housing, occupational and economic conditions, Australian societal inclusion and exclusion, Greek community and social networks, education and language proficiency, maintenance of Greek identity or '*Greekness*', families, gender roles, and support).

2.1.1 Conditions Preceding Mass-Migration

During the early to mid-20th century, various factors relating to turbulent historic events, or 'push' factors spurred Greek migration. Greece was underdeveloped, rife with economic difficulties, diminished infrastructure and agricultural production, lessened educational and occupational prospects, widespread food scarcity, and social and political unrest (Papadopoulos, 2005). Greece's stability was further depleted by war and economic downturns, including the Balkan wars, Greco-Turkish war, World War I (WWI), population exchange with Turkey, and the Great Depression (Conomos, 2002, Fenton and Hecker, 1978, Gilchrist, 2004). Unemployment, poverty and national debt escalated, resulting in poor living conditions. WWII and the subsequent Greek Civil War (1946-1949) irreversibly damaged economic, social, and political life (Zangalis, 2009). Between 1940 and 1949, more than one million Greeks perished. Many young Greeks migrated overseas to escape the destitute conditions (Papadopoulos, 2005). Post-WWII mass migration (roughly between 1945 and 1975) (Hugo, 1986) represented the greatest exodus of Greeks in contemporary Hellenic history (Fenton and Hecker, 1978). Over 1.5 million or 17 percent of Greece's population migrated primarily to English-speaking countries including the US, UK, Canada and Australia (Forrest et al., 2006, Papadopoulos, 2005). Most migrants were from poor, uneducated (often illiterate), rural or island peasant families. This had impacts upon educational, linguistic, and occupational attainment, with implications for this study with respect to cultural maintenance, social inclusion, and mobility. Initially, most migrants were young unmarried men, who migrated to improve their economic conditions (Fenton and Hecker, 1978). Cypriot Greeks also migrated to host countries during this period, following Cyprus' similarly destitute living conditions before its independence from British rule in 1959 (Conomos, 2002).

2.2 Australia as a Host Country

Australia is a nation comprised of its Indigenous population and migrants. Changes in migration policy over time and socio-economic factors dictate country of migrant origin. Australia was principally colonised by Anglo-Celts (British and Irish origin). From 1916 to 1920, Australia actively prohibited the entry of Greeks, as they were deemed less desirable (Papadopoulos, 2005) and less likely than northern Europeans to assimilate (Borrie, 1975) and marry Anglo-Australians (Hugo, 1986). Discriminatory migration policies assisted entry of favoured ethnic groups (Grimes, 1993); until 1936, over 80 percent of Australia's migrants were British (Borrie, 1975). By 1940, entry of non-British migrants surpassed British entry (Borrie,

1975). Australia required a significant migrant influx in the 1950s and 1960s for defence, large-scale growth, labour market industrialisation, emerging manufacturing industries (Forrest et al., 2006, Grimes, 1993, Hugo, 1986, Papadopoulos, 2005), and economic and population expansion (ABS, 1996). Consequently, discriminatory migration laws somewhat eased; Greeks and Italians constituted a large proportion of Australia's non-English speaking migrants (Hugo et al., 2003). Ships from Greece carrying thousands of betrothed young women to marry men who had migrated earlier addressed the uneven gender distribution of Greeks post-WWII (Tsolidis, 2003). In 1949 to 1950, 1.1% of migrant arrivals were Greek, rising to 5.9% in 1959 to 1960 and in 1969 to 1970, dropping to 1.1% in 1979 to 1980, and further decreasing to 0.3% in 1989 to 1990, and 0.1% in 1999 to 2000 (ABS, 2001). In 1974, Greece's democracy was restored, and new economic prospects followed entry to the European Economic Community in the 1980s, spurring increased return migration to Greece (Forrest et al., 2006, Holeva, 2004).

Greeks remain one of Australia's largest and most well-established non-English speaking migrant groups (ABS, 2011d, Cavallaro, 2005). Migrants selected for this research belong to this shrinking ageing cohort. Today, second-generation Greeks (44.8%) outnumber first-generation (30.9%), representing 1.9% of Australia's overall population (ABS, 2011h). Greeks constitute 0.7% of Australia's older population (ABS, 2011d). Currently, Australia's overall migrant intake does not include many Greeks; however, the annual average population growth rate has increased to 0.2% (ABS, 2010d) due to Greece's financial crisis and budget deficit from 2009 onwards (DFAT, 2012). Tsolidis (2003) claims that the Greek presence within Australia is well-documented; however, this presence is dominated by images of more publically visible male migrants who migrated first (Zacharia, 2008). Furthermore, most descriptions typically focus on males who are more assimilated and proficient in English (Tsolidis, 2003). Older women and rural residents are rarely heard, resulting in a biased account of Greek migration (Georgiades, 2010, Orfanos, 2002).

The following sections provide an in-depth historical and contextual background to Greek-Australian migrants, considering myriad life-course influences and social determinants of health.

2.2.1 Settlement and Housing

From a life-course perspective, where migrants settled and lived in Australia has implications for this study of urban and rural individuals. Factors affecting migrant settlement and available

housing options (Grimes, 1993) include: socio-economic background; point of entry to the country; location of family or other ethnic community members; economic attractiveness or opportunities of areas (ABS, 2004); racial and linguistic barriers; and previous occupational qualifications or skills (Casimiro et al., 2007). Non-English speakers are more attracted to existing 'birthplace' communities (ABS, 2004). Melbourne, Australia's manufacturing hub, was a favoured arrival destination for migrants (Forrest et al., 2006); 94% of Greek migrants live in Australia's capital cities (ABS, 2002b). Most were forced to adjust to new urban environments in Australia following traditional pastoral upbringings in Greece's rural mainland or isles (Mitchell, 2008, Tamis, 2009a). Relocation and acclimatisation is often fraught with difficulties (Colic-Peisker and Walker, 2003), and is linked to physical and psychological stressors diminishing well-being (Argyropoulos, 2011).

Historically, southern Europeans often encountered difficulties and eligibility restrictions for public housing, resulting in many migrants sharing housing and facilities (Forrest et al., 2006, Grimes, 1993). Pooling resources fostered strong ethnic consciousness and mutual support (Tamis, 2009a). Greek residential segregation in Australian cities, especially in industrial suburbs near public transport, resulted in some of the most distinctive migrant clustering (Grimes, 1993) more densely populating certain areas, including Adelaide and the Riverland (where interviewees were sourced) (Hugo and Menzies, 1980, Pennay, 2011). Greek settlement in the Riverland was often secondary migration subsequent to initially arriving and living in Australia's larger, coastal cities (Government, 2010). Residential location has an impact upon subsequent mainstream societal integration (Grimes, 1993). Southern European household structures influence housing patterns in Australia, including the significance of extended family and kin (Grimes, 1993). Greek children represent an economic and social asset, an insurance of sorts (Scourby, 1984), or social services in older age (Gavriel, 2004). Indeed, second-generation Greek-Americans (Orfanos, 2002) and Greek-Australians (Burnley, 2005) often reside with, or close to, older parents (Georgiades, 2010). Older southern European migrants are more likely than English-speaking migrants and the Australian-born to reside at home rather than in institutional care (Khoo, 2012). ABS (2006c) data shows that more than one in ten people aged in their 80s and 90s share dwellings with adult children, a pattern Gibson (2010) claims is even more pronounced among Greek and Italian migrants (especially women). Married individuals are more likely to live independently in their own homes than the widowed or those who are not married (Khoo, 2012), important to the present study given their bereaved status.

2.2.2 Occupational and Economic Conditions

Occupational and economic opportunities are central to migrants' settlement experiences and subsequent life-course experiences in host countries. Hostile and xenophobic attitudes from the Anglo majority led to southern European males working predominantly as unskilled or semiskilled labourers in occupations in racially segmented manufacturing industries, factories, or in rural labour (Grimes, 1993, Tamis, 2009a). Occupational status is linked to language proficiency; those with greater English work in superior, higher paying, more attractive jobs (Evans, 2005). Most Greeks worked in low-paying, poor, and unstable conditions, often in businesses within ethnic niche economies or with ethnic proprietors (e.g. the food industry), which required little or no English (Forrest et al., 2006). For those in ethnic enclaves or work environments comprised largely or entirely of other migrants, social ties to non-Greeks were less attainable than for mainstream economy workers (Evans, 2005), limiting English-speaking societal inclusion.

Less is recorded about Greek migrant women's occupational endeavours, who likely had lower labour force participation than Greek men. Confinement of Greek women to domestic spheres, caring for families (Zacharia, 2008) limited their involvement in employment outside the home (Dubisch, 1986, Fenton and Hecker, 1978, Sant Cassia and Bada, 1992), and resulted in lower English proficiency (ABS, 2006a). This also has life-course implications for wider societal engagement, financial independence, and familial dependence, especially in older age. Women undertaking paid occupations to supplement family income broke with the customary Greek practice of staying at home for the purposes of childrearing and housekeeping (Pennay, 2011). Some engaged in relatively low or unskilled professions, or semi-skilled factory or manufacturing work, or in clothing, textile, food, and hospitality industries (Pennay, 2011). Rural women worked manual occupations alongside their husbands.

Stable and sufficient income is associated with happiness and quality of life among Australia's non-English speaking migrants (Tsang et al., 2004). McCallum and Shadbolt (1989) reported older ethnic individuals had lower incomes than mainstream English speaking populations. Though variability exists, upon arrival, most Greeks were of very low socio-economic status (Inglis, 1975). Evidence suggests that with time in Australia, many first-generation Greek migrants accumulated upward economic capital, often shared with or bequeathed to their children (Messinis, 2008, Tsolidis, 1995). Second-generation Greeks displayed considerable upward mobility, with greater proportions achieving higher educational (ABS, 1996), and professional occupational attainments than their first-generation predecessors (Khoo et al., 2002).

2.2.3 Inclusion and Exclusion in English-Speaking Australian Society

Relevant to this study is Greek migrants' perceived inclusion to or exclusion from mainstream English-speaking Australian society. Nickas (1992) purports that migrants living on the peripheries of other cultures in foreign countries feel dislocated and isolated from the wider population. Previous studies (Panagiotopoulos, 2009, Tamis, 2010) suggest that older non-English speaking migrants often report isolation from the wider host society due to cultural differences, and dissimilar lifestyles and expectations. Older migrants' social inclusion is impacted upon by familial structure, dependency between members, proximity of kin, frequency of familial contact, and mutual support expectations (Woehrer, 1978).

Assimilation occurs when migrants so intensely incorporate themselves into the host society that they lose their separate ethnic identity. This does not appear to be the case among this cohort of older Greek migrants, who in many ways retain their '*Greekness*' despite years in Australia. Factors affecting assimilation include gender, family, religion, intermarriage, socialising, arrival age, residential location, English proficiency, educational or occupational skills, network size, proximity, and density, and attitudes and cultural similarity between home and host countries (Colic-Peisker and Walker, 2003, Khavarpour and Rissel, 1997, Stephanides, 1975, Tamis, 2009a). Older Greeks in Australia often lack societal integration, possessing typically low education, English, and occupations (Tamis, 2009a) and displaying high religious and linguistic maintenance, in-group marriage (Smolicz, 1985), within-group socialising and strong ethnic networks (Stephanides, 1975). Only 12% of first-generation men and 9% of women marry non-Greeks (Khoo et al., 2011). Though Australia's dominant social structures, language, customs, and heritage are inherently Anglo or British (Smolicz et al., 2001), first-generation Greek migrants typically remain largely loyal or psychologically located within their collectivist ethnic community, and relatively unassimilated to English-speaking society (Nesdale and Mak, 2000), despite having migrated at relatively young ages and subsequent to years of Australian residence (Fenton and Hecker, 1978).

Non-English speaking migrants' preferences for ethnic group involvement and in-group contact and socialising is informed by assumptions that minorities seek support and solidarity due to common language, values, customs, and practices (Brub, 2005, Colic-Peisker and Walker, 2003). Familial context also has an impact upon community interaction, with closed families less likely than open families to interact with others (Woehrer, 1978). Exploring the Greek language in Victoria, Australia, Tamis (2009a) reported that many older Greeks did not

socialise with other ethnicities, conceivably underrepresenting true figures because individuals agreeing to participate in research represent those comparatively more assimilated or proficient in English. Migrants' extent of earlier life-course assimilation has implications for factors explored in this study, including later-life community involvement, social participation, and well-being.

Furthermore, migrants are often subject to racism. This includes negative opinions, ideologies, and seemingly subtle discriminatory acts and conditions, processes, structures, or institutions that directly or indirectly contribute to majority dominance (Johnsrud and Sadao, 1998). Racism sustains 'othering' of non-English speakers. While covert racism or 'otherness' is more common, it is less easily identified than overt racism (Johnsrud and Sadao, 1998). Covert discrimination includes apathy, ignorance, non-recognition, and insensitivity of cultural differences (Callan, 1983). The Immigration Restriction Act 1901 (Casimiro et al., 2007), and the nationalistic White Australia Policy (ABS, 1997), abolished in 1973, formalised and legitimised racial discrimination. Such policies held deeply ingrained beliefs that Australians of UK ancestry were inherently culturally superior to non-whites or other Caucasians (Papadopoulos, 2005). For non-British migrants, racial discrimination was rife, particularly during early migration (Callan et al., 1983) where racism was comparatively more overt (and at times, institutionalised) than its newer, more implicit manifestation of veiled cultural difference or 'otherness' (Fenton and Hecker, 1978). Newly arrived southern Europeans faced racially-fuelled societal sanctions pertaining to housing and employment, limiting opportunities for wider community participation (Papadopoulos, 2005). Traditional language and cultural maintenance were met with hostility and discouragement, and English-speakers were viewed more favourably than non-English speakers (Callan, 1983, Mitchell, 2008). Systems of marginalisation and social segregation were instrumental in the formation of self-reliant communities, or 'little cultures' (Smolicz et al., 2001, Tamis, 2009a). The powerful dominating force of mainstream Australian culture has continued (Forrest et al., 2006), despite a government focus on multiculturalism from 1970 to today.

2.2.4 Greek Community and Social Networks

The Greek community and its social networks are important to this study of older migrants, representing the primary fields in which the group has been situated over their life-course. Fields represent the social spaces in which individuals' lived realities are played out (Bourdieu, 1963). The Greek community constitutes the centre of public life with its cultural and welfare programs (Mitchell, 2008, Rosenman and Shulman, 1987). Social networks are necessary

(Dubisch, 1986); community support strengthens familial and wider kinship relations alliances. Veglery (1987) maintained that Greek-American migrants' socialising patterns were overwhelmingly ethnic. Greek Orthodoxy, an ethnically-defined religion, further strengthens communities, national identity, and sense of place.

2.2.5 Education and Language Proficiency

Gaining an education contributes to social mobility (Inglis, 1975) and power (Herzfeld, 1993), having an impact upon all facets of life from early childhood to older age. Migrants' education reflects their socio-demographic background (ABS, 1996). Most Greek migrants to Australia lack formal education in Greek or English (Marino et al., 2007, Zervides and Knowles, 2007), which is important in understanding life-course migratory, ageing, and well-being experiences. The largely poverty-stricken population prioritised work and responsibilities in Greece over education to ensure survival. Girls traditionally learned domestic duties and skills, including cooking and embroidery; many were not schooled. World and civil wars halted education, undoubtedly limiting ability to gain entry into certain workforce sectors (Mitchell, 2008). Among older cohorts of native Greeks (those born and ageing in Greece), Greek literacy levels are similarly low, especially for women (Stathakos et al., 2005).

Despite their own limited education, older Greeks value education and willingly invested resources to educate future generations (King et al., 2011, Papadopoulos, 2005). In 1991, 4.7% of Greek-born migrants in Australia had a bachelor degree or higher, compared to 12.6% of second-generation Greeks (ABS, 1995b). Indeed, more second-generation Greeks study at university compared to their UK-heritage counterparts (Khoo et al., 2002). Greek-Australians from low socio-economic neighbourhoods outperform Australians, displaying great capacity to overcome class disadvantage (Khoo et al., 2002).

English proficiency equates to migrants more effectively coping with host country difficulties and meaningfully participating in society (Sanders and Nee, 1996, Tamis, 2009a, Tan et al., 2010), in addition to more successfully navigating and accessing education, occupations, and health services. Due to their poorer general literacy, Greek migrants' English proficiency is much lower than those from Western European countries (Khoo, 2012). Tamis (2009a) attributes Greek migrants' low English to cultural differences, high within-community participation, and inseparability of Greek language from ethnicity. He also claims that familial networks lessen the degree to which English is required to communicate. Gender has an impact upon English acquisition; many males obtained a rudimentary grasp of English in

occupational environments, while many Greek women did not acquire English due to male discouragement, domestic sphere confinement, lack of opportunity, or working predominantly with other migrants (Alexakis and Janiszewski, 1995, Mitchell, 2008, Tamis, 2009b). These individuals remain subject to communicative difficulties today. Dustmann (1999) posits that acquiring linguistic capital depends on the length of migrants' intended stay in their host country. Most Greek migrants did not plan or expect to stay in Australia for more than several years; rather, they maintained an idyllic hope of return migration (Fenton and Hecker, 1978), subsequent to improving their financial position (Menzies, 1980).

2.2.6 Greek Identity: Maintaining '*Greekness*'

McNall (1974) asserts that to be Greek means more than to reside in a particular territory; rather, maintaining cultural integrity by subscribing to the idea of a diasporic people and nation. Indeed, Tziouvas (2009) purports that living in foreign lands has made Greeks nationalists. Particularly significant to this thesis are three notions of maintaining Greek identity or '*Greekness*': culture, language and religion. Despite years since migration, these life-course factors influence migrants' later-life experiences of health and well-being, relating to social determinants including social support, capital, inclusion and exclusion.

Identities are contextual and culturally determined; bound to social roles, statuses, groups, and networks (Colic-Peisker and Walker, 2003). Migrants live and alternate between multiple, often distinct cultures, histories and identities, challenging notions of static, traditional and nation-based identities by forming diasporic identities revolving around collective birthplace memories, myths, and idealisations (Tsolidis, 2003, Tziouvas, 2009). Though strong cultural identities foster ethnic consciousness and group solidarity, they conceivably limit migrants' ability or willingness to fully integrate to host societies (Tziouvas, 2009). Migrants often retain homeland cultures by preserving memories of a generation as it was, despite natives often moving on (Trang, 2003). Tsolidis (2003) purports that mothers create and reinforce '*Greekness*' among diaspora communities through lived experiences and intergenerational cultural, linguistic and religious transmission. While the collective Greek migrant experience is not homogenous, most preserved their '*Greekness*' in Australia (Mitchell, 2008, Tziouvas, 2009). Greeks established their presence by creating their own communities, including churches, charities, schools, region-based brotherhoods, cultural, social and sporting clubs, and media (including Greek-specific newspapers and radio) (Tamis, 2010), which retain importance to older migrants. Related to this is often a deep-seated sense of nostalgia for the

mother country and what it represents, and indeed, may continue to represent many years subsequent to migration for those in 'foreign lands'.

Language, a core element of '*Greekness*' (Cavallaro, 2005), holds symbolic meaning for Greeks' cultural survival and diasporic identity (Smolicz et al., 2001). Indeed, Greeks maintain their native language to a higher degree than most ethnicities in Australia (Holeva, 2004). Greek represents one of the most commonly spoken languages other than English in Australia; 1.2% of the population speak Greek at home (ABS, 2011e). Nearly all Greek-born migrants (98%) use Greek regularly (Tamis, 2010). Modern Greek is numerically one of the strongest ethnic languages spoken even among second and subsequent generations (Tamis, 2009a). Indeed, 52.8% of Greek-speakers are Australian-born, reflecting intergenerational language maintenance or loyalty (ABS, 2009-2010b). This high ethno-linguistic vitality among Greek families results from strong intergenerational ties, parental encouragement, and Greek schools, community organizations, and social institutions (Bradshaw, 2006). Clearly, factors aside from residency length in Australia are important to first-generation Greeks' language proficiency, as only a very small proportion (6%) speak only English at home (ABS, 1999c).

Religion represents another key element of '*Greekness*' which has an impact upon life-course. Ninety-eight percent of Greece's population is Orthodox. Overall, 2.9% of Australia's population is Orthodox; 95% of Greek Australians reported Christianity as their religious affiliation (ABS, 2008a). More specifically, 93.5% *first-generation* Greeks report Orthodox affiliation, compared to 92.1% *second-generation* Greek-Australians (ABS, 1995b). Religion is paramount to most Greek migrants' formation and maintenance of national identity, and sense of legitimacy (Bottomley, 1976). Greek churches in Australia preserve Orthodox religion and traditions (Tziovas, 2009), and are integral to daily life (Fenton and Hecker, 1978), with significant marriage and death-related rituals (Mitchell, 2008) relevant to widowhood.

Not all Greek migrants are homogenous; some may not wish to acknowledge '*Greekness*'. Possessing a Greek minority status may relate to perceived or potential discomfort, embarrassment, or discrimination within mainstream Australian society (Tsolidis, 2003).

2.2.7 Families, Gender Roles and Support

Families are important across the life-course (Morse and Messimeri-Kianidis, 2002). Life-long support provision influences ageing and widowhood experiences. Though vast cross-cultural differences are observed regarding familial life and relations (Georgas, 1997), close to 30

years ago McGoldrick and Rohrbaugh (1987) asserted that there exists little systematic or empirical research to support broad anecdotal stereotypes about Greek families, which still appears to be the case. The depictions of Greek families presented here are based upon largely sociological, anthropological and observational literature. Extant literature of native Greeks stresses the centrality of family in everyday relations (Dubisch, 1986), as a tightly-knit cultural or social unit. Most Greek diaspora families recreate traditional home environments to preserve 'Greekness', fostering cultural, linguistic, and religious retention among subsequent generations. Zangalis (2009) cites that Greek Australians have strong family loyalty, perhaps due to parental influence in reinforcing the cultural importance of family. Studies of native Greeks show that in the mid-to-late 20th century, collectivist ideals were favoured over individualistic tendencies (in contrast to northern Europeans) (Dubisch, 1986, Sant Cassia and Bada, 1992). Collectivists view selves as interdependent with others, valuing group norms, goals, duties and obligations, and sharing resources (Earley and Erez, 1997). Conversely, independence, self-reliance, and personal needs and rights are features of individualists (including Anglo-Australians) (Earley and Erez, 1997). Anecdotally, Greek migrant families continue to operate according to collectivist notions.

Historically, women represent the core of Greek families (Woehrer, 1978). For the present cohort, this impacts upon gender role assumptions, child-rearing, care-giving and the division of labour. Strong emotional familial bonds are developed and maintained over the life-course, impacting later-life support expectations (McGoldrick and Rohrbaugh, 1987, Sant Cassia and Bada, 1992). Efklides et al. (2003) claim that children represent a great source of pride and satisfaction among Greeks, purporting that older native Greeks maintained and shared optimism by contributing to children's achievements. Studies suggest that families and relatives are integral in sustaining older adults' autonomy, quality of life and satisfaction (Efklides et al., 2003, Stathakos et al., 2005). Though such empirical studies have been conducted with native, non-migrant Greeks (i.e. those born and raised in Greece), migration does not appear to have weakened normative familial expectations among Greek migrants in Australia. Walker et al. (2013) suggest that Greek children generally act in accordance with cultural support expectations to older migrant parents.

Regarding familial relations, gender roles dictate what constitutes expected behaviour, encompassing norms, codes of conduct and social roles at psychological, symbolic and social levels. Gender roles in social, political and cultural contexts differ cross-culturally, having impacts upon ageing and well-being. Gender is a fundamental component of inequality (CSDH, 2008); migrant women are subject to multiple oppressions based on class, race and gender (Bürkner, 2011). Bourdieu (1977) suggests that gender regulates labour market access, and

income distribution, and allocation of reproductive work, which is arguably visible among this generational cohort of Greeks. Bürkner (2011) claimed that prior to the 1980s, most migration studies had not considered the impact of gender.

Traditional, often rigid, gender roles are evident among Greeks (Orfanos, 2002), reinforcing male familial dominance and authority, and female submission (Woehrer, 1978). In rural Greece, there traditionally exists a dichotomy between private (domestic) and public spheres (Dubisch, 1986). Though gender relations in Greece may be changing to align with modern, equitable role conceptions, first-generation migrants retain the moral values and expectations typical of their country at the time they migrated, maintaining a habitualness, stillness, or suspension of their homeland traditions (Driesen and Crane, 2005). For first-generation migrants to Australia, this is indicative of 1940s and 1950s Greece. Rather strict gender segregation applies to particular generational cohorts regardless of cultural background (i.e. similar gender-specific roles and expectations may apply to older Anglo-Australians).

Positions and roles within specific societal contexts are determined and influenced by relevant identity and gender constructs, having impacts upon conceptions of marriage and widowhood. There exist core Greek values and gendered guidelines dictating preconceived, appropriate, socially determined expectations, roles and behaviours which women may feel obliged to follow. Largely anthropological and sociological constructions of Greek identity stress the socially determined nature of Greek women's identities as daughters, brides and mothers (Sant Cassia and Bada, 1992). These identities typically relate to patriarchy, shame, honour, virtue, modesty, virginity and self-control (Bottomley, 1974, Sant Cassia and Bada, 1992, Watkins, 1971). Such values, accumulated and maintained over the life-course, represent chief controlling forces in Greek society, regulating familial and community interactions. In order to maintain familial reputation and honour, and avoid shame, female behaviour and movement may be closely monitored and evaluated, subject to peer perceptions of appropriateness, and criticism (Dubisch, 1986, Sant Cassia and Bada, 1992). Deviations from fixed cultural roles and expectations may have social ramifications, at least within closed, or bonded, Greek communities.

Dubisch (1986) posits that the ever-present reality of gossip operates as a mechanism of social control among native Greek communities, contributing to cultural maintenance. The applicability of research conducted with native Greeks to the present study's group of first-generation Greek migrants is problematic, though not entirely unlikely given that migrants in diaspora communities often entrench and maintain traditional gender roles (Bottomley, 1974). Furthermore, though these normative, gendered expectations and values are heightened

among older Greeks, their influence and weight, transmitted inter-generationally, is often applicable to subsequent generations of Greek-Australians (Bakopanos and Gifford, 2001). Anecdotal evidence from Greek-Australian communities suggests that gossip is a social regulator governing Greek women via their internalised concerns regarding proper or shameful behaviour. While native Greek women's participation may be confined to private spheres or family homes, or limited to the occasional public performance of religious roles, men are free to navigate public spheres or wider society (Dubisch, 1986). Stathakos et al. (2005) report that older native Greek men possess more autonomy and more active social lives than women. In contemporary Greek society, men may be women's passports into the social realm, as women's identities are inextricably tied to that of the nuclear and extended family (Dubisch, 1986, Sant Cassia and Bada, 1992), with implications for identity and role change in widowhood.

The premise that pre-migration experiences or beliefs shape preconceptions and attitudes towards health in host countries (Gavriel, 2004) is useful in understanding well-being in widowhood. Older parents often prefer or expect support from adult children, especially in later life (Orfanos, 2002). Families often provide much informal support, intergenerational assistance, and personal sacrifice (Papadopoulos, 2005). Consistent with notions of familism and collectivism, Orfanos (2002) claims that Greek family members may forgo individual interests for the entire family's welfare and interests. Similarly, Gavriel (2004) states that Greek migrant families in New Zealand are required to help older adults, which has implications for the present study given that they represent a similar cohort of migrants. Contrasting the familial relations of Greeks in Denmark with native Danes, Tziouvas (2009) drew attention to migrant parents' and adult children's mutual dependency, concluding that Greek families forgo personal freedom and autonomy to provide more familial care, labelling their families as possessive, domineering, anxious, and suffocating.

Though informal familial support is preferred and often crucial for older migrants in Australia, with families and communities closely intertwined, familial support may not be as accessible as it has previously been in home countries for migrants ageing outside their birthplace (Rose, 2013). Intergenerational shifts in cultural expectations surrounding children's care and support provision have implications for later-life well-being, especially where children are not willing or able to provide the often vast informal support their parents expect (Walker et al., 2013).

2.3 Conclusion

This chapter provided a historical and contextual background to the Greek migrant cohort from which this study recruited. Large numbers of Greeks left their homeland post-WWII due to push and pull migratory factors, resulting in today's sizeable, ageing Greek community in Australia. Though some descriptive and empirical accounts of related experiences provide the basis for this chapter, there is little knowledge of the subsequent impact that life-course factors and social determinants have on widowed Greek migrants' well-being as they 'age in foreign lands' like Australia.

This cohort of Greek migrants was typically from poor, rural upbringings, with little formal education, who toiled hard in Australia despite encountering settlement difficulties, including securing housing and occupational endeavours, and learning English. Johnstone and Kanitsaki (2008) suggest that Greek migrants arrived in Australia young and healthy, however cumulative life-course hardships often eroded their later-life physical and psychological health. Importantly, in their younger years they did not consider their *later-life* well-being (Johnstone and Kanitsaki, 2008). Many maintain 'Greekness', and traditional familial and gender roles and expectations despite years since migration. Older Greeks may be relatively socially excluded from mainstream Australian society, and often expect later-life familial support.

The life-courses of older widowed Greeks in urban and rural SA differ across various historical, social and contextual domains compared to other cultural groups, and even within their own group. Consequently, their experiences of age-related transitions like widowhood, and health and well-being also differ, highlighting the need for such explorations. The next chapter introduces the study's literature review, including theoretical underpinnings, and concepts central to this thesis.

3 LITERATURE REVIEW

"I have lived here many more years than I lived in Greece. But I am not Australian; I am Greek, this doesn't change", he remarks. Words solid and strong despite his vulnerable body and ailing mind. "I have met two homelands", he explains, "but only one which grips my heart. One which fills me with nostalgia so thick it blurs my vision."

Panagiotopoulos (Unpublished poetry, 2013)

3.1 Introduction

This chapter firstly explores the study's theoretical underpinnings (life-course perspective), social determinants of health, and other key concepts, including marital status, and health and well-being. Concepts are introduced in both general terms and where applicable with specific reference to Greek migrants or Greek culture. To address gaps in the literature, this thesis focuses on various social determinants which may be associated with forms of social disadvantage (WHO, 2011), and which have impacts upon well-being.

3.2 Life-Course Perspective

'A life-course approach offers an interdisciplinary framework for guiding research and policy on health, human development, and aging'
- Alexandre Kalache (UNFPA, 2009)

Given the importance of social and cultural contexts and individual histories for human development, adaptation and well-being, this study adopted a life-course perspective. In recent years, healthcare professionals have called for the consideration of socio-cultural context and life history in research and practice (Mayer, 2004, Softas-Nall and Baldo, 2000). Life-course approaches have gained prominence as a major avenue for understanding relationships between inequalities and health, and are increasingly used across disciplines including psychology, gerontology, sociology and public health (Mayer, 2009). Life-course perspective is somewhat distinct from life-course epidemiology and life-span developmental approaches. The basic premise of life-course perspective is that retrospective, individual or biographical life stories, accounts, or experiences, are embedded in and affected by social, cultural and historical context (Denzin and Lincoln, 2000, Hooker and McAdams, 2003). Different cohorts are shaped by distinct historical events during their lifetimes (Gunnarsson, 2002). Thus, life experiences must be studied *within* their particular gendered, social and cultural contexts (Denzin and Lincoln, 2000). This framework considers all life events, activities, transitions, environments and stages, and their distinctive meanings, spanning infancy to old age (Elder, 1998, Mayer, 2009).

Factors central to this thesis, including ethnicity, migration and identity are best understood within a life-course framework (Courgeau, 1990). Elder (1994) and Kulla et al. (2010) stress the importance of migration on later-life health, arguing that later life and associated

experiences cannot be understood without reference to prior life history. A life-course perspective provides a holistic structural, social and cultural lens through which to examine factors surrounding widowhood and well-being. This approach is compatible with a social determinants lens to understand health inequalities (Graham, 2002). Adopting a wider life-course perspective allows for active consideration of many social determinants, to help understand individuals' current circumstances and positionality (Graham, 2002). Such determinants include material, psychosocial, and behavioural influences which exert cumulative influence over time on various factors, and multiple dimensions of physical and psychological health and well-being.

A life-course framework considers the extent to which widowhood experiences reflect earlier life-course circumstances, associated benefits or impairments, and subsequently influences health and well-being. Using a life-course perspective is conducive to analysing widowhood among older Greek migrants both personally and collectively; widowhood is simultaneously regarded as an individual transition and a socio-cultural phenomenon within the wider communal context. The key premises of a life-course perspective (described below) include historical time and place, timing, linked lives, and human agency as events and changing contexts make lasting imprints on lives, influencing subsequent behaviour (Elder, 1998). Every aspect of life, including social positions, roles and memberships, is embedded in social structures and distinct historical periods (Mayer, 2004). Socially defined events, normatively constructed roles and key social trajectories, including education, occupations and family, have important implications (Mayer, 2009). Chapter 2 showed that these trajectories have played important roles in older Greeks' migration and settlement, and adult and later-life experiences (including widowhood) in Australia, impacting upon overall well-being.

A key premise of life-course perspective is that the impact of life transitions or events is contingent upon timing – important with respect to widowhood. Differential hardships may be encountered when widowhood is experienced at specific ages over the life-course, and whether or not it coincides with other major life events. The timing of role transitions influences the ease with which one may assume new roles, their normative status and social acceptability, and the resources available to adjust to these roles (Williams and Umberson, 2004).

Life-course perspective also notes that lives are lived interdependently; individuals experience social and historical influences within these networks. Personal history reflects underlying social context; individuals are actively linked to and intertwined with the lives of familial others (including parents, spouses and children), and wider networks (including social groups, communities or cohorts) (Hooker and McAdams, 2003, Mayer, 2004). Shared experiences are

viewed within collective contexts (Sanders and Nee, 1996). Widowhood, typically viewed as an individual life transition, becomes a collective, familial experience, often having an impact upon intergenerational relations, through which notions of social regulation and support play out. For Greek migrants, familial networks include social, economic and cultural investments and obligations that members utilise to achieve collective goals (Sanders and Nee, 1996). In this thesis, while specific focus is placed only on the perceptions of older widows and widowers themselves, their wider networks are considered according to cultural norms, reflecting the importance of extended Greek families.

The final factor associated with life-course perspective relates to the social context and ties to others which regulate and constrain individual decisions and actions (Elder, 1998, Mayer, 2004). Choices are limited by the opportunities afforded by social circumstance and culture. For example, the agency of widowed Greek migrants (especially women) is shaped and constrained within the confines of their unique socio-historic and cultural context. Coleman (1988) argues that individuals are socialised within this context, and that their actions and behaviours are potentially governed and altered according to prevalent societal and cultural norms, rules and obligations. This is relevant to aspects of widowhood within Greek culture, including its gendered nature, and related mourning rituals, customs and practices.

Childhood socio-economic disadvantage has an impact upon adult health inequalities, exposing the need to consider macro determinants and societal processes (Graham, 2002). Understanding earlier social conditions sheds light on potentially advantageous and disadvantageous impacts upon long-term health status. For example, later-life well-being is affected by earlier exposure to accumulated experiences and potentially adverse social or economic conditions in which individuals are born, grow, work, live and age (Dunn and Dyck, 2000, Graham and Power, 2004, Venkatapuram et al., 2010). Furthermore, other social determinants over the adult life-course (including migration, ageing and widowhood) also affect well-being (Raphael, 2006, Zsembik and Fennell, 2005). This thesis explores social determinants of health in order to provide a greater understanding of older widowed Greeks' well-being by acknowledging the importance and impact of pre- and post-migratory experiences and circumstances (Dunn and Dyck, 2000).

Marital status, a concept of fundamental importance to this study, integral to this groups' life-course, is explored below. General understandings of marriage and primarily widowhood are outlined with respect to existing ageing literature, and, where applicable, are explored with specific reference to existing migrant literature and Greek culture.

3.3 Marriage

In general, studies of white individuals cite the beneficial or protective effects of marriage for health and well-being (Rendall et al., 2011, Steinberg and Weinick, 1998, Zhu and Gu, 2011), in contrast to widowhood's largely detrimental effects. Married individuals express greater life satisfaction than those who are single, divorced or widowed (Bornstein et al., 2003, Holt-Lunstad et al., 2008). Specifically, marriage brings myriad economic, social and psychological resources and benefits that foster health, including love, companionship, support, and opportunities for having and raising children (ABS, 2009a, Uhlenberg et al., 2009). Historically, marriage was considered to be more beneficial for men's well-being and longevity compared with women, due to the positives associated with marriage for men as a result of their wives' support (van Grootheest et al., 1999), representing a paradox as women typically outlive men. Other studies cite differential marriage benefits for both genders (Simon, 2002), with economic benefits for women, and primarily social and psychological rewards for men (Uhlenberg et al., 2009). Such gendered patterns of advantage and disadvantage within marriage provide insights into older adults' widowhood and adjustment trajectories (Uhlenberg et al., 2009).

Chambers (2005) asserts that gender silences older women's voices, who, in conveying their stories of marriage and widowhood, consciously and unconsciously adopt socially and culturally constructed gendered scripts. Chambers (2005) sees patriarchy as central to maintaining long-term marriage, with women's roles mainly confined to the private sphere, lessening their access to resources and power. Historically, many older married women have been financially, socially, legally, and psychologically dependent on husbands (Lopata, 1987). In contexts where women follow their husbands' wishes and expectations while married, this influence may extend into widowhood (Chambers, 2005). Traditionally, among older cohorts of married individuals, a gendered division of household labour persists, resulting in women undertaking unequal proportions of household duties (Greenstein, 2000, Karsten and Jürges, 2007, Mannino and Deutsch, 2007), and men performing more work outside the home (Baxter, 2002).

As this thesis focuses on the specific developmental stage of widowhood, it is important firstly to consider the meaning and practices associated with marriage within Greek culture to understand the impact that widowhood has on later-life well-being. Firstly, Greek migrants have much higher proportions of married individuals and lower proportions of those who divorced compared with those from other post-war migrant nations (e.g. Germany and the Netherlands) (Khoo, 2012). Census data shows that Greeks in Australia are among the least likely cultural group to divorce, especially compared with the Australian or UK-born (ABS,

2012a). Khoo (2012) reports that greater marriage stability is likely to be related to southern European social, cultural and religious views, including their beliefs regarding the religious sanctity of marriage, and their ensuing strong opposition to divorce. Greek migrants also display high intra-marriage (Cadwell et al., 1976), with the first generation least likely to marry Australians compared to other cultural groups, followed by second-generation Greek Australians (ABS, 2009a, ABS, 2012a).

The only existing literature providing a commentary on marriage amongst Greeks is dated, due to the lack of new research. However, the present study group comprises older individuals who may be culturally and traditionally aligned with the individuals reflected in this data. As previously highlighted, the gendered dichotomy between private and public spheres remains pronounced among Greeks (Sant Cassia and Bada, 1992), with traditional and strict gender roles entrenched in migrants' daily life. Women, as the 'centre' of the family, are closely monitored, controlled and subject to peer-evaluation and criticism (Sant Cassia and Bada, 1992). Furthermore, the albeit dated anecdotal, ethnographic, anthropological, observational and sociological research exploring gender, marriage and death among Greek populations has typically been conducted with native Greeks (Danforth and Tsiaras, 1982, Dubisch, 1986). Studies exploring connections between marital status and well-being among older Greeks appear limited, and are rare or non-existent among Greek migrants of the diaspora. Marriage among native Greeks is typically traditional and patriarchal in nature, within a tightly-knit, close (Smolicz et al., 2001), protective (McGoldrick and Rohrbaugh, 1987), authoritarian (Woehrer, 1978), mutually dependent (Tziovas, 2009), collectivist family unit (Sant Cassia and Bada, 1992). Previous authors maintain that Greek women's identities and happiness are tied to and largely derived from their husbands, children and households (Dubisch, 1986, Sant Cassia and Bada, 1992, Tsolidis, 2003).

As marriage and family are crucial to identity construction, formation and satisfaction among Greeks (especially women), the transition to widowhood has implications for ensuing social status and well-being. Similarly, though there exists no research on Greek widowers specifically, widowhood likely influences their identities, statuses, roles, well-being and coping. This thesis explores some of these issues, beginning with an overview of the widowhood experience.

3.4 Widowhood

Widowhood is currently experienced at an older age than in the past, and increases proportionally with age (ABS, 2006c, Rosenman and Shulman, 1987). In Australia and other developed countries, more females than males experience widowhood due to women's increased life expectancy and marriages to men older than themselves, and men's greater mortality at every age (Gaymu and Delbès, 2002, Rosenman and Shulman, 1987, Uhlenberg et al., 2009). Approximately 6% of Australia's overall population are widowed (ABS, 2007a), rising to a quarter of Australia's older adults (ABS, 2011d). Among those aged 65 years and older, being widowed is the most common marital status, particularly among women (37.9% widowed), compared to 11.3% of men (ABS, 2011d). In South Australia in 2010, 43.3% of older women and 12.8% of men were widowed, representing slightly higher rates than the Australian average (OFTA, 2010). Among older Greeks, 36.1% of females are widowed, compared to 8.5% of men (ABS, 2011h). In 2000-2002, median ages at which Australians entered widowhood were 75 for women, and 78 for men (ABS, 2007b). According to current projections, females can expect to be widowed for approximately 15 years, and males for approximately nine years (ABS, 2007a). Older men maintain fairly stable marriage rates until their eighties, with marriage rates declining to 43% in the 90+ group (ABS, 2011a). Older women's likelihood of being married decreases steadily with age, to 8% for those aged 90+ (ABS, 2011a).

In Australia, living alone increases with age. Widowed individuals (especially women) are more likely to live alone than those who had never married, or who were currently married, followed by divorced or separated individuals, and were more likely than others to reside in flats, units or apartments (ABS, 1995c). In 2011, 69% of women and 38% of men lived alone following widowhood, enhancing risk of social isolation (ABS, 2011a). This differs according to ethnicity, with older overseas-born Australians, specifically Greece-born individuals, among the most likely to live with family members (ABS, 2002b). 26.1% of Anglo Australians aged 65 years and over live alone, compared to 15.3% of older Greek migrants (FECCA, 2015).

Increasingly, the number and proportion of widowed Australians remarrying has decreased over the last 20 years (ABS, 2012c), with remarriage rates at 8% for men and 3% for women (ABS, 2007a). In 2012, 1.5% of all brides and 1.4% of grooms in Australia who registered for marriage were widowed (ABS, 2012c). Remarriage is rare among native Greek women (Sant Cassia and Bada, 1992), and remarriage figures among Greek migrants are lower compared to Anglo Australians.

Generally, there is a tendency in research to consider widowhood as a separate, distinct period, studied in isolation from the rest of the life-course (Chambers, 2005). This study

explores widowhood within a life-course perspective, acknowledging the impact of both collective and individual history on older Greek migrants' widowhood experiences and later-life well-being. At the outset, it is important to consider the distinction between different temporal experiences associated with widowhood (i.e. bereavement and mourning), as opposed to long-term widowhood, as these experiences are associated with distinct implications for daily life. Bereavement is the period of grief and loss immediately following losing someone significant, whereas mourning reflects cultural practices, denoting the actions and manner of grief expression (Stroebe et al., 1993). Typically occurring in later life, widowhood is a traumatic and distressing life event, with widespread implications (Anderson and Dimond, 1995, Bradbeer et al., 2003), including increases in psychological distress, depression and mortality (Siegel and Kuykendall, 1990, Torges et al., 2008, Wilcox et al., 2003), as well as difficulties with familial relationships, physical health, grief, friendships and identity (Stroebe et al., 1993). Indeed, psychological illness prevalence is higher among those who are not partnered, compared to those who are (ABS, 2000b). Later-life widowhood is cumulative, coinciding with older age, retirement, restricted income and diminished health (Stroebe et al., 1993). Widowhood irreversibly alters one's life routine and social environment (Shahar et al., 2001), with Chambers (2005) asserting that most widows pessimistically view their future as bleak. Blieszner (1993) claims that marriage is defined as the only or most desirable state by default, with widowed individuals 'othered' by contrast. Thus, it is not surprising that a widowed social status may be stigmatising and demeaning, rendering most widowed individuals unhappy with this status (Hockey et al., 2001). However, there does exist some literature (Bennett et al., 2010, Calhoun et al., 2010, Caserta et al., 2009) countering the argument that widowhood is simply a bleak reality, especially with respect to individuals potentially experiencing positive aspects, including personal growth and independence. Whether this literature is applicable to groups of older migrants is debatable.

Relevant to this thesis is the notion that widowhood is inherently gendered (Stroebe et al., 1993), meaning that men and women may grieve and cope differently. Despite widowers often being more at risk than widows because they reap more marriage-related benefits (Chambers, 2005), mainstream literature neglects men's experiences, probably because they represent a smaller group compared to widows (Blieszner, 1993). Older widowed men often lack skills pertaining to cooking and household chores (Stroebe et al., 1993). Such difficulties arise as tasks traditionally performed by deceased spouses result in greater spousal dependency which enhances widowhood-related disruption due to having lost spousal support (Stroebe et al., 1993). Furthermore, existing research on widows may not be applicable to men (Blieszner, 1993). For example, older widows in Melbourne reported health concerns, loneliness and decreases in economic resources and future planning (Rosenman and Shulman, 1987). Nearly

30 years ago, Lopata (1987) suggested that other difficulties for women included home maintenance, psychological and emotional problems, and financial or legal concerns; such findings may be consistent with the rather traditional and conservative conceptions of marriage among the Greeks in this study. Bereaved individuals must deal with societies in which they have little or no experience (Lopata, 1987). This still appears to be the case (Feldman, 2000), with widowhood exerting a negative emotional and financial impact (Angel et al., 2007) on well-being (Kenechukwu, 2011, Onadeko et al., 2002). Some factors determining bereavement outcomes relevant to this study include age, gender, nationality, religion, socio-economic status, social support and isolation, childhood and later-life experiences, marriage roles, relationship and strength of attachment, spousal dependency, and cultural and familial factors influencing grief expression (Parkes and Prigerson, 2010, Stroebe et al., 1993).

Though culture and migration provide prescribed ways of behaving in widowhood (Lopata, 1987), there is no one 'typical' widowed individual (Wartenberg, 1988). In many Western host countries, first-generation migrants of the post-WWII cohort are passing away (Migliorino, 2010). Explorations of widowhood by members of non-dominant, typically non-English speaking ethnic groups are lacking, and existing literature is somewhat biased (Bliesner, 1993), or blind to cultural differences (Hockey et al., 2001). There are almost no published studies of widowhood for Greeks (especially men) worldwide, and of what happens to traditional Greek practices after migration to Western countries (Eisenbruch, 1984a). Some traditional practices persist, while some practices may converge to be more consistent with Australian customs (Eisenbruch, 1984b). Previous studies often ignore the experiences of migrants who may be less (if at all) proficient in the host society's language, and by extension, less acculturated or integrated to mainstream society. The pretext for this thesis is that widowhood's largely detrimental effects are arguably intensified among such groups of older non-English speakers, who are typically at an added disadvantage compared to more integrated and assimilated English-speakers (Angel et al., 2001).

Lopata (1973a) described the few older Greek widows in her study (all of whom resided with married children), as living within very restricted social worlds; some did not speak English and were illiterate in all languages, which may have led to feeling powerless to control later life experiences. Rosenbaum's (1990) landmark study into the cultural care of older Greek-Canadian widows represents one of the only studies specifically focusing on a group of widowed Greek migrants. Some methodological limitations limit the validity of conclusions drawn (e.g. sampling only females overlooked the male experience; sampling both first- and second-generation individuals meant that only half were born in Greece; and including interviewees as young as 50 diverged from conventional 'older age' categories). However, this

study nevertheless offered some insights pertaining to Greek widows' formal care, support systems, and health beliefs (Rosenbaum, 1990). It depicted links between Greek familial support, love and reciprocal relations; the importance of cultural beliefs and values; and suggested that cultural care diminished the void of spousal loss, enhancing well-being (Rosenbaum, 1990, Rosenbaum, 1991). It suggested that health among Greek-Canadian widows was tied to their ability to perform daily roles and activities, and the absence of pain and illness (Rosenbaum, 1990, Rosenbaum, 1991). While there exist many studies regarding gender differences in widowhood (see: Bennett et al. (2005), Carr (2004), Chen et al. (1999), Davidson (2000), Davidson (2002), Lee and DeMaris (2007), Lee et al. (2003), Stroebe et al. (2001), Umberson et al. (1992), Utz et al. (2004), Wickert (1989)), most studies typically focus on white groups, and less commonly on non-English speaking migrants. Below, existing evidence is presented pertaining to Greek cultural meanings of widowhood, both in Greece and among diaspora communities.

Highlighting the magnitude and importance of widowhood in Greek culture, Dubisch (1986) noted that the terms 'widowhood' and 'migration' are used metaphorically and interchangeably as extensions or alternate forms of death in folk tradition, reflecting grief in terms of spousal loss and loss of homeland respectively (Tziouvas, 2009). Anthropological depictions of widowhood and associated mourning practices or rituals among native Greek populations centre on the experiences of Greek *widows* (e.g. Alexiou et al. (2002), Derderian (2001), Dubisch (1986), Holst-Warhaft (1992), Sant Cassia and Bada (1992)). What is currently known based upon cultural understandings and ethnographic depictions of widowhood and mourning rituals among older *native* Greek widows (e.g. Dubisch (1986), Sant Cassia and Bada (1992)) may not be generalisable to Greek *migrants* living and ageing in English-speaking host countries. Akin to other southern Europeans, Greek women's social standing suffers in widowhood, due to established socially and culturally determined gender roles (Sant Cassia and Bada, 1992). New widowed identities are often ambiguous and precarious, rendering individuals somewhat socially vulnerable (Dubisch, 1986), potentially affecting their health and well-being. For native Greek widows, social isolation may follow bereavement due to preconceived, gendered notions of appropriate behaviour in widowhood (Dubisch, 1986). Deviations from fixed cultural roles and expectations have social ramifications, at least within the Greek community. Gossip exerts powerful effects on widowed women, especially in rural settings where it may produce social damage (Pilitsis, 1987). In response, Greek widows may choose to stay inside to counter such sentiments and preserve their name (Dubisch, 1986, Herzfeld, 1993) (i.e. 'good' widows restrict themselves to private spheres). Considering the benefits of social connection for health, widespread beliefs regarding appropriate gendered behaviour in widowhood are likely to have negative impacts upon well-being. Largely unspoken

culturally generated norms dictating daily rules of conduct (i.e. the way individuals should act and dress in private and public arenas) are seemingly binding regulations relevant to widowhood both initially and longitudinally, essentially restricting widows' authority or control (Dubisch, 1986).

Lopata (1973a) identified factors dictating the availability of different roles and appropriate lifestyles in widowhood (i.e. 'the widowed role'). She argued that the social structure and culture of widows' communities and wider societies, ethnicity, family, norms, personal characteristics and the roles of wife, mother and kin member, dictate how widows fulfilled their roles (Lopata, 1971b, Lopata, 1973a). Furthermore, Dubisch (1986) reported that continued relationships to the deceased may help Greek widows forge new, positive identities in their spouse's absence. Bonds to deceased spouses may facilitate coping by supporting and comforting the survivor (Bonanno and Kaltman, 1999, Carnelley et al., 2006). Supporting notions of continued relationships, Rosenbaum (1990) stated that the endurance of the late husband's spirit and active remembrance of their values was integral to Greek-Canadian widows' grief expression. Evidence from South Australia's Greek community suggests that widows often encounter many consequences and hardships in daily life (Panagiotopoulos and Walker, 2011). Comparatively little (if anything) is known about widowed Greek migrant men, who may continue to benefit from increased personal freedom, and comparatively unrestrained social access. Possible explanations for the paucity of studies of Greek widowers, aside from their smaller population, include the increased likelihood of bereaved men remarrying, and the fact that in traditional Greek society, mourning rituals are typically women's work. Work by Dubisch (1986) three decades ago maintained that Greek widowers suffer less than Greek widows, though this claim is unsubstantiated given that her descriptive account focused solely on women. Another possible explanation for this lack of empirical visibility stems from the fact that in mainstream gerontological research, older white men are studied less and are arguably more 'invisible' compared to older white women (Fennell and Davidson, 2003). This study includes both genders in order to redress this gap.

In many societies, widowhood represents a time of greater impoverishment and decreased financial capacity to address health needs, with widows typically poorer than widowers (Chen et al., 2005, Sen and Östlin, 2007). Lopata (1971a) reports that minority group widows face further prejudice and discrimination than widows of the dominant culture. Chapter 1 highlights the shortage of studies examining migrant widowhood and well-being from a life-course and social determinants lens, a gap this study addresses. In the following section, specific social determinants examined in this study are introduced.

3.5 Social Determinants of Health

Researchers increasingly acknowledge the interaction and influence of social determinants and conditions on well-being (Baum, 2016, CSDH, 2008, Fisher and Baum, 2010). Social determinants of health are the structural determinants, social factors, daily living conditions, and resources shaping individual and population health (Dunn and Dyck, 2000, Graham, 2004c, Raphael, 2006, Venkatapuram et al., 2010). Unequal distribution of social determinants is responsible for the majority of health inequities within and between countries. In both developing and developed countries, a lower socio-economic position relates to poorer health (CSDH, 2008). Social inequity manifests across numerous intersecting social categories including age, gender, ethnicity, class, education and geography (CSDH, 2008). Determinants influence well-being related outcomes, including early child development, physical and psychological health, disability, morbidity and mortality (CSDH, 2008).

Older adults (especially women) represent a 'social risk' category, carrying additional burdens compared to other population groups (WHO, 2011). Women's longer life expectancy increases risk of disability and ill health, including declines in physical and psychological health, mobility, and the likelihood of living alone (ABS, 2011c). Social capital (Ferlander, 2007, Giorgas, 2000, Sixsmith and Boneham, 2003), friendships (Malikiosi-Loizos and Anderson, 1999), filial ties (Lee and Hong-kin, 2005, Lin and Yi, 2011) and giving and receiving support (Brown et al., 2003) are positive and supportive to health and well-being. Conversely, extended exposure to adverse living conditions which act as chronic stressors may have significant impacts upon overall health (Fisher and Baum, 2010). Increased stress arousal resulting from negotiating unsafe social environments may impinge on agency, further limiting ability to act decisively to rectify adverse situations (Fisher and Baum, 2010). Lacking resilience to stressors, coupled with limited strategies and skills may heighten the cumulative effects of social disadvantage over time, which has important health and well-being implications (Fisher and Baum, 2010).

Adopting a social determinants approach distinguishes this study from studies adopting dominant biomedical approaches to health and well-being. The following sections introduce social determinants likely to underpin older Greek migrants' widowhood and well-being experiences, including ethnicity, a key influential factor in the present study due to interviewees' cultural background.

3.5.1 Ethnicity

In this thesis, ethnicity is defined as a social grouping of individuals whose members identify with one another based on a presumed, actual, common or shared heritage, encompassing collective ancestry, nationality, history, culture, language and, generally, religion. While this definition may not be wholly descriptive of all Greeks, the majority of first-generation Greek migrants to Australia strongly identify with their heritage and cultural affiliations (see Chapter 2).

Ethnicity independently affects health, as differences in health outcomes are evident across cultural groups (Zsembik and Fennell, 2005). The impact of ethnicity on health is typically attributed to other social mechanisms including subjective or perceived stresses associated with migration and settlement, psychological and physiological stresses produced by individual or institutional racism or discrimination, and acquiring negative health behaviours through acculturation or assimilation (Zsembik and Fennell, 2005). Zsembik and Fennell (2005) claim that the influence on health of migrants' unique compositions of cultural and lifestyle characteristics and socio-economic status are not well understood. There also exist some positive effects of ethnicity and cultural maintenance, including social support and the Mediterranean diet (Trichopoulou and Vasilopoulou, 2000), which most Greek migrants subscribe to despite years since migration (Kouris-Blazos et al., 1999).

Researchers warn against essentialism; the tendency to assume that essential cultural differences between individuals and ensuing health consequences result solely from cultural background, overriding and disregarding other important social determinants, including gender, age, residential location and socio-economic status (Papadopoulos, 1999, Papadopoulos and Lees, 2002). Focusing exclusively on culture may ignore important factors like racism, often associated with disadvantage and ill health (Papadopoulos, 1999). Consequently, additional social determinants are outlined below.

3.5.2 Gender

Gender and associated roles represent another key social determinant vital to the present study of older widowed Greeks. Gender is associated with pervasive inequities in all societies (CSDH, 2008). It is a social stratifier, intersecting with other inequalities and forms of discrimination and bias, including economic, racial or ethnic hierarchies, and other social markers (Sen et al., 2007), resulting in gendered structural determinants of health (Sen and Östlin, 2007). Adopting a social determinants approach acknowledges that life-courses are highly gendered (Graham et al., 2006). Gender hierarchy governs how individuals live, and

their conceptions about masculinity and femininity (Sen et al., 2007). From young ages, women learn submissiveness, dependence and self-sacrifice, especially for husbands and children at middle and older ages, consciously and unconsciously internalising and enforcing the very norms which subordinate them and curb their mobility (Sen and Östlin, 2007). In this study, I incorporate gender-sensitive methods (CSDH, 2008), and address potential gender biases by including both widows and widowers, to consider how gender shapes later-life widowhood, and well-being.

In Australia and other industrialised nations, despite having longer life expectancies, women are more likely than men to live in poverty, and report ill health (Baum, 2016, CSDH, 2008). From a life-course perspective, adult gender inequity arises from early childhood conditions, as gender socialisation affects child development, particularly among girls. In almost all societies, early gender inequities and women's socially generated positionality are reinforced throughout the life-course. This influences adult gender inequities in health through power relations, organizational structures, and biased norms, entitlements, and resources. Also influential for health are property, wealth, discriminatory feeding patterns, diminished education, violence against women, diminished decision-making power and possibilities to improve one's life, and inequitable division of household and paid labour (CSDH, 2008).

Women's subordinate position means men typically possess increased educational and occupational attainment, greater wealth and political influence, and fewer behavioural restrictions (Sen et al., 2007). Moreover, in many countries, men exercise power over women with respect to decision making, regulating and constraining access to resources, and monitoring and sanctioning their behaviour (Sen et al., 2007). Though gender inequities are socially generated and therefore can be changed, their effects are often intergenerational. For many women, childcare represents the most important barrier to labour market participation (Barriento et al., 2004). Yet when women increasingly enter the labour market, they continue to endure unequal burdens for childcare and unpaid household labour, possessing higher burdens of work in the 'economy of care' to ensure the reproduction, survival and security of others (Sen et al., 2007). In native Greek society, largely inequitable and seemingly perpetual patriarchal gender relations favour males and subordinate females (Dubisch, 1986). Similarly, Greek migrant women are traditionally confined to private spheres, and defined with reference to their husbands and families.

As previously mentioned, studies involving white individuals find that widowhood differentially affects males and females, due to the gender-specific skills and deficits women and men are said to possess in marriage (Utz et al., 2004). The present study explores differential gendered

effects on Greek migrants' overall widowhood experience and well-being, as empirical studies examining these factors among Greeks are lacking. Widowhood challenges traditional gender expectations, due to the erosion of the couple. Furthermore, older adults (especially women), carry additional burdens compared to other population groups; widows tend to be poorer than widowers (CSDH, 2008). Conversely, evidence suggests that widowers are less able to care for themselves compared to widows. Experiences also differ regarding the performance of cultural, religious and symbolic mourning rituals, customs and practices in widowhood. There exist a number of observances which Greeks may choose or feel subjected to follow due to gender role obligations, consistent with cultural and societal norms (Panagiotopoulos, 2009). Gender differences in widowhood may have implications for Greek migrants' sense of identity and status as older widowed individuals. Sen et al. (2007) argue that more intensive research efforts are required as health research has paid little attention to the interaction between gender and other social groupings and influences, considered in the following sections.

3.5.3 Residential Location

Settlement among post-WWII Greek migrants to Australia was shaped by employment opportunities, previous ethnic group clustering, and community connections in major cities and rural areas (see Chapter 2). Given that early settlement affects residential location in older age, this is another social determinant relevant to this thesis, given its focus on two distinct areas – Adelaide and the Riverland – where older adults are overrepresented (ABS, 1994a).

Socio-economic disadvantage is visible across urban, rural and remote areas. Individuals are over-represented in smaller towns and isolated communities (ABS, 2000c) in terms of socio-economic disadvantage (Baum, 2016), diminished health equity and access to and sustainability of professionals and services (CSDH, 2008, Lau and Morse, 2008, Ward et al., 2005). Life expectancy is up to four years lower outside major cities than within them (ABS, 2011g), especially among men (Baum, 2016). Many rural areas in Australia continue to suffer elevated rates of suicide, accidental injury and death, in addition to social and economic dislocation due to widespread drought and decreases in industry profitability (Baum, 2016). Limited accessibility to educational and occupational opportunities, social support networks and health services (including doctors and hospitals) can be critical to individual well-being, affecting the likelihood of continuing to live in the area (ABS, 1998b). Accessing services, buying groceries, meeting friends and traveling to work generally require greater effort from rural than urban families, reflected in rural families' higher rates of car ownership, further travel distance and increased fuel usage (typically at an increased petrol cost) (ABS, 1998b).

This thesis considers and contrasts older widowed migrants in urban and rural areas, to determine the impact of location on ensuing widowhood and health and well-being experiences.

3.5.4 Socio-economic Status

Another key social determinant considered in this thesis is socio-economic status; a description of an individual's societal and economic place or location (Graham, 2004b). Socio-economic status has a strong and independent impact on health (Zsembik and Fennell, 2005), determining life chances, and living standards and conditions (Graham, 2004b). Poorer socio-economic environments in both childhood and adulthood influence later-life health through processes of cumulative life-course social disadvantage (Graham et al., 2006). The social gradient of health and illness highlights that economic determinants are related to life chances, increasing risk of comorbidity, poor health, disease and disease prevalence across all income levels in developing and developed countries (Fisher and Baum, 2010, Marmot, 2005). Social mobility influences inequity; lower socio-economic groups are more likely to make damaging lifestyle choices, or have fewer options with which to make healthy choices (Baum, 2016). Economic disadvantage also affects housing standards, and reduces access to medical services through impinging on individuals' ability to obtain access to health services and to take preventive action (ABS, 2010b). Those of poorer socio-economic status use fewer preventative health services than the more privileged (ABS, 2010b). Individuals residing in areas of socio-economic disadvantage have more difficulty accessing health services due to financial restraints and reduced mobility (ABS, 2010b). Lacking financial security or control over one's life may create chronic stress, which can negatively affect physical and psychological well-being (ABS, 2010b). There are higher proportions of individuals living with disability in more disadvantaged areas compared to individuals living in the least disadvantaged areas (ABS, 2010b). Those in disadvantaged areas are more likely to have long-term conditions, including arthritis (23%), or psychological or behavioural problems (16%), than those living in the least disadvantaged areas (15% and 11% respectively) (ABS, 2010b).

Conceptually, the socio-economic life-course is represented as a person's journey from childhood through their families' socio-economic environment (typically indicated by their father's occupation), and their own educational and occupational attainment. Familial income is independently associated with health status (Adler et al., 1994, Bradley and Corwyn, 2002) and mortality (Daly et al., 2001). Typically, individuals born into particular economic classes

tend to stay in that class (Sen et al., 2007), which is reflected in the experience of the post-WWII Greek migrants' lower socio-economic status through their life-course. Zsembik and Fennell (2005) claim that migrants' socio-economic status varies by generation, with low status among first generations rising with subsequent generations. For example, there is evidence of social mobility among first-generation Greeks' second-generation children in Australia despite their parents' often humble beginnings (Jupp, 2001).

Sufficient housing contributes to individual and collective well-being, providing shelter and security (ABS, 2011b). Most Greek migrants who settled in Australia's urban areas hailed from Greece's rural mainland or isles (Mitchell, 2008), which influenced settlement patterns and housing options, and contributed to residential clusters or ethnic enclaves (Grimes, 1993). Migrants from Western rather than Southern European countries had more similar social and economic characteristics to English-speaking migrants and the Australian-born (Khoo, 2012). Home ownership represents a store of wealth, and for many Australians signifies the great Australian dream (ABS, 2011b). Despite an often lower initial socio-economic status, first-generation Greek migrants to Australia have higher rates of home ownership (75%) compared to other migrants and the Australian-born (Chua and Miller, 2005, Jupp, 2001, Pecotich and Schultz, 2006). Older Australians typically rely on government age or service pensions, or sources other than wages or salaries for the majority of their income, resulting in comparatively lower average incomes than other age groups (ABS, 1999b).

Education also influences socio-economic status, as qualifications determine knowledge and occupational outcomes; increased education improves health status (Baum, 2016), which is important to this study, given older Greek migrants' often limited formal education and English proficiency.

The present study considers the impact of selected indicators of socio-economic status, including education, occupations and work conditions, and prior familial income and housing (Graham, 2004b) on later-life well-being. For example, reflecting post-war booms in manufacturing and construction and the skills favoured by migration policies at the time, migrants have traditionally been employed in these types of blue-collar industries (ABS, 1998a). In Australia, those less proficient in English earn less than their English-proficient counterparts (ABS, 2011i). Due to linguistic barriers, many Greek migrants possessed few options aside from working in factories or rural labour, which is significant considering implications for socio-economic status, social mobility and retirement, and the impact of physical labour on later-life health and well-being. Furthermore, rural labourers tend to work well past traditional retirement age, which has implications for well-being (ABS, 2012b).

Furthermore, particularly relevant to this thesis is the fact that from a social determinants perspective, the transition to widowhood is when 'the cumulative effect of women's lower economic position throughout their lives is felt' (p. 86), in addition to their life-course dependency on spouses and other family members (CSDH, 2008).

3.5.4.1 *Employment and Work Conditions*

Employment availability and conditions also affect health and equity. Adverse work conditions tend to cluster in lower-status occupations, exposing workers to countless physical health hazards (CSDH, 2008), and poor psychological health outcomes (Baum, 2016), especially with respect to informal, part-time or temporary contracts (Artazcoz et al., 2005, Kim et al., 2006). Unemployment also significantly affects health (Breslin and Mustard, 2003, Paul and Moser, 2009, Urbanos-Garrido and Lopez-Valcarcel, 2014). Securing employment is crucial for migrants (Ho and Alcorso, 2004, Sanders and Nee, 1996), with labour market success largely dependent on factors including age, education, qualifications, experience and English proficiency (ABS, 2006a). Upon arrival and over their life-course in Australia, many (especially non-English speaking migrants) were subject to employment barriers or inequities, often relegated to unskilled or semi-skilled low-status occupations, and subject to adverse, dangerous or repetitive work conditions, influencing health. In older age, Greek migrants are significantly less likely to be working than the Australian-born (Khoo, 2012). Conversely, positive or favourable environments or employment conditions provide opportunities for personal development, self-esteem, social status, financial security, social relations and functioning, and protection from physical and psychosocial hazards, resulting in more equitable health (CSDH, 2008). This study acknowledges the effect of prior employment trajectories and occupational conditions as an indicator of older Greek migrants' life-course socio-economic status (i.e. in both Greece and Australia), and considers the influence of such factors on the later-life experiences of widowhood and health and well-being.

3.5.5 *Informal Social Support*

Social support refers to the resources that individuals may draw upon to cope with daily hardships, and reap comforts including positive friendships. The importance of social connection for health and life satisfaction are well-recognised across disciplines (Bisconti et al., 2006, Fadel-Girgis, 1983). Network size and the quality of support provided may be more vital to well-being than quantity (Baum, 2016). Generally, poorer and less educated individuals

display lower support, self-esteem and perceived power, and greater unhappiness, self-blame, stress and isolation than individuals of higher socio-economic status (Baum, 2016).

As individuals age in Australia, their likelihood of living alone increases (ABS, 2006c), despite often possessing other social support benefits. Widowhood may lead to changes in living arrangements, network size, and the types of support provided (Bradbeer et al., 2003, Guiaux et al., 2007). Gender differences also shape older adults' residential experiences, with older women in developed nations more likely than males to live alone or reside in non-familial institutions like residential care or assisted living facilities (Uhlenberg et al., 2009). In developing nations, women are more likely than men to reside with adult children (Uhlenberg et al., 2009), though the weakening of traditional social security and caring arrangements in many countries decreases the likelihood of adult children residing with or caring for older widowed individuals (CSDH, 2008, Mackinnon and Cumbers, 2007). For example, Southern European widowers are more likely than Northern European widowers to reside with children in Europe (van den Brink et al., 2004), and Koukouli et al. (2002) found that living with family is more socially acceptable than living alone among older Greek widows. As living alone is associated with increases in loneliness, depression and social isolation (Fennell and Davidson, 2003), widows living alone may experience poor health and well-being (Sen and Östlin, 2007). One in seven individuals born in countries other than Australia or main English-speaking countries reported no source of support during a crisis (ABS, 2008b). Children typically represent the main providers of informal assistance (49%) to older Australians (ABS, 1995a). Daughters typically provide more and a wider range of assistance than sons in terms of providing meals, housework and personal care, while sons more commonly provide home maintenance (ABS, 1995a). In Australia, Greek-born individuals were most likely to receive informal care (70%), compared to other older individuals, including the Australian-born (ABS, 1995a). The immediate and extended Greek family unit is typically described as overly supportive, cohesive, interdependent and devoted, and adult children often assist widowed Greek mothers with daily activities (Rosenbaum, 1990). One South Australian study found that older Greeks in particular face major communication difficulties due to lacking English, despite years since migration, and often rely heavily upon spouses or children for informal translating, and navigating the wider English-speaking community (Newman et al., 2012). Informal support preferences may undermine formal service utilisation among this group (Newman et al., 2012). Exploring older Greek migrants' familial support, Walker et al. (2013) concluded that while 'cultures of care' remain among Greek-Australian families, the means for adult children to provide assistance have shifted, resulting in considerable powerlessness among their older parents. Rosenman and Shulman (1987) concluded that CALD migrant widows in Melbourne may not possess large family support networks in Australia, due to relatives residing overseas.

Nonetheless, some CALD widows remain part of larger intergenerational social networks, and may be visited by family and provided with food, hospitality and companionship, reaping positive social support benefits (Rosenman and Shulman, 1987).

Examining social networks, support and capital among recent Polish migrants in London, Ryan et al. (2008) concluded that it may be difficult for new arrivals to access dense and supportive networks. Tsai (1997) reported that family were perceived as the most satisfying sources of support among elderly Chinese migrants, with barriers to formal services including lack of knowledge and transportation, and linguistic difficulties. In Australia, Team et al. (2007) investigated Russian-speaking women's family caregiving and welfare access, stating that women's expectations were based on their home country, and they typically did not access welfare support.

3.5.6 Social Capital

The concept of social capital helps to elucidate individuals' social structure and functioning, and enhance insights into their well-being. Social capital accumulated over Greek migrants' life-courses is considered with respect to how it affects their later-life experiences. Non-economic forms of capital (cultural, social and symbolic) are said to determine status and power (Bourdieu, 1986). These capitals represent the resources that individuals possess and may draw upon or harness during daily interactions (Hillier and Rooksby, 2002). Different types of capital can be exchanged or converted to other forms (Bourdieu, 1990), which is useful for the present study due to the types of capital individuals may or may not have possessed as migrants to Australia. Social capital encompasses resources based on actual group membership, relationships and support networks, in addition to potential or virtual resources linked to possessing a durable network. Social capital is multi-faceted, located at micro, meso and macro levels, spanning individuals, communities, societies and nations, and consists of social obligations, connections or relations which individuals may draw upon (Bourdieu, 1986). Capital can be tied to marriages, familial and non-familial social contacts and networks, and group, community or national memberships (Bourdieu, 1986). Positions may be improved through the acquisition and maintenance of social capital via group memberships and networks in different fields (Kasli, 2009). Bourdieu (1992) postulated that social capital is primarily an individual attribute, requiring work to activate and maintain. Individuals' stores of social capital are dependent on effectively mobilising networks and connections, and the amount and types of capital individuals and their relations possess (Bourdieu, 1986).

The importance of migrants' social capital in new host countries has been noted (Akcapar, 2010, Berger et al., 2004, Ryan et al., 2008, Zontini, 2004). Berger et al. (2004) suggested that participating in German organisations supported integration among migrants in Germany. Ryan et al. (2008) argued that assuming that migrants access dense networks within cohesive local communities simplifies their experiences and the difficulties newly arrived migrants face in accessing support. Migrants' life-course experiences affect capital acquisition, and its value or transferability in fields. Kirschbaum (2012) claims that some individuals are more skilled than others in handling their resources, and taking advantage of the 'field'. Bourdieu (1985) refers to 'field' as the social spaces in which realities play out. Compared to non-migrants, migrants face additional challenges in developing and harnessing social capital (Pathirage and Collyer, 2011). Additionally, stores of social capital may become more fragile with age. For older Greek migrants to Australia, social capital may be tied to marriages, families and children, and other social contacts and networks, including cultural and religious groups, and as a function of involvement in formal organisations, communities, and the wider Australian and perhaps even Greek nations.

Putnam's (2000) distinction between *bonding* and *bridging* social capital is relevant to this thesis. *Bonding* social capital is the value assigned to social networks between homogeneous groups (i.e. the Greek-Australian community). Individuals may possess greater symbolic capital while isolating themselves from the community, resulting in low levels of social capital, or vice versa. *Bridging* social capital refers to social networks between socially heterogeneous groups, with benefits for individuals, communities, societies and governments (Putnam, 2000) (i.e. the wider Australian community). However, Portes (1998) drew attention to negative aspects of social capital, such as excluding outsiders, excessive group reliance and restricting individual freedoms, which may be applicable to Greek migrants in the present study, most of whom remain highly affiliated with their own ethnic communities.

Finally, Bourdieu (1990) saw the social world as divided up into myriad distinct areas or 'fields' of practice. He saw each as governed by its own set of rules, practices, and positions, knowledges and forms of capital, subject to struggles and different interests seeking to control the capital in that field. Bourdieu (1990) postulated that all human interaction and engagement are played out within these socially structured spaces. Positions within particular fields are determined by the amount of capital individuals possess in these fields, and its value in that particular field. Related to field are class position, social hierarchy and notions of ingroups and outgroups, dominant and non-dominant cultures, and social inclusion and exclusion. Bourdieu's concepts of primary and secondary fields are applicable to the present study in which individuals are part of primary and secondary fields over their life-course and in older

age. From a life-course perspective, theories of social capital consider how myriad social determinants, inequities, and positions are created and reproduced through interviewees' various stores of capitals, ultimately influencing their health and well-being.

3.5.7 Formal Healthcare and Supports

Accessing and utilising formal health services is integral to equitable well-being. Inequalities in access and use, and formal support benefits are influenced by and influence other social determinants, including age, gender, ethnicity, class, education, disability, residential location, and socio-economic status (CSDH, 2008). In some cultures, women are especially reluctant to use health services due to issues of respect, privacy, and confidentiality, and lack health information, often stemming from overworked, underpaid and gender-insensitive providers (Sen et al., 2007). Furthermore, older adults possess lower rates of health literacy than younger adults, similar to results for other literacy dimensions, due to age affecting mental processing skills, older generations' lower educational attainment, and time since formal education (ABS, 2009b).

Minas et al. (1994) surveyed professionals in Victoria about service provision to non-English speaking migrants and concluded that clinicians' knowledge of cultural issues was lacking, interpreting services were inadequate, and clinical outcomes were worse for migrants compared to Australian-born counterparts. Merrell et al. (2006) similarly noted inequities in service provision to Bangladeshi carers in South Wales, due to lack of awareness of services, providers' ethnocentrism and English-only services. Dean and Wilson (2010) maintain that health providers may fail to meet non-English speaking migrants' needs due to their inherent Western bio-medical approach, often ignoring more holistic or traditional methods. Scourby (1984) asserts that Greek-Americans mistrust psychological supports and are reluctant to seek help outside the family, a finding which may be applicable to their Greek-Australian counterparts. Akin to other CALD groups, older Greek-Australian migrants' knowledge of and access to formal health resources appears limited (Tsianikas et al., 2010) or underutilised primarily due to language difficulties, lack of cultural appropriateness, trust and transport issues, and perceived service inadequacy and complexity (Woehrer, 1978). Migrants anecdotally cite difficulties interacting with providers and governmental agencies like Centrelink, banks, health professionals and other essential resources (Panagiotopoulos, 2009). Furthermore, though Greek-specific nursing homes or residential aged care facilities exist in some Australian capitals (Mitchell, 2008, Tamis, 2009b), one study suggested older Greeks prefer to reside independently in their own homes where possible (Hurley et al., 2011).

3.5.8 Social Inclusion and Exclusion

Societal inclusion, agency, and control is vital to social development, equitable health, and the material, psychosocial, and political empowerment underpinning well-being (Baum, 2016). Older adults' social participation enhances well-being and life satisfaction (Tan et al., 2010), however, individuals born in Australia or mainly English-speaking countries possess higher levels of social participation than other migrants (ABS, 2008b).

Popay et al. (2008) refer to inclusion as a societal process, experienced by groups sharing commonalities (e.g. at household, group, and community levels (Mathieson et al., 2008, Popay et al., 2007)), or among those with similar characteristics (e.g. common ethnic identity). Inclusion is multi-dimensional (Popay et al., 2006) and protective, providing numerous social, material, psychological and physical benefits at all ages; being part of a group (community, society or country) increases the likelihood of individual survival. Leary (1990) maintains that individuals seek to maintain membership in familial, occupational, peer and social groups, experiencing anxiety when their status within important groups is jeopardised. Individuals are selective regarding the groups in which they seek inclusion, and the benefits of inclusion are more pronounced the more integrated individuals are in groups or relationships (Leary, 1990, Piachaud et al., 2009). Social support and inclusion and exclusion relate to migrants' perceived social distance from mainstream society and groups (Dunn and Dyck, 2000). Conversely, exclusion is related to inequality (Lynam and Cowley, 2007, Piachaud et al., 2009); stressful or negative interactions are detrimental to health (Baum, 2016), quality of life and societal cohesion more generally (Mathieson et al., 2008).

Multi-level exclusion may be experienced by particular population groups existing outside and unable to participate as citizens or members of particular groups, communities, societies or countries in mainstream social systems, institutions and relationships due to being denied access to rights, resources, goods and services (i.e. housing and healthcare) (Mathieson et al., 2008, Popay et al., 2007). Individuals may be prevented from full participation in society's normatively prescribed social, political, civic, cultural, democratic, occupational and economic activities, contributing to health inequities (Mathieson et al., 2008, Popay et al., 2007). Traditionally, inclusion and exclusion were viewed dichotomously. In this study however, exclusion is understood as a set of processes embedded in unequal power relationships, conceptualised as relative, dynamic and contingent in nature, existing along a continuum (i.e. poles representing maximum inclusion and exclusion) (Popay et al., 2007). On this continuum,

different individuals, groups, or societies may experience gradations of inclusion and exclusion or marginalisation with respect to degrees of social disadvantage and relegation to the fringe of mainstream society (Leary, 1990). This may occur in different ways to differing degrees at various points in time (Popay et al., 2008). Causal processes located within formal and informal social relationships generate and sustain exclusionary processes (Popay et al., 2006). Social exclusion is not an absolute state, attaching to particular individuals and groups and their circumstances regardless of wider context (Popay et al., 2006). Importantly, particular social groups may be relatively excluded along one or more social dimensions (i.e. economic, political, social and cultural domains), but not necessarily on all dimensions (Piachaud et al., 2009), which has important implications for the present study. Described in Chapter 2, Tamis (2010) suggests that older Greek migrants are often socially isolated from wider English-speaking Australian society due to cultural and linguistic differences, but have strong Greek community ties and inclusion, strengthening wider kinship relations.

Important to this study, women, migrants (Pathirage and Collyer, 2011, Sayad, 2004), racial minorities and the sick and poor are routinely displaced or excluded from mainstream society (or even their own communities) (Labonte, 2004). They face particular cumulative life-course disadvantage and social isolation risks (Lynam and Cowley, 2007). Barratt (2009) suggests that older people in general are segregated, lacking the same rights as the rest of the population. Kalache posits poverty, powerlessness, geographic location and segregation, and socio-economic and identity factors as exacerbating older adults' exclusion (UNFPA, 2009).

3.6 Health and Well-Being

Despite their widespread use, the very meaning of terms related to health and well-being are socially and culturally determined. Generally, the psychology of Western individualist cultures differs from that of traditional Eastern collectivist cultures (Rokach et al., 2001). The dialectic between individualism and collectivism is a basis for understanding social and community organisation, fundamental in grasping and exploring the development of public health concepts and strategies (Baum, 2016). US and Australian public health policies are based on individualist philosophies (Tesh, 1988). Greece is viewed as simultaneously straddling the East and West, however, its national religion (Orthodoxy) finds roots in Eastern Christianity. It is thus described by some as a rather unique case which may be included in Western, South-eastern or Southern Europe. Greek migrants are described as largely collectivist in nature, specifically with respect to familial structure (Morse and Messimeri-Kianidis, 2002), which has implications for their conceptions of health and well-being. Understanding the health-illness

patterns and viewpoints of different cultures is integral in understanding their health and related values and goals (Leiniger, 1978); for example, cultural background differentially affects loneliness (Rokach et al., 2001). van Tilburg et al. (2002) reports that in collectivist (family, community and/or socially oriented) communities, a greater sensitivity to exclusion may be felt, along with a higher degree of loneliness compared to individualist communities, despite often being surrounded by others. Females and older adults also report higher levels of loneliness (van Tilburg et al., 2002).

From a Western perspective, well-being represents one's health capital, with good health increasing the likelihood of successful ageing in the face of the typically depreciative effects of ageing and other negative inputs (Guimaraes, 2007). Health relates to an individual's societal position (Graham, 2004a), influenced by childhood socio-economic circumstances. Childhood disadvantage compromises adult health (Graham and Power, 2004). Health inequalities are related to other structures of inequality like gender and ethnicity (Graham, 2004a), with many conditions reflecting a combination of biological sex differences and gendered social determinants (Sen et al., 2007). Health and well-being are fostered by positive assets and determinants including education, nutrition, exercise, environment, income, social status, social support, service availability, preventative healthcare and locus of control (Guimaraes, 2007). Physical health also significantly affects well-being by contributing to independent living, social connectedness and adaptive functioning (Bornstein et al., 2003). Conversely, negative inputs and psychosocial risk factors for poor health increase morbidity and mortality, and include social isolation, high self-blame, disease, alcohol and tobacco consumption, and lack of support and networks, civic engagement, self-esteem, perceived power, and healthcare and diet (ABS, 2006c, Baum, 2016, Guimaraes, 2007). Health and well-being are often considered different from, or the absence of disease, and relate to positive psychology (Seligman and Csikszentmihalyi, 2000). The WHO definition of health describes a state of complete physical, psychological, and social well-being (i.e. not merely the absence of disease or infirmity) (Callahan, 1973). Though adult well-being is often studied with regards to happiness, self-efficacy, life satisfaction and personal control (Bornstein et al., 2003), a traditionally exclusive focus on pathology has dominated disciplines, resulting in a model lacking the positive features that make life worth living (i.e. hope, wisdom, creativity, courage, spirituality, responsibility, perseverance and future mindedness) (Seligman and Csikszentmihalyi, 2000). Ryff and Keyes (1995) argue well-being encompasses more than feeling happy and satisfied with life, and present a multi-dimensional model encompassing distinct components of positive psychological functioning, including self-acceptance, autonomy, environmental mastery, personal growth, purpose in life, and positive social relations. More recently, Villar (2012) has argued the supposedly universal and objective criteria for successful ageing risk oppressing

older individuals who are less privileged, have disabilities, are of very advanced age, or are socially excluded, and thus unable to aspire to these strict standards of success. Instead he proposed criteria for successful ageing should be multifaceted, encompassing the generativity concept which incorporates social, community, and personal development, in addition to acknowledging that gains coexist with losses. Martinson and Berridge (2015)'s review brands existing definitions as incomplete in their sole focus on individual success, and neglect of the structural, social, and political factors influencing ageing.

Similarly, Cosco et al. (2013) argued existing definitions must acknowledge psychosocial components, and posited that increased research is required on this topic among under-represented populations. Martinson and Berridge (2015)'s review stated that multiple authors note the lack of culturally appropriate successful ageing models, and call for the need to capture subjective meanings of successful ageing from diverse cultural perspectives, to rectify the current 'Western, white, middle class bias' in successful ageing conceptualizations (see Kendig (2004) Indeed, Chung and Park (2008) suggested additional subjective criteria including 'success of adult children' and 'a positive attitude toward life' may be useful meanings for successful ageing to older South Koreans, and Hilton et al. (2012) found older Latinos' culturally embedded meanings were absent from criteria used in dominant models. Thus, there is likely no 'ideal model' for successful ageing, and conditions must be created in which older individuals can thrive, on their own terms (Martinson and Berridge, 2015).

Furthermore, migrant status affects overall well-being (Woehrer, 1978) as migrants tend to experience stressful life events and psychological distress to higher degrees than native populations (Ritsner et al., 2000), lowering overall health status (Kulla et al., 2010). Investigating Finnish migrants to Sweden, Kulla et al. (2010) argue that migratory processes may jeopardise health, via associations with hardship and separation. Though Berdes and Zych (2000) identify migrant status, old age, ethnicity and being female as risk factors for decreased well-being, not all migrants have the same ageing experiences. Kulla et al. (2010) report that some migrants display resilience and adaptive coping strategies in the face of adversity. Related to this are notions of a 'healthy migrant effect', observed in developed countries like the US, UK, Canada and Australia. Markides (2005) posits that upon arrival to the US, migrants often possess better health statuses than the host country's native population, perhaps due to medical requirements for visas (Dean and Wilson, 2010), self-selection or selective migration processes (i.e. healthier individuals are more likely to migrate), and certain beneficial cultural practices (e.g. strong familial supports). Over time in the host country, migrant health statuses decline and eventually parallel that of native-born residents, possibly due to acculturation (e.g. adopting unhealthy host country lifestyle choices), and

decreased healthcare due to lack of health system knowledge (Markides, 2005). In Australia, southern European migrants are thought to display substantially lower mortality rates compared to native Australians, despite having higher morbidity (i.e. they are more likely to live with disease or adverse health conditions) (Kouris-Blazos, 2002), which has implications for later-life well-being. Specifically, though Greek males in Australia possess a higher life expectancy (78.8 years) compared to Australian-born males (77.9 years), Greek women in Australia display a lower life expectancy (82.7 years) than Australian-born women (84.6 years) (ABS, 2011f).

Gendered familial lives are said to result in starkly different vulnerabilities for women's and men's psychological health and well-being (Sen and Östlin, 2007). Expressing emotions and distress may be masked or presented in ways deemed more culturally appropriate (Canel-Cinarbas and Egisdottir, 2010). In certain cultures, psychological disorders are stigmatised due to shame and notions of culturally appropriate expression and behaviours (Ritsner et al., 2000). Widowed individuals are more likely than others to somatise their symptoms (Ritsner et al., 2000), whereby psychological symptoms are conveyed under the guise of physiological symptoms. Notions of social desirability affect cultures differentially, in addition to familiarity with psychological concepts like depression and anxiety, important to the present study's exploration of later-life well-being. Canel-Cinarbas and Egisdottir (2010) report that Turkish individuals value family ties and often feel responsible for reducing their distress, and may experience guilt where they cannot resolve such problems. This may be relevant to the present group, given the cultural similarities between Turkish and Greek culture. One Greek-specific term which appears inherently related to well-being is '*stenohoria*' (στενοχώρια). This concept is featured throughout this thesis, in line with interviewee accounts. Another factor which may impact upon later life for older adults is the concept of nostalgia, especially as individuals grow older and reflect on their formative years, and particularly within a migratory context (Hatzimanolis, 1990, Kim, 2010).

Empirical research on migrants' health has tended to use quantitative methods and measures to describe patterns and compare to the mainstream population, lacking qualitative explorations of these patterns in greater depth (Kulla et al., 2010). In short, along with myriad life-course influences, cultural background underlies and shapes conceptions of later-life health and well-being. Though Papadopoulos (1999) cites the importance of understanding health beliefs from the perspectives of distinct cultural groups, as culture influences well-being years after migration (Rice and Steele, 2004), this has received little academic attention, even among Australia's larger cultural groups (Khavarpour and Rissel, 1997). Torres (2003) argues that Western or Anglo culture-specific definitions may lack applicability to other groups

arguably neglected by mainstream gerontology, which is the premise for the present study of older Greek migrants.

3.7 Conclusion

This chapter presented the chief theoretical frameworks (life-course perspective and social determinants lens) used to position this thesis. It outlined key determinants and concepts explored in this thesis, including marital status, and health and well-being. The study's life-course perspective provides a holistic framework from which to explore the key trajectories and processes investigated in this study; widowhood, and health and well-being, as influenced by cultural background, context and prior experiences, to consider cumulative life-course influence or disadvantage (Elder, 1998, Mayer, 2009). Investigating these themes from a life-course perspective becomes an investigation of not only widowhood in isolation, but allows for the inclusion of the life-course factors and social determinants which give the transition to older age meaning. A social determinants lens additionally assists in explaining variation regarding interviewees' later-life widowhood and well-being experiences. Health and well-being among widowed migrants who have lived and aged in host countries is relatively unexplored, however it is important given the ageing nature of their post-WWII migrant cohort, and given that their migrant status and associated experiences may diminish their well-being. Chapter 4 explores the study's methodological approach and methods.

4 METHODOLOGY

Fieldwork is interviewing softly spoken, broken-hearted old men who have lost the love of their lives. It is sitting quietly on their patios overlooking the vineyards they planted years ago in the sweltering summer heat. It is looking around and seeing netted bags of garlic hung from a rafter. Organic. It is being offered 'αναψυκτικά' (soft drinks) you do not drink and 'κουραμπιέδες' (Greek shortbread) you have eaten too many of. It is searching the eyes of another, only to find that despite your years, you have much in common. It is being guided through someone's house to the bedroom they once shared with their wife, because they wish to show you cupboards full of her clothes. Clothes they do not have the heart to throw out. It is watching tears form in the corner of ancient eyes of the brightest Aegean blue. It is the cigarettes they restrain from lighting until you leave. It is feeling the love they have for a daughter of the diaspora, despite being strangers. It is wisdom so openly offered, and long farewells. Hugs, kisses and 'χαιρετισμούς' (well-wishes) for your family. Later, as I transcribe their words, I hear only the lumps in their throats, feel their fiery souls, embrace their weaknesses, and relish in their positivity. Their words, all too often born of poverty, are tender, and always so freely shared. They speak to me, in more ways than one.

Panagiotopoulos (Unpublished poetry, 2013)

4.1 Introduction

This chapter provides an overview of the processes involved in undertaking this research, including study design, interviewees, recruitment, theoretical perspectives, and study methods. Later sections outline interview procedures, data collection methods and quantitative and qualitative data analysis and interpretation strategies, in addition to study limitations and ethics.

4.2 Study Overview

Methods selected for the study drew upon reflexive methodology, life-course perspective, and social determinants. A qualitative research approach was employed, conducive to extracting detailed and rich accounts of interviewees' lived experiences and events like widowhood (Denzin and Lincoln, 2000, Johnson and Waterfield, 2004). The research focused on experiences of older widowed Greek men and women in metropolitan Adelaide and the Riverland, South Australia. Rationales for choosing interviewees from these two areas are outlined below.

The study design was well-suited to exploring the needs of diverse populations (Creswell and Clark, 2007, Denzin and Lincoln, 2000). Methods included thematically semi-structured in-depth interviews conducted within an empathetic, and culturally and linguistically relevant setting to investigate key cultural and social phenomena from the interviewee's subjective viewpoint (Oakley, 1999a). Interviewees were provided with a warm, comfortable and supportive discussion environment, and opportunity to communicate in their native tongue, with a member of their ethnic and cultural community, to feel at ease with, and benefit from, involvement in the research process. CALD individuals are often excluded from mainstream research due to the time- and resource-intensive nature of sampling non-English speaking individuals compared to English speakers. Barriers include access and recruitment of suitable and willing interviewees, limited availability of researchers with appropriate cultural and linguistic backgrounds, and/or interpreter and translator costs (Atkin, 2008, Temple, 2002).

4.2.1 Interviewees

Consistent with the study's purposes and aims, the group was limited to currently widowed males and females, aged 65+, who were first-generation Greek migrants to Australia (i.e.

'older' migrants'), and community-dwelling residents of either metropolitan Adelaide or rural Riverland areas. Current gerontological literature specifies that individuals aged 65+ are older adults. Most were older than 65 because they migrated to Australia as young adults post-WWII. Migration to Australia and a self-identified Greek cultural identity were criteria, but individuals may have been born in countries outside Greece. As I was interested in widowed Greek migrants' experiences of 'ageing in a foreign land' (NYAM, 2009), it was important they had *lived and aged in Australia* (i.e. that they were not recent migrants to Australia who had aged in their home country of Greece). Interviewees lived independently in the community, regardless of whether they lived alone, or co-resided with family or others. Ethically, individuals bereaved less than one year were excluded, as those widowed for a shorter duration may be more distressed when discussing widowhood. Interviewees required the cognitive ability to participate in an in-depth interview, determined during recruitment. No interviewee had remarried as the widowhood experience was central to the thesis. Though I did not seek to specifically recruit individuals who had been married to Greek spouses prior to widowhood, no interviewee had married a non-Greek spouse, reflecting Australian Bureau of Statistics (ABS) data on high within-group marriage among first-generation Greeks.

Qualitative research is typically conducted with smaller numbers than quantitative studies (Creswell and Clark, 2007, Johnson and Waterfield, 2004). Researchers suggest that qualitative studies typically involve between 30 – 60 interviewees (Wray et al., 2007), or 12 to 26 people per study cell (Groger et al., 1999). Baum (2016) suggests that six to eight interviewees are sufficient when studying homogenous groups, and 12 to 20 interviewees when searching for disconfirming evidence or to achieve maximum group variation. Qualitative research samples must be sufficient to generate depth rather than breadth (Johnson and Waterfield, 2004). Informed by these suggestions, I conducted 41 interviews (see Table 1).

Table 1: Interviewees by Gender and Location

| | |
|----------------------------|----------------------------|
| Rural widows (female) n=10 | Urban widows (female) n=14 |
| Rural widowers (male) n=9 | Urban widowers (male) n=8 |

This represented a reasonable number of interviewees, due to the time-consuming and resource-intensive nature of sensitive in-depth interviews (Alty and Rodham 1998, Blaikie, 2010). van den Hoonaard (1999) conducted in-depth narrative interviews with 28 widows aged over 50 in interviews that lasted two to four hours. Furthermore, transcribing interview recordings typically takes three to four times the interviewing time for experienced transcribers (Baum, 2016, Blaikie, 2010). Interpreting and translating interviews conducted in other

languages further increases transcription time. The selected number of interviewees allowed for analysis of within-group variations as a function of gender and residential location, providing rich insights into the impact of life-course experiences and social determinants on widowhood and well-being. Recruitment efforts were dependent upon data saturation.

Throughout recruitment, I was conscious of maintaining equal gender representation within urban and rural groups. A relatively equal gender balance (total n. 24 women, 17 men) was attained, contrary to initial expectations that far more women than men would participate, reflecting the data showing that women currently comprise a larger proportion of living widows and widowers in SA. Discussing limitations of a study on older widowed adults' weight and diet, Shahar et al. (2001) stated that men were underrepresented due to higher proportions of older widowed women. Previous studies note gender differences in recruitment, reporting it is typically easier to recruit females than males. My gender and age may have affected interviewees' willingness to be involved, explored further below.

4.3 Theoretical Perspective: Critical Reflexive Approach

To address research aims and objectives, I employed a reflexive approach, in part influenced by critical feminist methodology, which evolved to rectify scholars' disillusionment with empirical positivist research methods. Traditional methods purport a strict dichotomy between researcher and interviewee, stressing objectivity, impartiality, neutrality, distance and detachment (Denzin and Lincoln, 2000, England, 1994). In contrast, feminist researchers challenge notions that scientific research is truly objective, deconstructing the traditional hierarchies plaguing most empirical research settings (Ellingson, 1998). In their critique of quantitative methods, feminists brand these methods inherently masculine; essential tools in marginalising women and other disadvantaged groups (Oakley, 1999a). Feminist theorists call for the abandonment of oppressive quantitative methods (Wuest, 1995), favouring qualitative methods and advocating for the formation of personal, mutual, reciprocal, authentic, collaborative, meaningful, trusting and empathetic researcher and interviewee relations (Denzin and Lincoln, 2000, Ellingson, 1998, England, 1994, Jones, 1997, Moore, 2008, Oakley, 1999a). Essentially, feminist approaches stress inclusiveness of diverse populations (i.e. sampling beyond dominant groups) to capture the meaning of concepts from the perspective of those experiencing it (Blieszner, 1993). Including older Greek widows and widowers is elemental in understanding their later-life widowhood and well-being experiences. This study represents a somewhat critical inquiry as its major purpose is to understand widowhood and well-being among a particular cultural group to Australia, informed by the

voices and experiences of interviewees who, resulting from their social positionality (e.g. gender, age, ethnicity, class, power, education and marital status) are subject to multiple life-course inequities.

Feminist methodological approaches are innately suited to qualitative research design, including analysing interview transcripts and field notes (Moore, 2008, Stacey, 1988). Such approaches are comparatively more 'meaningful' than positivist approaches, valuing interviewees' subjective lived experiences and their 'insider's view' (Denzin and Lincoln, 2000, England, 1994, Moore, 2008). Researchers are the primary research instrument (Corbin and Strauss, 2008), representing an integral part of the research process (Denzin and Lincoln, 2000, Moore, 2008, Stacey, 1988). By engaging in self-disclosure, and sharing relevant knowledge, feminist researchers establish and foster rapport with interviewees to diminish power inequalities traditionally present in researcher-interviewee relationships (Denzin and Lincoln, 2008, Eide and Allen, 2008, England, 1994). This methodology, influenced by the assumption that unequal power and knowledge relations are inherent in societies, is congruent with a social determinants framework.

Stressing context and embodiment, critical reflexive approaches are well suited to life-course approaches (Gunnarsson, 2002). Within a feminist framework, interviewees' life histories are considered legitimate forms of knowledge (Pini, 2004). I sought to capture and preserve interviewees' unique 'voices' in their native tongue; to counter their exclusion from most academic research, or the fact they have been otherwise spoken 'for' at the expense of their having their own voices heard (Sultana, 2007). Smith (2006) maintains that female working class migrants are especially subject to racism and stigma, and are routinely excluded from telling their stories.

Researcher self-analytical reflexivity is critical and essential to qualitative research (Ellingson, 2006, Watson, 1987), especially in loss and grief fields (Rowling, 1999). Reflexive thinking commences at the beginning of the project and is re-evaluated throughout (Jones, 1997), rendering transparent the context of knowledge production (Pini, 2003). Reflexivity exposes the ways a researcher's background, social positionality, and relevant experiences and assumptions influence research (Davies and Dodd, 2002, Papadopoulos and Lees, 2002, Watson, 1987). Pini (2004) contends that reflexivity must move beyond the simplistic introspection of researcher biography or social positionality to examine how interviewees themselves position the researcher in terms of markers like gender, age, ethnicity, class and sexuality. These perceptions influence mutual exchanges and relations. Reflexivity is an essential thinking tool in ameliorating researcher bias and overcoming tensions between

structure and agency (Lunnay, 2011). Informed by such notions, I critically evaluated and analysed the influence of my positionality (including gender, ethnicity, class, language, identity and lived experiences) on the entirety of the research (including project conception, direction, recruitment, data collection, language translation and analysis) (Daly et al., 2007, Ellingson, 2006, England, 1994, Moore, 2008, Mullings, 1999). To achieve this, I continuously questioned notions of value-free research using a personal, critical auto-ethnographic narrative (Denzin and Lincoln, 2000). I highlighted and reflected upon how my personal history actively filtered, inhibited and enhanced certain thoughts and insights during fieldwork and analysis (Ellingson, 2006). I acknowledged my multiple social positionality and historical location as a young rural woman, third-generation Greek-Australian, granddaughter of older widowed Greek migrants, and daughter of ageing second-generation Greeks on my research topic, and the course of the project. I drew upon the work of feminist researcher Ellingson (1998), who purports her goal to be to assure readers that her findings are thoroughly contaminated by her lived experiences.

More specifically, I investigated the impact of my positionality as a young woman on the research process, as personal characteristics like age and gender shape whether or how interviews take place (Denzin and Lincoln, 2000, Mullings, 1999). Different gender pairings of researchers and interviewees evoke different meanings, cultural norms and stereotypes, influencing interviewee responses (Mullings, 1999, Twyman et al., 1999). My younger age may have deconstructed traditional hierarchical barriers; older interviewees did not appear threatened by my age, rather they may have perceived me as powerless and nonthreatening (Alty and Rodham 1998). I considered that my age and gender may have rendered attempts to access or conduct interviews with older males somewhat problematic, due to evoking gendered culture-specific norms, though the study's relatively equal gender representation perhaps discredits this notion. Young female researchers have noted the tendency for some older males to not take them seriously (Alty and Rodham 1998) or to 'talk down' to them (p. 380) (Sultana, 2007). Denzin and Lincoln (2008) state that problems associated with researchers' gender and status are magnified for women in a 'paternalistic world'. Alternatively, it is plausible that being female enhanced my rapport with older widows (Ellingson, 1998, Wray et al., 2007), although some scholars including Best (2003) argue that gender congruity alone is not sufficient in creating shared meanings or guaranteeing feminist consciousness. Liamputtong (2007) argues that older adults typically accept women more than men in their homes; however, they may mistrust young women. I actively reflected on this, noting responses and behaviour towards me during interviews, however, judging by social and interpersonal cues, I thankfully did not feel as though interviewees mistrusted me as a young female researcher.

Further, I reflected on how my cultural or ethnic membership and/or shared positionality to interviewees afforded a somewhat 'insider' position or 'native ethnographer' status (Collingridge and Gantt, 2008). This became meaningful within the research context, differentially shaping discussions (Best, 2003). My partial 'insider' status enhanced interviewees' willingness to participate, cooperate and respond honestly and openly (Casimiro et al., 2007, Liamputtong, 2008). Reflecting on her fieldwork, Sultana (2007) stated that national and regional affinities conferred an unsaid but tentative 'insider' status, resulting in warm, welcoming interviewee relations. An 'insider' status enabled use of my intimate knowledge and understanding of the groups' cultural (Padgett, 2004), historical, socio-economic, religious, political and familial context (Liamputtong, 2008). This established rapport and intimacy, decreased researcher-interviewee distance (Denzin and Lincoln, 2000), and fostered cultural sensitivity, allowing for a deeper understanding of data collected (Victoria, 2011). This created a more relevant, congruent, and empowering interview process and experience for interviewees (Barata et al., 2006, Dickson-Swift et al., 2006). Liamputtong (2008) stated that using 'insider' researchers lessens cultural and linguistic barriers, and allows research to be more sensitive and responsive than possible when using 'outsider' researchers. Corbin and Strauss (2008) argue that sensitivity is especially important when researching other cultures.

Harnessing insider advantages during data interpretation rendered me doubly sensitive to unique cases (Mullings, 1999, Twyman et al., 1999). My 'insider' status enhanced the degree to which I understood interviewees' symbolic, locally-crafted and shared meanings, realities, and nuances (Best, 2003, Denzin and Lincoln, 2000, Sultana, 2007). Cultural 'outsiders' may not be conferred such access, limiting research feasibility, depth and understanding (Mullings, 1999, Padgett, 2004). Conversely, 'outsiders' may view research more objectively than 'insiders', as their comparatively marginal relationships mean they are often less emotionally or politically invested (Brayboy and Deyhle, 2000) and biased in their agendas than 'insiders' (Liamputtong, 2008). 'Insider' researchers risk losing objectivity (Blaikie, 2010) due to over-identification or excessive rapport (Victoria, 2011). The dual and mutual nature of my Greek and Australian identities simultaneously afforded me temporary or partial 'insider' and 'outsider' statuses, helping to overcome some of these issues. For example, I was aware of and understood interviewees' references to Greek cultural and religious traditions, yet was also aware of mainstream Anglo Australian customs.

Corbin and Strauss (2008) claim that sharing interviewees' cultural background, and possessing similar life experiences enhances insights. While I was not married or widowed,

being a third-generation granddaughter of older widowed Greek migrants, and a daughter of second-generation Greek migrants who are approaching the 'older adult' category, afforded me a deeper understanding of constructs central to this study (e.g. widowhood-related practices). Delgado (1996) argues that bi- or multilingual cultural researchers possess multiple consciousness perspectives, beneficial in considering factors in two or more ways simultaneously.

Lastly, possessing additional shared commonalities to some interviewees (i.e. rural upbringing) resulted in additional 'insider' status, rapport and acceptance. Sultana (2007) succinctly noted the advantages of possessing a rural upbringing similar to interviewees, claiming her location, background and linguistic ability positively influenced perceptions of legitimacy, trustworthiness and interviewees' ultimate willingness to partake in interviews (e.g. 'You are a Deshi girl and talking to a Deshi girl isn't a problem', p. 387) (see also Pini (2004)). Consistent with critical reflexivity (Meyer and Ward, 2014), I considered the influence of my own characteristics as a researcher, and particular combinations of characteristics, such as education and religion, on the research process, data collected and overall success of research efforts (Laverack and Brown, 2003). Additionally, I was aware of the impact of the topics' inherent sensitivity on recruitment and data collection (Mullings, 1999, Sultana, 2007). I kept a journal (separate to field notes) in which I acknowledged and recorded data collection processes and my research-related insights, emotions, biases, impressions, reactions, questions and informal discussions (Corbin and Strauss, 2008, Flick, 2009, Padgett, 2004), fostering continuous reflexivity throughout the research process, and allowing me to manage the dilemmas of conducting sensitive and emotive interviews (Denzin and Lincoln, 2000, Rowling, 1999). Comprehensive post-interview notes increased procedural validity (Flick, 2009), and were also subject to thematic data analysis. In summary, employing a critical reflexive approach captured the complexities and nuances of older Greek migrants' widowhood and well-being experiences.

4.4 Study Methods

The following sections describe study methods, including interviewee location, recruitment, justification for method choice, in-depth interviews, interview protocol, interviewee information, interview procedure, pilot interviews, and post-interview protocols.

4.4.1 Justification for Choice of Method

Data collection methods or procedures are intimately related to the methodology selected (Oakley, 1999a). Though reflexive or feminist approaches alone do not represent research methods (Wuest, 1995), they are compatible with numerous methods (Rollins, 1996). Informed by the distinct methodological features of reflexive, feminist inquiry (Dickson-Swift et al., 2006, Wuest, 1995), I conducted in-depth qualitative interviews. Qualitative researchers commonly use in-depth interviews, which are well-suited to exploring sensitive topics like widowhood. In such settings, topics are explored in greater depth than possible in group settings, due to the privacy, anonymity and confidentiality offered by face-to-face (Liamputtong, 2007), one-on-one settings (Crabtree and Miller, 1999, Patton, 2005). In-depth interviewing involves active asking and listening (Liamputtong, 2007, Oakley, 1999b). The face-to-face nature of in-depth interviews enhances response richness and variety (King and O'Connor, 1996). Baum (2016) suggests that qualitative methods are important to health research, as lay knowledge about health needs and outcomes should be obtained directly from individuals in question to more fully understand experiences than possible through quantitative design.

4.4.2 Interviewee Location

55,000 first-generation Greek migrants are aged 65+ (ABS, 2006b), with many residing in South Australia (OFTA, 2009). Interviewees were strategically selected from two urban and rural areas in South Australia, to provide insights into how residential location affects widowhood and well-being (for example, potential differences in socio-economic status, inclusion and exclusion, and access to health and support services).

Urban interviewees resided in Adelaide (South Australia's capital). Adelaide has a larger proportion of older adults than other Australian capitals, with 26.7% aged 55 years or older (ABS, 2011h). Secondly, considerable numbers of Greeks settled there, comprising 2.3% of Adelaide's overall population (ABS, 2011h). Interviewees were predominantly sourced from council areas boasting large concentrations of Greek migrants (e.g. City of Unley) (Pennay, 2011).

Rural interviewees were selected from the regional and agricultural Riverland area for several reasons. Firstly, the Riverland's population is ageing, with 14.9% aged between 65 and 84, and 2.2% aged over 85, reflecting higher proportions than Australia's general population (ABS, 2010c). The population is projected to decrease in coming years due to the cohorts' mortality

rates, and the group no longer being replenished by active migration of Greeks (ABS, 2001). Secondly, in contrast to other regions which boast around 2-3% of CALD individuals, approximately 11% of the Riverland's population of close to 35,000 individuals are of CALD backgrounds (ABS, 2010c). Italy and Greece represent the Riverland's largest overseas-born populations after the UK (ABS, 2010c), with 2006 figures showing 2.7% of the Riverland's population born in southern or eastern Europe (ABS, 2011h). More specifically, its sizable and well-established Greek-born community represents 1.7% of its population (ABS, 2011h). Akin to Australian trends more generally, the majority of the Riverland's Greek migrants are rapidly ageing, with most aged 65+ (ABS, 2010c), and speaking Greek at home. Hugo and Menzies' (1980) study of Greek settlement in this region stressed that the migration of southern Europeans to non-metropolitan areas during the 1950s and 1960s was of special significance, running contrary to prevailing population movements to major cities. Though Greeks have worked in the area since the late 1930s, post-WWII mass migration significantly strengthened their population (ABS, 2014b). The proportion of CALD individuals is highest in Renmark (15.3%), which boasts a larger overall population than other Riverland municipalities (including Barmera, Berri, Glossop, Loxton and Waikerie). More interviewees were sourced from this area, though I endeavoured to source interviewees from all Riverland towns to include more geographically isolated individuals.

4.4.3 Interviewee Recruitment

Previous studies have found similar groups of individuals 'difficult-to-reach' because of their cultural and linguistic background (Phillipson, 2015), in addition to their rural status (Liamputtong, 2008). For this study, entry was gained by approaching community and organisational stakeholders (see Appendices E and F), harvesting personal Greek community connections, and employing a snowball sampling technique once personal contacts had been exhausted. Informed by Liamputtong (2008), I approached several organisations for assistance with recruitment to access a more representative group. Potential interviewees expressed interest by providing their contact details. Shortly after, interviews were arranged by phone. Reminder telephone calls were made to interviewees on the interview day. This recruitment approach did not prove as fruitful as efforts based on personal contacts and snowball sampling.

In their study, Davies and Dodd (2002) utilised existing social networks and snowball sampling to gain a representative group, acknowledging that while this approach was not a systemised recruitment method, it was nonetheless productive. I implemented a snowball (or reputational

sampling) recruitment technique (Blaikie, 2010) to enhance interviewee numbers and representativeness, noting the virtues and applicability of this strategy for cultural research, particularly in accessing hard-to-reach, vulnerable, and/or migrant groups (Liamputtong, 2008, Spalter, 2010). Khavarpour and Rissel (1997) cite this technique as particularly useful for migrants, who typically possess strong social networks of other potential interviewees (van Meeteren et al., 2009). Snowball sampling is an effective method to help researchers gain access, build trust and develop rapport (van Meeteren, 2009) within communities. It allows interviewees to verify researcher credibility and cultural competency by process of established and trusted personal relations, positive recommendation, chain, or network referral (Blaikie, 2010), or simply 'knowing the person' (Eide and Allen, 2008, Feldman et al., 2008). Well-known and respected key stakeholders, community leaders, familial contacts or previous interviewees introduced the project to others who were eligible to participate. Prospective interviewees either contacted me directly, or alternatively opted for me contacting them (in such cases allowing their contact details to be disclosed by mutual contacts). This form of sampling uncovered comparatively more isolated and less socially active or healthy individuals, or those not using services which their counterparts reported using. The fact that I was born, raised and resided in the Riverland region until age 17, in addition to a shared Greek linguistic, cultural and religious background and identity with rural residents, increased willingness to participate.

Guided by past research and qualitative methods, my recruitment strategy was purposive (Creswell and Clark, 2007) or intentional (Hernandez-Plaza et al., 2004), focusing on interviewees who had personal experience with, and were thus able to provide key information regarding central research phenomena and concepts (e.g. widowhood). Purposive sampling is often used in selecting particularly typical cases (Flick, 2009). Convenience is often inherent in sampling; cases are often selected based upon ease of access within research conditions (Flick, 2009). To a lesser degree, I also implemented variation sampling, to capture diversity and highlight the existence of individual truths (Creswell and Clark, 2007, Mays and Pope, 2000). I sought 'disconfirming cases'; individuals who held different perspectives, or offered comparatively unconventional or atypical viewpoints (Barbour, 2001, Mays and Pope, 2000), to generate deeper and fuller understandings (Corbin and Strauss, 2008, Johnson and Waterfield, 2004); for example, one interviewee was of a different religion compared to all other interviewees.

4.4.4 In-depth Interviews

Interviews were semi-structured to simultaneously focus on specific research questions while also offering more flexibility than a structured schedule (Denzin and Lincoln, 2000). Brayboy and Deyhle (2000) state that standard interviews are comparatively less useful for insiders collecting data within their own communities. Liamputtong (2007) asserts that qualitative methods represent the only appropriate means to collect sensitive and valid data from elusive or migrant populations. Semi-structured in-depth interviews were deemed suitable means by which to explore widowed Greeks' health and well-being, as their open nature was conducive to free-flowing researcher-interviewee exchanges (Corbin and Strauss, 2008, Denzin and Lincoln, 2000). Where possible, I adopted a reflexive interview style where questions flowed from conversational style (Brayboy and Deyhle, 2000). Consistent with qualitative methodology, questions were largely open-ended (excluding socio-demographics) (Liamputtong, 2007), allowing interviewees to elaborate on factors they deemed important. van den Hoonaard (1999) outlines the importance of using open interview schedules to encourage interviewees to voice stories in their own way. My role as researcher was somewhat formal and directive to orient interviewees towards study objectives, yet informal enough to elicit full, uninhibited descriptions (Hernandez-Plaza et al., 2004). Due to the complex, socially constructed and contextual nature of the interview process with this framework (Wuest, 1995), I acknowledged that interviewees' accounts were inherently subjective, constructivist (Denzin and Lincoln, 2000), partial (England, 1994, Mullings, 1999, Sultana, 2007), local (Blaikie, 2010) and situational (Liamputtong, 2007). Interviewees' stories resulted in rich and complex data (Liamputtong, 2007, Oakley, 1999a). I adopted a postmodern perspective, embracing the notion that there exist many realities and truths, understood within particular social, historical and cultural contexts (Flick, 2009, Rollins, 1996). From this perspective, all stories were valid (Oakley, 1999a); no story was superior or privileged over others (Liamputtong, 2007). During interviews, I listened to the needs and concerns of those inherently more vulnerable. Drury et al. (2007) outlines the tendency for vulnerable populations to divulge entire life stories to researchers. While time constraints precluded interviewees doing so, I remain hopeful that interviewees felt empowered in being granted a voice and the opportunity to share some of their life story, as Liamputtong (2007) suggests may happen. In fact, interviewees spoke openly of the ill health and physical ailments affecting daily life in older age.

4.4.4.1 Interview Process, Information, Interview Schedule, and Translation

In all interviews I attempted to 'break the ice' by sharing details of my Greek ancestry (e.g. grandparents' places of origin in Greece) and rural ties (e.g. personal links to the Riverland, more relevant for rural interviewees). Sharing my own experiences established trust and rapport (Jones, 1997), and fostered a warm and supportive discussion environment. Moreover,

self-disclosure made my cultural membership and connections to interviewees more visible (Temple, 1994), validating interviewees' own stories (Liamputtong, 2007). Liamputtong (2007) purports that self-disclosure constitutes foundational work, particularly essential when undertaking research with marginalised or minority groups, who may initially perceive researchers with scepticism, suspicion or mistrust. Indeed, most were so interested in my personal and familial history that I was often subject to direct questioning.

With interviewee consent, interviews were audio-recorded using a digital voice recorder to preserve their spoken word (Dickson-Swift et al., 2006, Spalter, 2010). Prior to recording interviews, the study was explained to interviewees and verbal consent was gained. Each individual was provided with information pertaining to the study (see Appendices A – D). In most cases, I began interviews by obtaining relevant socio-demographics, however, I largely avoided specific enquiry relating to socio-economic status at the beginning of interviews, to mitigate potential discomfort in disclosing this information upfront. Broaching such topics with individuals with whom there is no pre-existing close relationship may have ensuing implications for researcher-interviewee trust. Following Liamputtong's (2008) advice, I collected other socio-demographic details (i.e. education, living arrangements) to ease interviewees into the interview, as many were not familiar with the process due to limited education and general unfamiliarity with research. In some cases, individuals were keen to describe their widowhood and broader well-being experiences upfront. In such cases, socio-demographics were obtained at a later point in the interview.

A primary aim of the interviews, in accordance with life-course perspective, was to investigate aspects of interviewees' earlier and current life experiences to explore the impact of social determinants on current well-being. While interviewees were not asked to provide a comprehensive retrospective overview of their entire life history due to time constraints, they were encouraged to outline aspects of their personal, cultural and social realities consistent with life reflection techniques, especially regarding particular life events relating to study themes (i.e. migration and widowhood) (Staudinger, 2001). Interviewees were reminded that there were no right or wrong answers, and encouraged to talk freely. I asked follow-up questions to seek clarification or additional information regarding interviewees' recollections where accounts were vague or conflicting, or to address areas not previously discussed (Denzin and Lincoln, 2000). Including these lines of inquiry allowed for a better understanding of select social determinants. I appreciate some questions relied on interviewees' retrospective accounts or memories of events (see Section 4.4.5). As widowhood is the crux of the thesis, I enquired about the daily lived experience, including notions of identity, potential ramifications of its gendered experience, continuing bonds to deceased spouses, and the conduct of

cultural and religious post-widowhood rituals and traditions. As well-being is another main focus of the thesis, it was important to understand this concept with reference to this group of older Greeks. I investigated factors that interviewees deemed personally or individually important or relevant to well-being, and was particularly interested in capturing notions of later-life health and well-being, especially in widowhood. I additionally explored interviewees' attitudes towards ageing, social networks, socialising, support and inclusionary and exclusionary experiences in both Greek and Australian communities.

Interview duration ranged between half an hour and three hours, collected at one point in time. Interviews were mostly conducted in interviewees' homes. Past research deems this setting most appropriate, accessible, comfortable (Gunnarsson, 2002, McConatha et al., 2001, Peel et al., 2006, van den Hoonaard, 1999) and convenient for older adults, many of whom have mobility constraints (Creswell and Clark, 2007, Denzin and Lincoln, 2000). Conducting interviews in individuals' homes proved successful in a study of older Greek migrants' experiences with health and support services (Newman et al., 2010). Showcasing researcher flexibility (England, 1994), I was open to alternatives, consulting with interviewees to determine appropriate locations. In several cases interviews were conducted on the premises of a Greek-specific social group, as this was more appropriate for several interviewees due to frailty and transport issues. I aimed to conduct one-on-one interviews; however, to remain culturally appropriate and sensitive where family, friends or caregivers were present, as was the case in multiple interviews, I did not exclude these members, instead noting member dynamics. One example of this involved the adult son of a widow, who resided in the same home as his mother. He was present at the beginning and end of the interview, and conveyed insights regarding his mother's experience of loss and daily hardships. These insights corroborated her lived experience in her own words. Thankfully however, he was not present for the bulk of the interview as his mother shared her heartfelt experiences, as this may have impacted her openness during our discussion. This said, I believe his comments added to the interview in supporting his mother's sentiments.

In the year interviews were conducted (2012), interviewees were sent personalised Christmas cards in Modern Greek.

Consistent with qualitative methodology (Creswell and Clark, 2007), the semi-structured interview schedule and associated project information (including letter of introduction, information sheet and consent form), were devised in English. I translated documents from English to Modern Greek for use with those who preferred Greek. During this process, I sought to maintain equivalence pertaining to the *meaning* of terms and concepts across languages,

rather than direct *linguistic* or word-for-word equivalence (Padgett, 2004, Temple, 1997, Temple and Young, 2004). Temple (2002) states that translators are 'ghostwriters' in most cross-language research, meaning that they are present but generally unacknowledged. Implications include overlooking the influence of the translator's unique positionality and life experiences on their work, as this is inseparable from the production of text. Temple (1997) purports that translations inherently imply a redefinition; as such, reflexive methodologies situate researchers with respect to translation processes. I recorded and considered my involvement in the creation and translation of interviewee information, interview schedule, and subsequent written interview transcripts in my reflexive diary, noting that my translations were inherently informed by my own positionality and world view (Temple, 1997, Temple and Young, 2004). Temple (2002) states: 'concepts do not move unproblematically across cultures' (p. 847). I placed particular focus on more ambiguous or difficult concepts with often no simple or adequate translation due to differing value-orientations or assumed understandings. For example, Papadopoulos and Lees (2002) hold that concepts which do not translate easily may suggest culture-specific concepts requiring further consideration for insights into potentially culture-specific behaviour. I actively contemplated several culture-specific terms such as '*stenohoria*'. Highlighting translation complexities, Temple and Young (2004) argue that solutions to such dilemmas cannot be sourced via dictionaries; rather, translators must understand the ways in which languages are tied to local realities and changing identities, and make decisions regarding the cultural meanings of concepts. My 'insider' perspective as a third-generation Greek-Australian was conducive to understanding culture-specific concepts. As a quality assurance measure, I consulted several senior members of South Australia's Greek community for their expertise and familiarity with concepts, ensuring cultural appropriateness and relevance of questions and wording with direct reference to my group (Liamputtong, 2008). The study's qualitative interview schedule comprises themes and lines of questioning (see Appendix H).

I acknowledged that, as Liamputtong (2008) notes, concept definitions change according to context. They may also, as Temple (1997) points out, carry differential emotional connotations across cultures and languages. In recognition of the problematic nature of cross-language research described by Temple and Young (2004), translators and cultural group members are increasingly regarded as key informants throughout the research process, and are gradually more included in project development, data collection and analysis. The role of the translator extends and surpasses that of mere 'translator' to include cultural brokerage in the assumptions made about meaning equivalence. As both the researcher and sole translator in this study, I addressed and overcame issues by detailing the translation process, and associated difficulties within my critical, reflexive, auto-biographical diary (Temple, 1997).

4.4.4.2 Interview Procedure

Information was tailored to suit interviewees. Large font sizes enhanced readability, and language style reflected interviewees' lower reading levels. Where possible, informal Greek was used to maximise understanding.

An observational protocol tailored to suit study purposes was devised to aid comprehensive recording of my post-interview comments, reflexive concerns and thoughts (Creswell and Clark, 2007), which were contemplated during analysis. Hernandez-Plaza et al. (2004) suggest combining interviews with other research methods, like observation, to produce more reliable information regarding migrants' lived experiences. This reflexive process enabled me to consider things which I may not have initially anticipated during interviews.

I presented interviewees with a small honorarium (a gift-card to a supermarket chain), as a token of appreciation for their time and input. Incentives are often essential in securing hard-to-reach populations (Liamputtong, 2007). Using gift-cards as honoraria is common practice in academia (Dean and Wilson, 2010).

4.4.4.3 Pilot Interviews

Interviews were piloted (Flick, 2009) with two individuals known to the researcher. As both met inclusion criteria, data were translated, transcribed, and subsequently analysed. Several questions deemed comparatively less important to study aims were omitted from the schedule subsequent to piloting to maintain interview brevity. Though the wording of some items was altered, most questions remained unchanged.

Based on previous research involvement, I suspected this cohort would prefer to speak Greek. This was largely confirmed by this study (all but three interviews were in Greek). My Modern Greek fluency eliminated the need for external interpreters or translators. Interpreters are often expensive, complicate the research process, and may result in difficulties in grasping more implicit nuances of the discussion (Denzin and Lincoln, 2000). Furthermore, using interpreters often results in issues of representation (or misrepresentation of interviewee views, reinforcing unequal power relations), resulting in greater researcher and interviewee distance (Twyman et al., 1999). Relying on interpreters and working from 'secondary' translated texts has significant implications for data interpretation and meaning formation (Twyman et al., 1999). By eliminating the need for interpreters, I avoided some methodological issues of previous studies.

4.4.4.4 Post-Interview Procedures

Feminist scholar Oakley claims that researchers often report interview details (i.e. length, format, date and location), but ignore interviewee and researcher social and personal characteristics, and the interactivity of interview relationships (Oakley and Cracknell, 1981). As such, I recorded detailed post-interview field and contextual observations, including language of administration, number of contributors, associated situational characteristics or events, significant informal conversations, new items or themes arising repeatedly, and things interviewees did or said that reflect taken-for-granted cultural group understandings (such interactions are often presupposed by cultural 'insiders') (Eide and Allen, 2008). I observed the transnational nature of interviewees' homes (e.g. photos, ornaments, icons, artefacts, memorabilia) (Blaikie, 2010, Padgett, 2004), evidence of cultural specificity (e.g. hospitality shown during interviews), and interviewees' dress and behaviour. Throughout interviews, I remained sensitive to non-verbal communication (Corbin and Strauss, 2008, Flick, 2009) (including body posture, facial expression, gaze direction, gesture and emotion) (Denzin and Lincoln, 2008) and verbal communication cues (including tone of voice, and silence or tense answers) (Mullings, 1999), reflecting upon notes during analysis for additional insights into interviews and interviewees.

4.5 Data Collection and Interpretation

The following sections describe processes of data collection and interpretation, including simultaneous data translation and transcription, presentation, and interpretation.

Interviewees were recruited between February and December 2012. The timeframe for interviews was explained by Liamputtong (2008), highlighting the tendency for cultural research to be more time-intensive compared to more mainstream research, as the former often takes longer to access interviewees, build trust and rapport, and collect data. Forty-one in-depth interviews were conducted (two were omitted from analysis due to not meeting all selection criteria, including one woman who had separated from her spouse instead of becoming widowed). Study exclusion criteria included residing in residential aged care, as opposed to community residence. I firstly concentrated on urban then rural interviews. Interviews in rural areas were completed in a much shorter timeframe due to personal contacts in these areas.

Consistent with qualitative interviewing principles, I conducted interviews until I felt data was theoretically saturated (Corbin and Strauss, 2008, Meyrick, 2006). Theoretical saturation occurs when all main variations of the phenomenon are identified (Meyer and Ward, 2014), new data is no longer forthcoming (Baum, 2016, Padgett, 2004), researchers have identified and understood the diversity of experiences (Wray et al., 2007), and note repetitions. However, guided by feminist methodology, I recognised that, as individual life histories are unique, data may never be truly saturated (Wray et al., 2007). Subsequent to interviews, digital audio recordings were uploaded to a laptop.

4.5.1 Data Translation and Transcription

Interviewees were assigned pseudonyms to preserve confidentiality and anonymity. Prior to transcribing interviews, I devised a notation system, or transcription protocol, to maintain consistency across transcripts and enhance readability (see Appendix J). For English interviews, I provided full transcription using Microsoft Word. For Greek interview data, I carried out simultaneous translation and transcription of data to English. Padgett (2004) outlined two ways to translate data from cross-linguistic research: simultaneous translation and transcription (whereby data is translated directly from the recorded conversation), or sequential translation (where data is first transcribed into the language spoken and subsequently translated to English). Translating and transcribing from Greek to English was time-consuming, taking approximately two full working days or longer for a one to two hour interview. Not outsourcing translations ensured that I remained 'close' to data collected. I retained select important terms in Greek to avoid filtering or distorting interviewees' native tongue, where English equivalents were non-existent. Engaging in critical reflexivity allowed me to acknowledge that my interpretation and translation of interviewees' voices was doubly contextualised (i.e. located within two separate cultures). Processes of data interpretation are value-laden, wholly dependent on, and influenced by autobiography (Temple, 1994), life experiences and social positionality (Twyman et al., 1999). Researchers able to translate their own data are best positioned to conduct analysis (Temple and Young, 2004). I did not analyse data in Greek and translate only select quotes into English for several reasons, including the fact that three interviews were in English, my supervisory panel comprised English-speaking researchers, and to fulfil my overall intention to translate all Greek data to English for wider dissemination.

As concepts do not move unproblematically across cultures (Temple et al., 2006, Temple and Young, 2004), particular focus was placed on more ambiguous or difficult concepts for which

there was often no simplistic or adequate translation to Greek due to differing value-orientations or assumed understandings. I recorded associated issues and difficulties in a critical and reflexive log, identifying and addressing difficulties associated with translating, recording, and contemplating cultural concepts for further insights into potentially culture-specific behaviour or understandings, especially relating to widowhood and well-being. There were also other terms which initially did not appear to be entirely culturally bound, such as 'happiness', 'loneliness', 'depression', 'love', 'family' and notions of being 'alone', which required careful contemplation and translation to be true to the interviewee's intended meanings within specific contexts. I was aware that despite often having equivalent translations across languages, these concepts carried different emotional cross-cultural connotations. In contrast to their common use in English, terms such as 'loneliness' and notions of being 'alone' were reflected upon by interviewees often not as solitary feelings or experiences in an individual sense, but in light of families as more collectivist units. '*Stenohoria*' was perhaps the most illuminating example of a culture-bound term possessing no simple English equivalent, but which loosely signifies stress and worry. I opted to keep the original Greek word within otherwise English transcripts to reflect its true meaning. During pilot interviews, I had perhaps inappropriately translated '*stenohoria*' as 'depression' in English. The decision to retain this term in Greek in subsequent transcripts reflected its constant use, and nuanced meanings and implications. In short, conducting and later simultaneously translating and transcribing all interviews fostered knowledge of the data (Padgett, 2004). Interviewees' language was often rich and descriptive; worthy of researcher attention in providing additional insight into their lives.

4.5.2 Data Analysis and Presentation

4.5.2.1 Quantitative Data

The study's only quantitative data were socio-demographics, analysed using SPSS (PASW), a widely used computer package for quantitative data analysis in social sciences. Prior to data entry, I devised a codebook and coded items numerically. SPSS was used to check trends and distributions of socio-demographic variables presented in Chapter 5.

4.5.2.2 Qualitative Data

Temple (2002) states that culture impacts analysis. I actively utilised my cultural 'insider' knowledge during analysis. In preparation for analysis, I firstly engaged in data familiarisation, organising all transcripts and field notes, and reading and re-reading data (Creswell and Clark, 2007) to gain an overview of material collected, and familiarise myself with their diversity. All

hard copy transcripts were open coded, and retained for future reference. This coding informed more comprehensive electronic coding in NVivo 10, a widely used qualitative software package. Transcripts were analysed using a thematic content analysis approach. Thematic analysis was appropriate for the present study, enabling the grouping of distinct ideas irrespective of grammatical location in transcripts. Over 400+ nodes were created, representing very broad themes. Appendix K contains several excerpts from NVivo to demonstrate the breadth of nodes and codes created during analysis. Subsequent to devising this electronic codebook, codes were sorted into a comprehensive list of larger themes. Higher order coding identified interrelated themes and categories, abstracting larger themes and ideas to a smaller conceptual theme set (Creswell and Clark, 2007). The themes which ultimately feature in subsequent findings chapters were the primary themes which were identified and created during this analysis. I specifically focused on these themes due to their prevalence during interviews. Data was validated by establishing the certainty of claims and clarifying meanings in several ways, including reflexive accounting (Denzin and Lincoln, 2000), researcher and supervisor standards (e.g. peer debriefing and review (Tobin and Begley, 2004)), and triangulation (Barbour, 2001, Creswell and Clark, 2007). Debriefing was conducted via meetings with supervisors in an attempt to disclose my own blind spots (Flick, 2009). Multiple triangulation methods were implemented, including source triangulation (whereby interviewee responses were compared and contrasted during interpretation) (Flick, 2009), and theory triangulation (whereby multiple theoretical perspectives were utilised to analyse the same data set) to locate patterns of convergence in order to aid overall interpretation (Mays and Pope, 2000). Data was also triangulated across different data collection methods (Flick, 2009) (i.e. transcripts were compared to coded field notes and observations) (Mays and Pope, 2000).

Though some feminist researchers establish validity by checking transcripts with interviewees subsequent to interviews (Flick, 2009), respondent validation exercises are problematic where migrants are illiterate in both native and/or host languages (Twyman et al., 1999). Cross-checking transcripts or findings with interviewees is time-consuming and may even be exploitative or distressing (Barbour, 2001). In health research with data collected at one point in time, the problematic nature of respondent validation renders it of limited value (Barbour, 2001). In this study, transcripts were not cross-checked with interviewees. Researchers who translate their own data often regard the translation process as an interpretation validity check (Temple and Young, 2004).

Chapters 6 to 9 present qualitative findings. Qualitative quotes used throughout these chapters display relevant themes (Czerenda, 2010, Spalter, 2010, Trief et al., 2003, van den Hoonaard,

1999). Unless otherwise specified, all English quotations represent my translation of interview data from Modern Greek. My interpretation of qualitative data was conducted through a life-course and social determinants of health framework, focusing on the cumulative effect of various determinants across multiple life-course dimensions on interviewees' lived widowhood and well-being experiences. While interpreting data, I acknowledged the impact and potential biases of my own background (including personal, cultural and religious beliefs) on theory formation and generation (Meyer and Ward, 2014).

4.6 Ethical Considerations

Approval was obtained from Flinders University Social and Behavioural Research Ethics Committee (Project Number 5481 – see Appendix G). Prior to interviews, individuals were fully informed about the project's nature and aims. The project's voluntary nature, confidentiality, anonymity, and the non-obligatory nature of questions were stressed, and verbal rather than written consent was gained due to low literacy. This was informed by Barata et al. (2006) who indicate that Portuguese groups preferred verbal information. I gained Ethics approval to read key points from the letter of introduction and consent form to individuals prior to interviews, due to the aforementioned low literacy in both languages. Researchers have noted difficulties obtaining signed consent from some cultural and ethnic groups (Barata et al., 2006, Liamputtong, 2008). Providing written consent may be intimidating, create fears or doubts about confidentiality and anonymity (Liamputtong, 2008), or result in mistrust or misconceptions about researcher roles (i.e. 'She works for the government – signing this form will affect my pension' (Panagiotopoulos, 2009)). Barata et al. (2006) argue that providing signatures implies legal obligations, further enticing suspicion. Providing written consent may also result in interviewee refusal to partake in research (Liamputtong, 2008). Conveying information to interviewees and securing verbal consent is more appropriate (Liamputtong, 2008). Informed by an ethical model (Denzin and Lincoln, 2000), attempting to minimise invasion of privacy, interviewees were not asked to provide signed consent – this was completed on their behalf. To encourage genuine responses, I stressed privacy throughout interviews, consistent with University ethics.

In opening up to researchers and divulging their stories, individuals may become vulnerable to emotional distress (Drury et al., 2007). Following ethical requirements, phone numbers of free counselling services were listed on the letter of introduction to limit any distress associated with interviews. Care was taken to ensure that interviewees were left in satisfactory states at the termination of interviews, as discussions were emotive due to topic sensitivity. van den

Hoonard (1999) purported that most women in her study described their husband's death spontaneously, before being asked. Similarly, most in this study talked freely and without prompting of spousal illness and death. Though interviews dealt with sensitive topics and at times had the potential to be intrusive, in most cases the interview process appeared useful for interviewees (Wuest, 1995). Despite the difficult subject matter, many interviewees stated that they had enjoyed our social interactions, and appreciated being interviewed. The majority revelled in the opportunity to openly discuss their spouse and related events during the interview to an engaged researcher. Many interviewees expressed desire for future contact and visits.

4.7 Conclusion

This chapter has provided an overview of the study's methods and methodology, by detailing its reflexive theoretical approach, outlining recruitment, pre- and post-interview protocol and procedures, interviewee information, pilot interviews, data collection, translation and transcription, interpretation and presentation, and study limitations and ethical considerations. Chapter 5 presents demographic data to describe interviewees.

5 DESCRIBING INTERVIEWEES

*Rolling pins
Flatten the homemade pastry
You cannot make today
For your arthritic hands are tired, spent
From days of summer sun
Bent over at the waist
Back hunched towards the Gods
Picking peas and corn*

*Your eyes
Once bright
Are now weary with age
And raising children in a foreign land
From never knowing a 'πατρίδα' (homeland)
Which provides you with sufficient nourishment
From possessing citizenship to a country whose language you cannot speak
60 years post-migration*

*The weight of widowhood
Bears hard on your shoulders
Bedtime tears
And closets full of his clothes
Afternoon cemetery visits
And holidays you shall never celebrate again
Clad in black
An outward expression of your eternally weeping heart*

*All too familiar is this feeling
Of being uprooted
Landless
Illiterate
Desolate
In a rural area*

*You fled poverty and devastation
Only to spend the rest of your days
Living in frugality*

*Two years of primary school
You can read in capitals
Wholehearted regrets
Stranded, in the third age
Hopes dissipated long before
Buried deep inside your husband's wooden casket*

Panagiotopoulos (Published poetry, 2013)

5.1 Introduction

This chapter presents key data pertaining to interviewees' demographic, historical, contextual and social characteristics, including marriage, children, widowhood, residential location, living arrangements, education, language, driving, employment, occupational conditions, health status, formal services and income. Later sections examine social determinants including gender and residential location to provide further insights into potential individual and group differences. Throughout this chapter, ABS data is provided where possible to compare interviewees to wider Australian and South Australian populations (depending on national and state data availability), to ascertain the comparativeness of present study interviewees to their wider cohort.

5.1.1 Contextual and Historical Background

Among this group, migration to Australia was overwhelmingly for reasons of economic prosperity, security, and individual and familial opportunity. Interviewees typically migrated to Australia in their younger years (average age was 25, ranging between 13 and 43 years) (see Table 2), with the intention of temporarily staying in Australia (typically for several years, with the aim of accumulating wealth to return to Greece). For some, the Australian government covered costs associated with migratory passage, and regulated migrants' work contracts, insuring individuals remained in the country for at least several years (breaking the contract required repaying migratory costs). Pennay (2011) suggests that southern Europeans received the least assistance, with the bulk of Greek migration privately sponsored by others prepared to guarantee housing and employment. Husbands-to-be often sponsored women to be married by proxy. In this sense, a 'proxy marriage' was one which was 'arranged' by family members or non-familial contacts, whereby the initial meeting of the couple was 'set up' with the intention they may marry in future. Most interviewees migrated to Australia alone, while others migrated with spouses or siblings. Very few interviewees migrated with their parents as part of a familial unit. All travelled to Australia by ship. Assisted migrants were processed at Bonegilla Migrant Reception and Training Centre in Victoria, often separated from spouses and other family until appropriate occupations were sourced, as previously documented (Pennay, 2011). As shown in Table 2, 1958 represented the most common year of arrival (ranging between 1948 and 1974).

On average, interviewees had resided in Australia for 53 years (ranging between 38 and 64 years) (see Table 2), meaning that most had lived in Australia longer than Greece. These

figures are similar to, albeit slightly higher than, census data for median length of Australian residence for Greek migrants, at 47 years (ABS, 2014a). The majority (37) had Australian citizenship (data was missing for two interviewees) (see Table 2). Gaining Australian citizenship was synonymous with renouncing Greek citizenship, reflecting the official arrangement of the Greek government at this time. 96.8% of Greek speakers in Australia have Australian citizenship (ABS, 2011h).

Table 2: Demographic information, including residential upbringing, age at migration, year of arrival, years in Australia and citizenship

| Name | Residential upbringing | Age at migration | Year of arrival | Years in Australia | Citizenship |
|-------------|-------------------------------|-------------------------|------------------------|---------------------------|--------------------|
| Savvas | Rural | 27 | 1954 | 58 | Australian |
| Fotis | Rural | 23 | 1955 | 57 | Australian |
| Yiannis | Urban | 29 | 1857 | 55 | Australian |
| Sotiris | Rural | 30 | 1954 | 58 | Australian |
| Takis | Rural | 23 | 1965 | 47 | Australian |
| Petros | Rural | 17 | 1948 | 64 | Australian |
| Pavlos | Rural | 23 | 1966 | 46 | Australian |
| Andreas | Rural | 28 | 1954 | 58 | Australian |
| Thanos | Rural | 36 | 1960 | 52 | Australian |
| Panos | Rural | 26 | 1970 | 42 | Australian |
| Kyriakos | Rural | 25 | 1951 | 61 | Australian |
| Theo | Rural | 31 | 1955 | 57 | Australian |
| Alexandros | Rural | 30 | 1963 | 49 | Australian |
| Manolis | Rural | 24 | 1956 | 56 | Australian |
| Anastasis | Rural | 19 | 1955 | 57 | Australian |
| Aris | Rural | 42 | 1964 | 48 | Australian |
| Stamatis | Rural | 26 | 1952 | 54 | Australian |
| Aliki | Rural | 21 | 1956 | 56 | Australian |
| Margarita | Rural | 26 | 1953 | 59 | Australian |
| Katerina | Rural | 21 | 1957 | 55 | Australian |
| Calliope | Rural | 15 | 1957 | 55 | Australian |
| Penelope | Rural | 20 | 1961 | 51 | Australian |
| Theodora | Rural | 28 | 1966 | 46 | Australian |
| Angeliki | Rural | 13 | 1960 | 52 | Australian |
| Gina | Rural | 26 | 1961 | 51 | Missing |
| Tassia | Rural | 24 | 1960 | 52 | Missing |
| Dimitra | Rural | 25 | 1960 | 52 | Australian |
| Dionysia | Rural | 24 | 1967 | 45 | Australian |
| Constantina | Rural | 24 | 1957 | 55 | Australian |
| Litsa | Rural | 22 | 1958 | 54 | Australian |
| Stavroula | Rural | 19 | 1964 | 48 | Australian |
| Evangelia | Rural | 28 | 1965 | 47 | Australian |
| Despina | Urban | 16 | 1950 | 62 | Australian |
| Nitsa | Rural | 18 | 1950 | 62 | Australian |
| Vasiliki | Rural | 25 | 1954 | 58 | Australian |
| Tania | Rural | 33 | 1960 | 52 | Australian |
| Ioulia | Rural | 43 | 1974 | 38 | Australian |
| Ioanna | Urban | 27 | 1955 | 57 | Australian |
| Nikita | Rural | 24 | 1956 | 56 | Australian |

* Any discrepancies in reported number of years for listed variables reflect inconsistencies in interviewees' accounts.

5.2 Demographics

ABS (2011h) census data shows that there are 49,530 Greek migrants aged 65+ in Australia. The average age of interviewees in this study was 79, ranging from 65 to 90 years (see Table 3). Interviewees included 17 males and 22 females (see Table 3). Although attempts were made to recruit equal numbers of males and females, slight over-selection of females reflects the increased numbers of older widows in SA. Reflecting ABS (2011a) data, the majority were born in Greece, with one born in Turkey and another in Cyprus, though all identified with a Greek cultural identity (i.e. felt and considered themselves ethnically 'Greek'). Interviewees were overwhelmingly born in rural areas (36), with three born in urban areas (see Table 2). As Table 3 depicts, all but one was of Orthodox faith, reflecting religious homogeneity, consistent with existing data, where 92.8% of Greek speakers are Orthodox (ABS, 2011h).

Table 3: Demographic information, including gender, age, birthplace, residential location and religion

| Name | Gender | Age | Birthplace | Residential location | Religion |
|-------------|--------|-----|------------|----------------------|-----------------------|
| Savvas | Male | 85 | Greece | Urban | Orthodox |
| Fotis | Male | 80 | Greece | Urban | Orthodox |
| Yiannis | Male | 85 | Greece | Urban | Orthodox |
| Sotiris | Male | 88 | Greece | Urban | Orthodox |
| Takis | Male | 70 | Greece | Urban | Orthodox |
| Petros | Male | 82 | Greece | Rural | Orthodox |
| Pavlos | Male | 70 | Greece | Rural | Orthodox |
| Andreas | Male | 86 | Greece | Rural | Orthodox |
| Thanos | Male | 84 | Greece | Urban | Orthodox |
| Panos | Male | 75 | Greece | Urban | Orthodox |
| Kyriakos | Male | 86 | Greece | Rural | Orthodox |
| Theo | Male | 88 | Greece | Rural | Non-Orthodox religion |
| Alexandros | Male | 79 | Greece | Rural | Orthodox |
| Manolis | Male | 80 | Greece | Rural | Orthodox |
| Anastasis | Male | 76 | Greece | Rural | Orthodox |
| Aris | Male | 90 | Greece | Rural | Orthodox |
| Stamatis | Male | 80 | Greece | Urban | Orthodox |
| Aliki | Female | 76 | Greece | Urban | Orthodox |
| Margarita | Female | 85 | Greece | Rural | Orthodox |
| Katerina | Female | 77 | Greece | Urban | Orthodox |
| Calliope | Female | 70 | Greece | Urban | Orthodox |
| Penelope | Female | 71 | Greece | Urban | Orthodox |
| Theodora | Female | 74 | Greece | Urban | Orthodox |
| Angeliki | Female | 65 | Greece | Rural | Orthodox |
| Gina | Female | 77 | Greece | Rural | Orthodox |
| Tassia | Female | 76 | Greece | Rural | Orthodox |
| Dimitra | Female | 77 | Greece | Rural | Orthodox |
| Dionysia | Female | 73 | Greece | Rural | Orthodox |
| Constantina | Female | 79 | Greece | Rural | Orthodox |
| Litsa | Female | 80 | Greece | Rural | Orthodox |
| Stavroula | Female | 67 | Greece | Rural | Orthodox |
| Evangelia | Female | 75 | Greece | Urban | Orthodox |
| Despina | Female | 78 | Greece | Urban | Orthodox |
| Nitsa | Female | 80 | Greece | Urban | Orthodox |
| Vasiliki | Female | 84 | Greece | Urban | Orthodox |
| Tania | Female | 85 | Greece | Urban | Orthodox |
| Ioulia | Female | 81 | Cyprus | Urban | Orthodox |
| Ioanna | Female | 84 | Turkey | Urban | Orthodox |
| Nikita | Female | 83 | Greece | Rural | Orthodox |

5.2.1 Marriage, Children and Widowhood

Consistent with study criteria, all interviewees were widowed and not remarried. Most married at fairly young ages (average age was 26, ranging from 16 to 42 years) (see Table 4). As Section 5.4 describes, women typically married younger than men. Furthermore, it was common for women to marry men older than themselves, and for men to marry younger women. Twenty five interviewees married by proxy. Interviewees were married for an average of 45 years prior to widowhood (ranging from 23 to 66 years) (see Table 4). Only one interviewee, a widow, did not have children (see Table 4), reflecting notably low rates of childlessness (4%) among Greek-born women in Australia (ABS, 2002a). Among others, the average number of children was two (ranging from zero to five children), indicating most had small to average immediate families, unlike their own often larger families in Greece. In Australia in 2011, 43.5% of Greek-speaking families had one child, and 40.1% had two children (ABS, 2011h). Age at widowhood varied, ranging from 44 to 88 years (see Table 4). Most were widowed in older age, with 70 representing average age at widowhood. Length of time widowed also varied, ranging from one to 32 years, with an average of nine years (see Table 4). Australian men spend an average of nine years in widowhood, while women average 15 years (ABS, 2007b). None had divorced.

Table 4: Demographic information, including proxy marriage, age at marriage, years married, age at widowhood, years widowed and children

| Name | Proxy marriage | Age at marriage | Years married | Age at widowhood | Years widowed | Children |
|-------------|----------------|-----------------|---------------|------------------|---------------|----------|
| Savvas | Yes | 31 | 50 | 81 | 4 | 3 |
| Fotis | No | 24 | 56 | 79 | 1 | 5 |
| Yiannis | No | 29 | 50 | 78 | 6 | 3 |
| Sotiris | No | 32 | 55 | 87 | 1 | 4 |
| Takis | Unsure | 27 | 32 | 60 | 11 | 1 |
| Petros | No | 28 | 45 | 73 | 9 | 4 |
| Pavlos | Yes | 26 | 32 | 58 | 12 | 2 |
| Andreas | Yes | 32 | 54 | 65 | 21 | 3 |
| Thanos | Unsure | 30 | 42 | 72 | 12 | 2 |
| Panos | Unsure | 42 | 30 | 72 | 3 | 3 |
| Kyriakos | Yes | 36 | 46 | 82 | 4 | 4 |
| Theo | Unsure | 29 | 56 | 85 | 3 | 4 |
| Alexandros | Yes | 24 | 49 | 73 | 6 | 2 |
| Manolis | Yes | 26 | 52 | 78 | 2 | 2 |
| Anastasis | Yes | 24 | 32 | 56 | 20 | 2 |
| Aris | Yes | 22 | 66 | 88 | 2 | 4 |
| Stamatis | Yes | 31 | 45 | 69 | 11 | 2 |
| Aliki | Yes | 22 | 54 | 74 | 2 | 3 |
| Margarita | No | 26 | 57 | 83 | 2 | 2 |
| Katerina | Yes | 21 | 23 | 44 | 32 | 4 |
| Calliope | Yes | 16 | 53 | 69 | 1 | 2 |
| Penelope | Yes | 21 | 38 | 58 | 13 | 3 |
| Theodora | No | 20 | 48 | 68 | 6 | 2 |
| Angeliki | Yes | 16 | 43 | 60 | 5 | 3 |
| Gina | Yes | 34 | 40 | 74 | 3 | 4 |
| Tassia | Yes | 26 | 44 | 70 | 6 | 2 |
| Dimitra | Yes | 27 | 45 | 72 | 5 | 2 |
| Dionysia | Yes | 28 | 36 | 68 | 5 | 3 |
| Constantina | Yes | 23 | 40 | 63 | 16 | 4 |
| Litsa | Yes | 22 | 43 | 65 | 15 | 4 |
| Stavroula | Yes | 19 | 27 | 47 | 20 | 2 |
| Evangelia | Unsure | 23 | 34 | 57 | 18 | 2 |
| Despina | Yes | 26 | 36 | 62 | 16 | 1 |
| Nitsa | Yes | 26 | 46 | 72 | 8 | 0 |
| Vasiliki | Unsure | 16 | 65 | 81 | 3 | 5 |
| Tania | No | 20 | Missing | Missing | 7 | 3 |
| Ioulia | Unsure | Missing | Missing | Missing | Approx. 10 | 2 |
| Ioanna | Yes | 19 | 53 | 72 | 12 | 3 |
| Nikita | Yes | 24 | 36 | 65 | 18 | 2 |

* Any discrepancies in reported number of years for listed variables reflect inconsistencies in interviewees' accounts.

5.2.2 Residential Location and Living Arrangements

Twenty currently resided in urban areas, with the remainder (n=19) residing in rural areas (see Table 3). After migrating, some urban residents had initially settled in different areas of Australia for occupational reasons, but all had lived in their current location for the majority of their lives. As Table 6 depicts, thirty-one resided alone in widowhood. Most older Australians living alone are widowed (59%) (this varies between genders) (ABS, 2011d). De Vaus and Qu (2015) suggest that older Greek-born adults have relatively low rates of lone living, lower than older Australian-born individuals. In 2011, 14% of Greek-born older Australians compared to 24% of Australian-born individuals lived alone (ABS, 2011d). In this study most were currently living in the original homes they had established with their spouses, which they owned outright, spending many years in the same neighbourhood. Home ownership, an indicator of economic capital, represented an important aspect of the interviewees' social support, safety and security. All owned their own homes, and several owned additional investment or rental properties. Such examples of economic capital among Greek migrants to Australia indicated that the majority had amassed more financial security in Australia than they possessed in Greece, indicating some degree of upward economic mobility across their life-course. All interviewees reported humble beginnings prior to migration, stressing that any economic gains had resulted from much personal sacrifice, saving and thriftiness. Only one widower alluded to being well-off in older age. Some had downsized to smaller townhouses or units, often before becoming widowed in older age, to be closer to children. One man had relocated to another rural town two years after losing his spouse, finding it difficult to remain in the same house. Widowhood was the catalyst for relocation in older age for only several interviewees.

Six interviewees lived with children and two resided with other relatives (see Table 6). In Australia, most older people living with children or other relatives are widowed. Co-residence is more common among women (77%) than men (60%) (ABS, 2011d). In this study, while most resided in neighbourhoods situated within relatively close proximity to other neighbours, more rural residents lived on more isolated properties without neighbours close-by (i.e. within reasonable walking or driving distance). There were individual differences regarding preferences to live alone or with family; many currently living alone acknowledged that their future living arrangements may change, with some stating that they would either move closer to, or co-reside with family following health and mobility declines. Others believed that maintaining a separate residence fostered independence, resulting in better familial relationships.

5.2.3 Education and Language

Interviewees' educational attainment was reasonably low. Overall, men appeared more educated than women. One interviewee had never been formally schooled (see Table 5). Fifteen had completed primary school in Greece. As depicted in Table 5, of those who had not completed primary school, 16 received less than four years of schooling. No one had completed high school, though four had started (see Table 5). Highlighted in Table 5, one widower attended a trade school, and one widow attended home economics school in Greece. None had higher education (e.g. TAFE or University), reflecting ABS (1995b) data noting low proportions of older Greeks with degrees; namely, only 1.3% of those aged 65+.

Interviewees' academic and for the most part, linguistic capital, was lacking due to limited formal schooling in Greece and Australia, reflecting ABS (2011h) data of their wider cohort. For the vast majority, this led to linguistic difficulties in English and for some, in Greek. Though self-rated proficiency in English and Greek differed, Table 5 shows that no interviewee reported fluency in English, more commonly reporting no English (n=13), limited English (n=18), or average proficiency (n=6). Only two reported good English proficiency (see Table 5). Greek-born individuals are often not proficient in English; indeed, many older Greeks in Australia report speaking English 'not well' or 'not at all' (ABS, 2011h).

Most interviewees reported being fairly proficient in Greek despite often limited education (see Table 5). Fourteen reported good proficiency in Greek, while 17 reported average proficiency, and eight (mostly women) reported low or limited proficiency (see Table 5). It was uncommon for interviewees to speak languages other than Greek and English, though several indicated they had at some point known some Turkish, Italian or Albanian.

Table 5: Demographic information, including education, preferred language, interview language, English proficiency and Greek proficiency

| Name | Education | Preferred language | Interview language | English proficiency | Greek proficiency |
|-------------|--------------------------|---------------------------|---------------------------|----------------------------|--------------------------|
| Savvas | Completed primary school | Greek | Greek | Limited | Good |
| Fotis | Trade school | Greek | Greek | Average | Good |
| Yiannis | Incomplete high school | Greek | Greek | Limited | Good |
| Sotiris | Completed primary school | Greek | Greek | Limited | Good |
| Takis | Completed primary school | Greek | Greek | Limited | Good |
| Petros | Incomplete high school | Greek | Greek | Average | Good |
| Pavlos | Completed primary school | Greek | Greek | Limited | Average |
| Andreas | Completed primary school | Greek | Greek | Limited | Good |
| Thanos | Completed primary school | Greek | Greek | None | Average |
| Panos | Completed primary school | Greek | Greek | None | Average |
| Kyriakos | Less than Grade 4 | Greek | Greek | Limited | Average |
| Theo | Incomplete high school | English | English | Good | Good |
| Alexandros | Less than Grade 4 | Greek | Greek | Limited | Average |
| Manolis | Less than Grade 6 | Greek | English | Average | Average |
| Anastasis | Completed primary school | Greek | Greek | Limited | Average |
| Aris | Less than Grade 2 | Greek | Greek | None | Limited |
| Stamatis | Less than Grade 2 | Greek | Greek | Limited | Limited |
| Aliki | Completed primary school | Greek | Greek | Limited | Good |
| Margarita | Less than Grade 2 | Greek | Greek | None | Good |
| Katerina | Less than Grade 2 | Greek | Greek | Limited | Good |
| Calliope | Less than Grade 2 | Greek | Greek | Average | Average |
| Penelope | Home economics school | English | Greek | Average | Good |
| Theodora | Less than Grade 4 | Greek | Greek | Limited | Average |
| Angeliki | Completed primary school | Greek | English | Good | Good |
| Gina | Less than Grade 4 | Greek | Greek | None | Average |
| Tassia | Less than Grade 4 | Greek | Greek | None | Average |
| Dimitra | Less than Grade 2 | Greek | Greek | None | Average |
| Dionysia | None | Greek | Greek | None | Limited |
| Constantina | Incomplete high school | Greek | Greek | Average | Average |
| Litsa | Less than Grade 4 | Greek | Greek | None | Average |
| Stavroula | Completed primary school | Greek | Greek | Limited | Good |
| Evangelia | Less than Grade 4 | Greek | Greek | Limited | Limited |
| Despina | Less than Grade 4 | Greek | Greek | None | Limited |
| Nitsa | Completed primary school | Greek | Greek | Limited | Average |
| Vasiliki | Completed primary school | Greek | Greek | Limited | Limited |
| Tania | Less than Grade 2 | Greek | Greek | None | Limited |
| Ioulia | Completed primary school | Greek | Greek | None | Average |
| Ioanna | Completed primary school | Greek | Greek | Limited | Average |
| Nikita | Less than Grade 4 | Greek | Greek | None | Limited |

5.2.4 Driving, Employment and Occupational Conditions

Twenty-one interviewees drove (see Table 6). Only two were working, with the remainder having retired, typically some years prior to interview (see Table 6). One widow reported not ever working in paid employment, instead working solely in the domestic sphere. As Table 6 depicts, the overwhelming majority (n=37) worked unskilled jobs, often in low-paying, dangerous or difficult occupational conditions (including steel factories and manual rural labour), consistent with previous literature outlining young migrants' tolerance for working in unattractive professions for financial incentives (Pennay, 2011). For rural interviewees, paid work was entirely manual, reflecting Hugo and Menzies' (1980) findings that Greeks in this area overwhelmingly engaged in horticulture. Only one urban interviewee reported working a semi-skilled manual profession (see Table 6). Greeks are historically underrepresented in high status occupations in Australia (Pennay, 2011). Some started careers in Greece prior to migrating; many had worked in rural occupations alongside their parents (often in childhood). Some learned trades in Greece (e.g. shoemaker, dressmaker), but their skills were either unrecognised or they could not source occupations in Australia, similar to others of their cohort (Pennay, 2011). None had superannuation.

Table 6: Demographic information, including living arrangements, driving status, occupational status, job type and income

| Name | Living arrangements | Driving status | Occupational status | Job type | Income |
|-------------|----------------------------|-----------------------|----------------------------|---------------------|--------------------|
| Savvas | Alone | Yes | Not working | Unskilled manual | Pension |
| Fotis | With children | Yes | Not working | Unskilled manual | Pension |
| Yiannis | Alone | Yes | Not working | Semi-skilled manual | Pension |
| Sotiris | Alone | Yes | Not working | Unskilled manual | Pension |
| Takis | Alone | Yes | Not working | Unskilled manual | Pension |
| Petros | Alone | Yes | Working | Unskilled manual | Property / Savings |
| Pavlos | Alone | Yes | Not working | Unskilled manual | Pension |
| Andreas | Alone | Yes | Not working | Unskilled manual | Savings |
| Thanos | Alone | No | Not working | Unskilled manual | Pension |
| Panos | With children | Yes | Not working | Unskilled manual | Pension |
| Kyriakos | Alone | No | Not working | Unskilled manual | Pension |
| Theo | Alone | Yes | Not working | Unskilled manual | Pension |
| Alexandros | Alone | Yes | Not working | Unskilled manual | Pension |
| Manolis | Alone | Yes | Not working | Unskilled manual | Pension |
| Anastasis | Alone | Yes | Not working | Unskilled manual | Pension |
| Aris | Alone | Yes | Not working | Unskilled manual | Pension |
| Stamatis | Alone | Yes | Not working | Unskilled manual | Pension |
| Aliki | Alone | Yes | Not working | Unskilled manual | Pension |
| Margarita | With children | No | Not working | Unskilled manual | Property / Savings |
| Katerina | Alone | No | Not working | Unskilled manual | Pension |
| Calliope | Alone | Yes | Not working | Unskilled manual | Pension |
| Penelope | Alone | Yes | Working | Unskilled manual | Work |
| Theodora | Alone | No | Not working | Unskilled manual | Pension |
| Angeliki | Alone | Yes | Not working | Unskilled manual | Property / Savings |
| Gina | With children | No | Not working | Unskilled manual | Pension |
| Tassia | Alone | No | Not working | Unskilled manual | Pension |
| Dimitra | Alone | No | Not working | Unskilled manual | Pension |
| Dionysia | With children | No | Not working | Unskilled manual | Pension |
| Constantina | Alone | No | Not working | Unskilled manual | Property / Savings |
| Litsa | Alone | No | Not working | Unskilled manual | Pension |
| Stavroula | Alone | Yes | Not working | Unskilled manual | Pension |
| Evangelia | Alone | Yes | Not working | Unskilled manual | Pension |
| Despina | Alone | No | Not working | Unskilled manual | Pension |
| Nitsa | With relatives | No | Not working | Unskilled manual | Pension |
| Vasiliki | Alone | No | Not working | Unskilled manual | Pension |
| Tania | Alone | No | Not working | Unskilled manual | Pension |
| Ioulia | With children | No | Not working | None | Pension |
| Ioanna | Alone | No | Not working | Unskilled manual | Pension |
| Nikita | With relatives | No | Not working | Unskilled manual | Property / Savings |

5.2.5 Health Status and Formal Services

The majority outlined health problems in older age, however, this was subject to individual differences (see Chapter 8). Khoo (2012) reported that older southern European migrants typically require more daily assistance than older English-speakers, due to associations between having worked in physically demanding construction and manufacturing industries, and ensuing health implications. In the present study, around half were currently using formal services (n=22), however service type and frequency of use varied. Many had never utilised formal services (n=16).

5.2.6 Income

Current income was typically a sole government aged pension (received by 32 interviewees) (see Table 6). Several did not receive a pension due to property ownership or other assets. Most were heavily reliant upon previous savings in addition to receiving a pension in older age. Most currently lived comfortably, if humbly, in Australia. One reported receiving some income from her current occupation (see Table 6). Census data indicates that older Greek migrants have high proportions of low incomes (ABS, 2011h).

5.3 Demographic Summary

Based on their demographic data, for the most part, interviewees in the present study represented a relatively homogenous group. All migrated to Australia post-WWII, most had low education and married by proxy, and the majority had children. However, noting the importance of group diversification and by actively searching for disconfirming cases in qualitative research (Meyer and Ward, 2014), interviewees included one childless individual, one non-Orthodox individual, and several who spoke English during interviews. Below, data is segregated by gender and residential location to explore main differences according to these key determinants.

5.4 Gender Differences

On average, men were older (81.4 years) than women (77.1 years). More women (n=6) than men (n=2) co-resided with family or relatives in widowhood. On average, male interviewees

had spent slightly longer (54 years) than their female counterparts in Australia (52.8 years), despite females being several years younger (23.7 years) than males upon arrival (27.1 years), reflecting existing literature (Pennay, 2011). More women (n=16) than men (n=9) reported marrying by proxy, indicating that female marriage was subject to more familial social control, while men of this cohort were bestowed more freedom to independently select their marriage partner. Similarly, females married far younger (averaging 22.6 years) than males (averaging 29 years). Several women married at ages 16 and 19. In Australia, for marriages ending in widowhood, men and women were married for an average of 43 years (ABS, 2007b). Women were typically widowed younger than men and live out their days as widows for longer than widowers. Average age at widowhood was 74 years for men, and 66 for women, perhaps reflecting the tendency for Greek women (akin to women worldwide) to marry older men. This somewhat reflected existing Australian trends which suggest that median age at widowhood for men in the years 2000 to 2002 was 78 years, and 75 years for women (ABS, 2007b). Average number of children was similar across genders. As described above, widows were less educated than widowers; one woman received no formal schooling, and more females than males reported incomplete schooling. Widows were less proficient in English than males, with the majority reporting either no or limited English. Widows were far less likely to currently drive than widowers, with six women driving, compared to 15 men, affecting later-life independence. All widows were Greek Orthodox; one male reported affiliation to a non-Orthodox religion.

5.5 Exploring the Impact of Residential Location

Nationally, Australia's Greek migrants are highly urbanised, with 95% residing in major urban areas (ABS, 2014a). The present study however, interviewed a relatively even spread of interviewees across urban (n=20) and rural locations (n=19). All rural interviewees were born in rural Greece. Variables including current age, age at and year of arrival in Australia, years in Australia, age at and years married, age at and years widowed, preferred language, and driving status were comparable across residential location, indicating homogeneity across interviewees regarding these demographic characteristics. More rural (n=16) than urban (n=9) interviewees married by proxy, and received slightly less formal education than urban residents. Conversely, more urban (n=17) than rural interviewees (n=14) indicated that their English proficiency was either non-existent or limited. In comparison, slightly more rural (n=13) than urban interviewees (n=12) indicated that their Greek proficiency was low or average. Not surprisingly, more rural than urban interviewees reported having no neighbours within close proximity. Geographic or residential isolation often translates to social isolation. All rural

interviewees reported working unskilled manual labour, and all had owned properties (typically vineyards or citrus farms) over the life-course. In old age, most rural interviewees no longer owned property; some had sold property years prior, or conferred property to children.

5.6 Conclusion

This chapter shows that according to demographic characteristics, interviewees constituted a fairly homogenous group, generally representative of their wider population across various areas. Some differences were highlighted pertaining to gender and residential location. Subsequent chapters examine the impact of these and other social determinants on well-being in older age. The next three chapters explore findings related to social inclusion and exclusion and support, widowhood, and well-being, and actively consider how these experiences relate to the demographic characteristics presented in this chapter.

6 SOCIAL INCLUSION AND EXCLUSION, IDENTITY AND INFORMAL SUPPORT

'There is no spiritual refuge, no homeland for the man who lives in the foreign land.'

Kanarakis (1987)

6.1 Introduction

This chapter discusses interviewees' past and present social inclusion and exclusion, describing the process of becoming widowed in a 'foreign land', and exploring issues of language, local neighbourhood and safety. It also explores notions of Greek cultural identity and homeland, informal familial support, and notions of socialising in widowhood.

Processes of and potential reasons for social inclusion and exclusion both within Greek communities and mainstream Australian society are presented, including issues relating to linguistic capital, older age, migration and migrant status, perceptions of racism, and being widowed. Greek migrants ageing in Australia do not experience widowhood in a cultural and social vacuum; rather, widowhood occurs against the backdrop of particular life-course experiences and an interweaving of inclusionary and exclusionary processes across different areas of life. Indeed, widowhood always occurs against the backdrop of particular life-course experiences.

Social support, relationships and connection are important to older adults' well-being (Bisconti et al., 2006, Ha, 2009, Ha et al., 2006, Isherwood, 2014), although support is often diminished or lost in widowhood. Informal social support involves various components, including emotional (i.e. caring, nurturance), instrumental (i.e. tangible assistance) and informational (i.e. knowledge, advice) (Carpiano, 2006). Informal support is defined as an unpaid resource typically created in the strong social ties between immediate and extended family (Lee, 2004, Lee and Hong-kin, 2005), friends, ethnic groups (van Meeteren, 2009), and neighbours. Familial networks typically represent individuals' closest connections (Pathirage and Collyer, 2011). Morse and Messimeri-Kianidis (2002) note familial importance within Greek culture, in which Antonucci et al. (2001) assert that support appears to be even more vital in widowhood where individuals may experience network changes.

As will be explored in this thesis, Greek migrants to Australia draw most social capital from immediate and extended family networks, and the Greek community, due to inclusionary and exclusionary factors. This chapter presents interviewees' reflections on informal support from various providers, both prior (including spouses during marriages), and subsequent to widowhood (including their children, grandchildren, siblings, relatives and friends). Later sections of this chapter explore familial importance in Greek culture, interviewees' normative support expectations, culturally-influenced notions of reciprocity and dependence, and perceived cross-cultural differences. Insights into familial support enhance understandings of older, widowed Greek migrants' available stocks of capital in daily life.

6.2 Processes of Social Inclusion and Exclusion

This section is concerned with social inclusionary and exclusionary dimensions important to sense of belonging, including proximal relationships of support and solidarity (e.g. friendship, family, neighborhoods and communities) (Popay et al., 2007). Underlying exclusion are unequal opportunities for social participation and service access (Popay et al., 2007). Cultural dimensions are considered and the extent to which diverse values, norms, and ways of living are accepted or stigmatised (Popay et al., 2007). Throughout this thesis, economic dimensions of exclusion are considered (i.e. the distribution of necessary material life resources, including income, employment, housing and land). Also important is salience of identity as an aspect of the relational processes excluding groups based on gender and ethnicity (Popay et al., 2006). Popay et al. (2006) examine linkages between social exclusion and the related concepts of social capital, networks and integration. Networks themselves include and implicitly exclude individuals (van Meeteren, 2009). Theoretical frameworks pertaining to social inclusion and exclusion provide a lens through which to interpret interviewees' experiences, making visible the taken-for-granted aspects of social structures, and related traditions and practices shaping experiences and structuring inter-group relations and broader societal conditions (Lynam and Cowley, 2007).

'Field' is an analytical device applied to understanding how capitals and practices are intertwined in social life (Bourdieu, 1963). Different fields constitute individuals' primary and secondary social contexts. In this study, the dominant culture (ingroup), is inherently English-speaking and Anglo-Australian; Greek culture is non-dominant and largely non-English speaking (outgroup), due to its comparatively small numbers in Australia. All interviewees identified with a Greek primary field over the life-course and in older age in Australia. Only a few simultaneously identified with a secondary Australian field (i.e. truly felt part of the wider Anglo-Australian community), affected by processes including degree of English language acquisition and ease of communication with English-speakers, cultural bonds, comfort, familiarity and support. Successfully navigating various social fields depends on levels of societal integration and perceptions of inclusion and exclusion. One interviewee, Savvas, specifically stated that he did not belong to either a Greek or Australian community in older age. In this study, the majority did not report any or many non-Greek friends, resulting in exclusion from the wider non-Greek community. Inclusion within Greek communities is explored below.

6.2.1 *'I was always with Greeks': Greek Community Inclusion*

Interviewees' discussions of social relations within local Greek communities spoke directly to the interactive and reciprocal nature of their cultural group affiliation. Aliko (F, age 76, urban, w. 2 yrs) explained: "Greeks are always Greeks, no matter where they go." The social networks of most widowed Greeks in this study were almost entirely within the Greek community, and did not include other cultural groups. This extended back to arrival in Australia, where contact with the Greek community was integral in obtaining occupations and accommodation, and fostering solidarity, community and informal support. For most, contact with non-familial others decreased with age and widowhood, following the death of older friends, and the perceived appropriateness of socialising in widowhood (discussed in Section 6.7). Rural residents reported being known in their close-knit communities by other residents, more so than their urban counterparts who were comparatively more anonymous in their community due to residing in larger cities.

For most, preferences for integration within their own Greek communities did not translate to navigating new and/or other social fields, due to life-course experiences such as settlement providing insufficient opportunity to amass cultural capital and English language. Though close within-group ties are synonymous with binding homogenous individuals together and protecting their interests, they also exclude others (Miladinovic, 2012). Panos (M, age 75, urban, w. 3 yrs) perceived exclusion from the wider Australian community:

I didn't learn [English], because I was always with Greeks...Many learned English because they would associate with Australians...For most of my life, I have associated with Greeks...if I needed something, they would help me...I wasn't compelled to be close to Australians...talk with them...that's why I didn't learn.

Panos' account also alludes to a certain level of self-exclusion from Anglo Australians. Interviewees reported clear preferences to socialise with their relatives and fellow Greek-speaking neighbours, friends and patriots, over their life-course including widowhood. This preference was based on shared language and typically shared religious and cultural norms easing communication. Interviewees were largely homogeneous in terms of culture, language and religion (with one exception, Theo, reported a different religion than other interviewees). Aliko (F, age 76, urban, w. 2 yrs) explained: "Whenever we heard, 'Oh that's a Greek house', we'd think, 'We have to...meet them, tell them to come over for coffee'. We liked this...We were thirsty to find the company of other Greeks."

Such contacts were important for sense of community, confirming *bonded* social networks. Weine (2004) posits that 'sticking together' is one strategy minority groups utilise to affirm collective cultural identity. For individuals like Alik, remaining entirely within the Greek community over her life-course and since becoming widowed reflected her reality of ageing in Australia. Pavlos (M, age 70, rural, w. 12 yrs) regularly visited other Greek males:

We set this up because we were friends...Three have their wives. Two of us don't...we are friends with the men...the wives sit separately and tell their own stories. We sit outside, drink our coffee, chat...The men though, not the women. The women...don't come to the other men's houses...It passes the time.

Yiannis (M, age 85, urban, w. 6 yrs) highlighted good company and friends as some of the most important things in life, alongside familial closeness. For individuals like Katerina (F, age 77, urban, w. 32 yrs), friends mitigated loneliness. Constantina (F, age 79, rural, w. 16 yrs) spoke to the company her friends provided:

Whoever used to come, still comes...even more so now. I see them at church, because I'm a widow they will...drop by here for coffee...talk, especially on Fridays I have lots [of visitors]...They [friends] come, I don't have any complaints...I have company.

Though some were satisfied with their current level of social interaction, others craved more company. Lacking interaction and feeling isolated, Sotiris (M, age 88, urban, w. 1 yr) stated: "I don't have company...I am alone inside the house, day and night. It's not a pleasant thing."

Social events organised by Greek community associations or religious groups facilitated inclusion for some interviewees. Lifelong church attendance helped maintain inclusion within local Greek communities, and for many, was their only opportunity for social interaction in older age. Some gendered sites important for community inclusion within the Greek field included '*Philoptoho*' (*Φιλόπτωχο*) for females, and '*kafenía*' (*καφενεΐα*) for men. Local church-affiliated '*Philoptoho*' associations regularly assist widowed Greeks in organising memorial services. Some widows had previously or were currently volunteering for '*Philoptoho*' associations. Alik (F, age 76, urban, w. 2 yrs) described how volunteering increased opportunities for recognition and inclusion within the Greek community:

I can't say that I'm very social, but the [Greek] community knows me well...I'm in the '*Philoptoho*'...you get to know lots of people. But I'm not interested in this

[socialising]...I avoid lots of social ties...People recognise and respect me, I'm happy about this.

'*Kafenias*' were especially important for males' inclusion during younger years. Savvas (M, age 85, urban, w. 4 yrs) recalled: "The '*kafenias*' were packed with Greeks. All of us would go there; we were taught that from Greece...There are no '*kafenias*' now." Sotiris (M, age 88, urban, w. 1 yr) drew attention to the gendered, generational nature of '*kafenias*': "We are old now, the young people...don't go to '*kafenias*'. You go elsewhere. Whereas my generation...everyone would go to the '*kafenias*'...Women don't go to the '*kafenias*'. Only men go."

Most existing '*kafenias*' had closed due to decreasing popularity, arguably affecting older Greek men's opportunities for social interaction. Some, like Panos (M, age 75, urban, w. 3 yrs), noted that widowhood and older age decreased their willingness to visit '*kafenias*' or pubs. Further highlighting widowhood's impact, Sotiris, who frequented '*kafenias*' in his younger years, no longer felt like attending subsequent to losing his wife:

When I had my wife, I'd go to the '*kafenio*'...And now if she was here, I'd go to the '*kafenio*' every weekend...Since she passed away, I don't want to go to the '*kafenio*'. I don't want to remember what I knew [before], understand? At church...lots of times I go with a cold heart, because we'd go together. Now, [I'm] alone...My whole life has changed.

Takis (M, age 70, urban, w. 11 years) was the only interviewee who occasionally frequented other sites, including pubs and local libraries, to combat loneliness.

There were individual and gendered differences as to whether and to what extent interviewees felt included and excluded from distinct fields within the Greek community over the life-course, including since becoming widowed. Most felt part of and included in their local Greek communities in urban and rural SA (albeit to differing degrees), based on shared cultural, linguistic religious background and migratory history. Most did not feel part of a wider, transnational Greek community due to geographic isolation from Greece, and typically limited later-life overseas travel. Local Greek communities in Australia were central to their lives, reaffirming strong, inward-looking cultural group bonds.

Several were involved with more formal or structured Greek community-based activities, social, cultural or leisure groups and organisations, contributing to inclusion. Tania (F, age 85, urban) stated of the Greek-specific social group for older adults she attended three days per

week: “It’s good I came here...[the social group] saved me...my day passes and I don’t even realise it!” Interestingly, only two interviewees were involved in more mainstream social groups, which for individuals like Litsa (F, age 80, rural, w. 15 yrs) provided opportunities for social interaction. Most, including Margarita (F, age 85, rural, w. 2 yrs), Fotis (M, age 80, urban, w. 1 yr) and Yiannis (M, age 85, urban, w. 6 yrs), were not involved in any social or community-based activities or groups in either field. Highlighting the impact of widowhood-related changes, Fotis no longer attended such groups as a widower because they were mostly attended by couples, rendering him uncomfortable in such contexts: “It’s couples...the groups know one another...I’m an outsider and not part of the group, I don’t go to these meals that they have.” Savvas (M, age 85, urban, w. 4 yrs) similarly stated of a somewhat ‘feminized’ social space: “It’s hard, you see everyone else married, and you’re by yourself. I used to go to [the Greek Welfare group] every month. There would be 20-30 women...I was the only male...Now I don’t go at all.” Contribution to an overall sense of inclusion related to whether or not groups were CALD or mainstream in nature. This conceivably influenced the extent to which groups were perceived to be welcoming of, or attended by individuals regardless of ethnicity (i.e. CALD groups are likely afford more inclusion than mainstream groups). Involvement in mainstream groups arguably fostered *bridging* capital and sense of inclusion; conversely, CALD or Greek-specific cultural groups contributed to interviewees’ engagement within their own or other non-mainstream cultural communities.

Notions of social exclusion from mainstream English-speaking Australian fields and potential reasons for exclusion with respect to distinct, but at times overlapping, social fields are explored below.

6.2.2 ‘I haven’t mixed with Australians’: Mainstream Societal Exclusion

‘Perceived inclusionary status’ refers to the degree to which individuals perceive they are (or are likely to be) included or excluded (Leary, 1990). Individuals often assess inclusionary status not in terms of their standing in actual groups or relationships, but in terms of ‘potential’ standing on this inclusion and exclusion continuum (Leary, 1990). Socialising with non-Greeks is one indication of interviewees’ overall community involvement, and wider English-speaking societal integration. Interviewees felt most socially excluded in terms of mainstream English-speaking Australian society. While most did not explicitly state that they felt actively excluded, there was implicit evidence that their life-course experiences had not enabled or required them to amass the relevant resources and capital to participate in non-Greek fields.

One feature of remaining almost entirely within one's own cultural group is the exclusion of outsiders (Miladinovic, 2012), a negative aspect of *bonding* social capital (Portes, 1998), which many interviewees appeared to do, if somewhat unconsciously or implicitly. The ways in which interviewees referred to themselves, other Greeks, and non-Greeks in terms of clear, binary classifications and distinctions (i.e. "us" vs "we" and "them") was telling of their inclusionary and exclusionary beliefs. Such 'markers of difference' and associated discourses of categorisation contributed to positions of ambiguity. Non-Greeks were commonly referred to as outsiders or 'foreigners', wholly 'othering' their own identity and that of non-Greeks, which reinforced inclusion and exclusion in different fields. Making strong judgements about non-Greeks means interviewees inherently focused on the differences rather than similarities between themselves and other cultural groups, arguably heightening perceived exclusion. Wider societal discourses portraying individuals, many of whom are citizens, as 'foreigners' or 'ethnic minorities' often go unchallenged among wider society, perpetuating assumptions and influencing the ways in which relationships and identities are constituted and played out (Lynam and Cowley, 2007). Furthermore, some simultaneously referred to themselves as feeling like or being viewed by others as 'foreigners' in different contexts (i.e. when holidaying in Greece), or compared to English-speaking Australians.

Highlighting the complex interplay of different exclusionary processes, there was evidence that interviewees' life-courses and widowhood experiences led to self-exclusion, actively excluding others, and feeling excluded by others. Many interviewees seemed to 'other' themselves, highlighting the notion that 'othering' may exist in both directions, not just from Anglo-Australians to their Greek counterparts. Reasons for having no or limited interaction with Australians centred on language and cultural barriers, and limited life-course contact with English-speakers due to their settlement and occupational experiences fostering *bonding* social capital. At this time, contact with Greek relatives and patriots was integral in obtaining appropriate accommodation and occupations, and fostering support, solidarity and community (see Chapter 2). Despite this, tangible later-life support from other Greeks was limited, with the exception of transport and informal translating. Despite having lived in Australia for many decades, most or all of interviewees' social contact since arrival was confined within their ethnic community. Typically, their friends were of similar ages rendering these friendships and networks subject to shrinkage or decline. Litsa (F, age 80, rural, w. 15 yrs) explained: "I don't have many friends, but the friends I have – some have left for [urban area], others have died." Non-familial contacts and friends were often relegated to the periphery compared to the immediate family, due to individuals prioritising family over others, and geographic distance and relocation. Many friends and contacts had moved to urban areas, further limiting rural interviewees' social interaction in older age.

Lacking trust in new and diverse networks has been said to weaken sense of community or societal inclusion (Miladinovic, 2012). Tania (F, age 85, urban), who lacked inclusion, reported no contact with non-Greeks. Similarly, Andreas (age 86, rural, w. 21 yrs) said: "We don't have many ties with Australians." Fotis (M, age 80, urban, w. 1 yr) highlighted the impact of language and cultural barriers: "I am more comfortable with Greeks. It's different being around Australians. I am more satisfied when I'm around Greeks...that's my language...I understand..." Margarita (F, age 85, rural, w. 2 yrs) expressed a similar sentiment, borne of language barriers: "I'll talk with Greeks...I can't talk to Australians." Despite most having lived in Australia for over 50 years, possessing no or few Australian friends reflected the fact that social contact since arrival had been confined to their ethnic community. Nikita (F, age 83, rural, w. 18 yrs) explained that she did not know any Australians, aside from her initial workplace boss. Thus, interviewees' earlier migratory and settlement experiences simultaneously strengthened inclusion while diminishing potential integration to other societal fields, increasing exclusion. Sotiris (M, age 88, urban w. 1 yr) explained: "...because we didn't know the language [English]...we didn't socialise...with Australians. All of our company here was with Greeks." Accounts highlighted that life-course exclusionary processes and impacts carried weight in older age.

Overall, the majority did not report socialising with English-speaking Australians. Some had neighbours of different ethnicities, but only a couple possessed Anglo friends. Litsa (F, age 80, rural, w. 15 yrs) rather poignantly spoke to this isolation: "I haven't mixed with Australians very much to know how they feel...I would have liked it very much to have an Australian friend, to learn how to speak English, I don't have any [Australian friends] here."

Degree of social inclusion and exclusion varied in different contexts and domains, with some reporting interaction with Anglo-Australians. Aliko (F, age 76, urban, w. 2 yrs) and Calliope (F, age 70, urban, w. 1 yr) knew some of their Australian neighbours after many years in their neighbourhoods. Countering the narratives of the majority, Katerina (F, age 77, urban, w. 32 yrs), spoke some English and possessed a strong desire to form connections with her Anglo neighbours. Penelope (F, age 71, urban, w. 13 yrs) spoke English with some Australian friends, and also attended a Greek pensioners' society, and a CALD women's group. Individuals generally communicate in English at CALD social groups, despite differing proficiency levels. Penelope's socio-economic background, as a woman still engaged in a paid profession, coupled with English language capital, enabled her CALD group attendance, contrary to most other Greek widows. This suggests that some individuals are more skilled than others in handling their resources, and taking advantage of 'rules of the field' (Kirschbaum, 2012).

Establishing social ties outside original groups leads individuals to acquire new information not originally included in their social milieu (Kirschbaum, 2012), which appeared the case for Penelope. It is conceivable she felt more comfortable attending a social group comprising other migrants with varying English proficiency rather than a strictly English-speaking Anglo-Australian social group, where she may have felt more self-conscious about her proficiency. The commonality of members' shared migratory experience may have also facilitated Penelope's attendance. She also stressed that her involvement in these groups was appropriate to her age and widowed status. Thus, select interviewees were more socially included than others in older age due to the differential and nuanced impact of various life-course inclusionary and exclusionary processes and experiences.

Only eight interviewees (three from urban areas and five from rural areas) reported identifying with a wider Anglo-Australian field. Identifying with a more mainstream field was in part interpreted based on whether interviewees explicitly reported feeling part of this field, possessed some Australian friends or neighbours, or participated in more mainstream social or religious groups. No interviewee reported feeling completely integrated in, or felt as though they were wholly part of a wider English-speaking Australian field, which undoubtedly affects their later-life health and well-being. Some did not meaningfully participate in mainstream society. Discussions regarding mainstream society emphasised themes such as belonging (or lack thereof), and cultural differences and linguistic barriers, discussed in Section 6.4.

6.2.3 Factors Influencing Exclusionary Processes

Exclusion and marginalisation are characterised by a sense of being overlooked, categorised, or misrepresented in society, curtailing opportunities for capacity and relationship building (Lynam and Cowley, 2007). Bourdieu (1999) asserts that marginalising processes are insidious in nature, depriving individuals of the consciousness of exclusion. In such situations, individuals accept their circumstances as immutable and logical. This is perhaps why in this study, most did not clearly state that they felt wholly excluded from mainstream English-speaking society, though it is conceivable that they did not feel part of the wider community due to a unique combination of life-course factors explored below, including linguistic capital, older age, migrant status and racism.

The language individuals use is designated by, and reiterates their relational positions in social fields (Bourdieu, 1979, Bourdieu, 1991). The fact that most chose to be interviewed in Greek highlights membership within this field rather than an Australian field, and the dominance of

Greek language capital. Language proficiency was self-reported during interviews. Most lacked sufficient linguistic capital to read and write in Greek due to limited formal education, along with little or no spoken English linguistic capital, with minimal or no reading and writing ability. Yiannis (M, age 85, urban, w. 6 yrs) stated: "My English writing isn't good. I can talk alright, but can't really read and write because I didn't go to school to learn." Though the majority reported speaking very little, if any, English, interviewees had differing proficiency levels. Most were able to reap the dual benefits of their children's English and Greek language capital, which assisted with navigating Australian social fields. There were some exceptions; three interviews were conducted in English, albeit with differing linguistic competence. Foreign language proficiency was thought to decrease with age, and lack of practice (Morse and Messimeri-Kianidis, 1998). Fotis (M, age 80, urban, w. 1 yr) explained:

Now I don't know *anything!* Because I've had 20 years alone, inside [my home]...Who am I to talk to? Not English, not Greek...You don't speak at all...I've forgotten [English]. Someone who learns a language in its written form doesn't forget it easily. But if you learn it [on the job] like how I learned it [it's easier to forget]...Someone needs to talk to me slower...I need to search for the word...slowly...I can read, but not many things...Widowhood for a man is a drama, a very hard thing, because you are alone, you don't have anyone to talk to...That's why I told you I forgot my English...When a person hasn't entered your house at all, how can you talk?

Commonly cited factors interacting to constitute exclusionary life-course processes included barriers to learning English in Australia, preference for Greek language retention, Greek community inclusion, and prioritising work above other endeavours or certain occupations lessening educational opportunities. These processes led to limited English *despite* decades of Australian residency. Dimitra (F, age 77, rural, w. 5 yrs) explained: "I don't know [English] (chuckle). So many years in Australia! I don't know...I can't learn it!" From a life-course perspective, limited English affected occupational attainment in Australia, as Calliope (F, age 70, urban, w. 1 yr) explained:

They were 'heavy' (in English) [jobs]. Easy jobs – do you know what that is? When you are educated, you work at a light capacity...for us it was difficult because we didn't know the language, weren't educated...that's why they brought us to Australia, because they didn't have enough people to work...They didn't give us office jobs, like those who come now.

As demonstrated above, lacking economic, educational and cultural capital often relegated Greek migrants to manual occupations. Learning English was deemed hardest for rural workers. Alexandros (M, age 79, rural, w. 6 yrs) explained:

Here, out in the 'farmes' (*sic*), it's hard to learn English. The people who worked in factories, whether they wanted to or not, would learn some. I came here, the 'bossi' (*sic*) would tell me 'prune' (in English), then I would see him again at night. Who would I talk to – the vines?

For many, like Litsa (F, age 80, rural, w. 15 yrs), not learning English due to a life-time of rural work and limited education led to daily disadvantages, and was accompanied by a sense of regret:

This is what I've said over and over in my lifetime. When my kids were little, I spoke Greek so they would learn...This was a mistake. I could have learned English from the kids. The kids...got older...left home, I didn't learn English...because I had my husband. I was at home...When I lost him, I realised what a big mistake I had made...To go to the doctor, I require an interpreter...

Another factor in gaining no or limited English was assumptions that children would learn both languages to facilitate communication. Litsa stated: "I speak Greek, because I don't know English...That's how we communicate. What can you do? All my kids know good Greek...I tell them, 'I can't learn English, you learn Greek so we can communicate'." Gina (F, age 77, rural, w. 3 yrs) outlined feeling uncomfortable in front of her daughter-in-law's Australian friends:

I can't go by myself in a situation where I don't know people. If I know someone I will go...my daughter-in-law...has a dinner party. She says to me, 'Mum, come'. I don't feel 'comfortable' (in English) because I can't talk like I'm talking now. I feel bad. That's why I want to go somewhere where I feel comfortable, where I know the language. Where I can say what I think...Have a conversation. Because now we are old.

Though largely inaccessible (especially in older age), increased English language capital was deemed conducive to an 'easier' life in Australia. Linguistic barriers were perceived to have an impact on well-being, service access (see Chapter 8) and interactions with Australians. Not speaking English was deemed detrimental to independence, and increased reliance on others (particularly adult children). Limited English represented a 'marker' of exclusion, contributing to the sense that Greeks were not fully part of or included into mainstream society. Rather,

claims of belonging to Australian society were seen as illegitimate or unattainable, especially in older age, as further discussed in Section 6.4. Akin to linguistic barriers, maintaining other cultural traditions reinforced their cultural isolation and bonding social capital. It was likely that in one sense, this no longer served Greek migrants well, especially as very few alluded to defying such cultural and linguistic traditions in older age.

Growing older and becoming widowed, coupled with migrant status, particularly contributed to exclusion. Sotiris (M, age 88, urban, w. 1 yr) viewed Australia as a decent place to raise children, but deemed it harder for older adults, especially once widowed:

For the kids, for you, it's a good homeland. For us, it's a little hard...Now, the way I am, it would be better for me to be there [in Greece]...at my age...I'm an old man...I'm alone. If my Mrs was here, then it would be 'all right' (in English), 'I wouldn't worry' (in English) much. But alone, it would have been better for me to be in my village, because there are less people...people know one another, they go out to the '*kafenio*' and pass the time. Here, the time doesn't pass.

Further exacerbating exclusion were age-related losses to one's social network (i.e. friends having passed away, ties diminishing naturally), loss of mobility, and travel and/or geographic issues (i.e. living far away from networks). Nikita (F, age 83, rural, w. 18 yrs) explained how losing previous social ties in older age resulted in isolation: "I don't have people to talk to...in the early years we had lots of ties to people, who we'd visit, but now we don't." Similarly, Manolis (M, age 80, rural, w. 2 yrs) said: "If you live after 80, 90, what's the good? You not enjoying your life (*sic*). Before we used to go...dance...church, met people (*sic*)...Now I don't know anyone."

No interviewee had initially planned to permanently reside in Australia. Most viewed migration as temporary, retaining intentions to return to Greece. This represents another factor potentially influencing notions of inclusion and exclusion. Evangelia (F, age 75, urban, w. 18 yrs) described her experience: "[I speak] very little...we associated with all Greeks and that's why we didn't learn. In our house we didn't speak any English. We wanted to leave [for Greece] and we didn't want our kids to lose their Greek." For many, an initial expectation of temporary residence affected settlement in Australia, willingness to learn English, integrating to mainstream Australian culture and society, and perceptions of inclusion and exclusion. Commonly cited rationales for eventually remaining in Australia included their marriages and children, possessing increased opportunities, and lacking finances to return home.

Several described the fact that despite many years of Australian residence, Greeks were still technically 'migrants' in Australia. This further contributed to social exclusion over the life-course and in older age. Highlighting the continued influence of early exclusionary processes despite years of residence, Fotis (M, age 80, urban, w. 1 yr) still referred to himself as 'New Australia' (*sic*): "The Australians didn't *TRUST* the 'New Australia' (*sic*) who came here." Though some distinguished themselves from newer migrants, they still considered themselves to be different and distant from Australian-born individuals, despite time elapsed since arrival. Calliope (F, age 70, urban, w. 1 yr) said: "We are brought up differently, in Greece...We may live in Australia, but we can't follow the steps of the Australians."

Related to their long-standing, prevailing migrant status were perceptions of racism, further highlighting the continuing impact of earlier exclusionary processes. There were individual differences as to whether interviewees felt accepted by white Australians, and whether they had encountered racism. Several, including Yiannis (M, age 85, urban, w. 6 yrs), experienced initial difficulties renting property, resulting from hostility and prejudice from Australian landlords and real estate agents. Anastasis (M, age 76, rural, w. 20 yrs) relayed examples of overt racism: "[In] the first years, Georgia, yes, but now Australians have 'cooled down' (in English). They don't say like they used to in the first years – 'bloody wog' (in English) (*sic*)." Angeliki (F, age 65, rural, w. 5 yrs) believed that areas being densely settled and populated with Greeks increased wider community respect and decreased racist sentiment.

Echoing literature cited in Chapter 3, perceptions and experiences of racism, discrimination, prejudice, or hostility from the wider English-speaking Australian community, especially during the White Australia policy, contributed to older Greek migrants' sense of life-course exclusion (Tavan, 2005). Many felt marginalised and excluded due to derisive views labelling Greeks as 'wogs'. Cheong (2007) holds that minorities have been traditionally perceived as 'invading Others', threatening social norms. Sense of 'otherness' is applicable to the present study, whereby cumulative experiences and factors including migration, gender and older age, interweave to exacerbate exclusion. In addition to these multiple ways in which interviewees' felt 'othered', widowhood added yet another dimension of later-life exclusion in a 'couples' world'. Furthermore, feeling 'othered' on the basis of divergent cultural and religious norms may increase exclusion or feeling as though one's identity is suppressed or devalued (Mathieson et al., 2008). Such marginalising processes represent persistent daily reminders of difference. The sense that one does not entirely 'belong' creates contexts for vulnerability, thereby influencing health and well-being (Lynam and Cowley, 2007). The following sections describe additional facets of inclusion for older widowed migrants; namely, the role of their neighbourhoods and sense of safety in the community.

6.3 The Role of Neighbourhoods

Neighbourhoods are sites of inclusion and exclusion with implications for health (Carpiano, 2008). In this study, neighbourhoods represented sites where interviewees spent the majority of time over the life-course, especially in older age. For some, neighbourhood friendships and close-knit communities contributed to sense of inclusion and belonging. Others received limited informal support from neighbours, dependent on factors including proximity to neighbours and neighbours' ethnicities, which varied across interviewees and residential locale. The exclusionary processes interviewees noted differed according to urban and rural location, with physical proximity to and social relationships with neighbours influencing perceptions of inclusion. In this study, neighbourhood exclusion primarily related to geographic distance, or not having very close contact with neighbours. Rural interviewees residing in townships usually had neighbours within closer proximity, whereas some residing on larger, more isolated properties either never had neighbours, did not have neighbours living within a few kilometres of their homes, or previous neighbours had since moved away (see Chapter 5). Highlighting residential isolation, Nikita (F, age 83, rural, w. 18 yrs) explained: "In our neighbourhood now, no one lives here. They left many years ago...I like neighbours being around, interacting with them, talking...unfortunately we don't have any neighbours now."

Factors such as ethnicity, residency length, home ownership, and socio-economic status are important predictors of social engagement, network formation, neighbour relations, and community participation (Carpiano, 2007). All but two urban interviewees resided in the family sized home they had purchased soon after arrival in Australia in well-populated neighbourhoods, shared with their spouse pre-widowhood. Few had moved to newer, smaller units or townhouses in older age, however the majority resided in the same homes and neighbourhoods for over half a century. Especially for rural residents, this enhanced knowing people in the area, and for most, increased socialising, and related to sense of safety, explored below. Gina (F, age 77, rural, w. 3 yrs) explained: "Everyone knows me, yeah. I'm not scared to go outside and walk...people know one another. It's nice."

Only two widows in urban areas, Katerina and Ioanna, had relocated in widowhood to reside closer to their children. While several individuals in rural areas no longer lived in their original family homes on large properties (rather, they downsized in older age), almost all had lived in these smaller homes with their spouse.

Ethnic composition of neighbourhoods also affected interviewees' sense of inclusion. This naturally varied across interviewees and residential location (i.e. neighbourhoods comprised of other Greeks, English-speaking Australians or individuals of varied ethnicities). Greek neighbours fostered a greater sense of community and inclusion, heightening a sense of 'Greekness'. Stavroula said of her Greek neighbours (F, age 67, rural, w. 20 yrs): "I go to their houses, they come here...This is okay, I have friends. But friends can't come to your house every day. They come once a month...typically every night I'm by myself."

Conversely, lacking closeness to Australian neighbours due to linguistic barriers contributed to a sense of isolation and exclusion from mainstream English-speaking society. Compounding this, Pavlos (M, age 70, rural, w. 12 yrs) highlighted neighbourhood changes resulting in less Greek neighbours: "Before, it used to be all Greeks. Now I'm by myself. They have all left. All of these houses used to be Greek. Now the only one is [Greek woman]." Similarly, Ioanna (F, age 84, urban, w. 12 yrs) explained that most Greeks lived on the other side of town. Besides being far from other Greeks, she spoke of considerable isolation from Australian neighbours: "Since the time my husband died and I've moved here, no one has contacted me...they have their own lives...families. But here [new neighbourhood], I don't see anyone...No one knocks on my door apart from my daughter."

Takis (M, age 70, urban, w. 11 years) specifically highlighted the impact of migrant ageing on isolation, and neighbourhood and community exclusion: "Here we are in a foreign country, you don't see your neighbours. When you're living alone, you're by yourself in the house."

Akin to other social networks in older age, neighbourhood networks were subject to age-related declines, individual differences in socialising, and changes in residential location resulting in diminished networks. For Katerina (F, age 77, urban, w. 32 yrs), socialising with neighbours mitigated loneliness: "I have very good friends around this neighbourhood who see me...I don't feel lonely at all." For some, neighbours were an important source of informal support, and key to sense of community inclusion, but this often depended on physical and/or social proximity. Fotis (M, 80, urban area, w. 1 yr) stressed the importance of socialising with neighbours:

That's why I'm telling you that you always need ties with people...You always need communication with people...because when you don't have people to talk to, life becomes 'miserable' (in English)...I am happy with them...two or three [Greek neighbours], and my '*koumbara*' (*κουμπάρα*)...They are happy when I go to see them.

For the majority, neighbourhood exclusion was the flipside of inclusionary processes prioritising familial contact. Penelope (F, age 71, urban, w. 13 yrs) reported visiting her neighbour only if time permitted after seeing family. Savvas (M, age 85, urban, w. 4 yrs) outlined limits to socialising with neighbours: "Once a week to each [neighbour]. I can't go every day." Interestingly, Aliko (F, age 76, urban, w. 2 yrs) was one of the only interviewees who described contact with neighbours and other friends as having increased in widowhood, due to having supportive neighbours: "With some people, we've become better friends. People in the neighbourhood, before they didn't see me as frequently, now [they see me]. They care..."

Katerina (F, age 77, urban, w. 32 yrs) lost previous neighbourhood ties in relocating from a rural to urban area to live closer to children since becoming widowed. Though she described this transition as difficult, it was mitigated by her son's residence in the new neighbourhood:

I felt '*stenohoria*' in the beginning...because in [rural area] I had all of my contacts, everyone I knew, I had lived my life there. But now I'm used to it here...it wasn't very hard, because my son...lived next door...I had [son], and good neighbours here...when you change locations it's a little hard.

Despite her move being largely for her children's convenience, and having had an impact on her initial sense of community inclusion and social networks, Katerina had more contact with Australian neighbours than most others, which implied this move was positive and beneficial in older age:

In my neighbourhood I have very good neighbours...from England...They love us Greeks...do you know how much of a good time we have? When my son left - he used to live opposite me - the neighbours came to me and said, 'I have one sister and now I'm regarding you as my other sister'...They are very good to me, help me if I need something...I have put security inside the house (*sic*). I have their numbers if anything happens...It's a very good neighbourhood. But I'm careful. I keep good company.

Notions of having 'good neighbours' related to willingness to assist or look out for each other, and contributed to sense of neighbourhood safety, as Angeliki (F, age 65, rural, w. 5 yrs) stated:

I've got all good neighbours...I know if I ask...they will help, but I just don't want to do that. Not yet anyway. They have their own problem (*sic*)...And they've never asked me

for anything, so it's very hard for me to go to them...They offered. They say 'anytime you need anything'...

Interviewees often referred to neighbours of different ethnicities as 'good' neighbours, as though to rationalise that they 'got along' despite having different ethnic backgrounds, as Theodora (F, age 74, urban, w. 6 yrs) stated:

Here behind us there are foreigners, but it doesn't matter, they are good people...I have good neighbours...a German kid, but he is a great person...[He says] 'Call me and I can [give you a] lift...whatever you need'. A very good kid...a 'gentleman' (in English).

Nevertheless, it was more common for interviewees to report isolation from non-Greek neighbours. Tania (F, age 85, urban) described her neighbourhood as filled with 'xeni' (ξένη), and one Greek neighbour. Inherent in such statements was the fact that interacting with non-Greeks was more difficult than interacting with Greeks. Dionysia (F, age 73, rural, w. 5 yrs) lamented that her Australian neighbour once visited her upon hearing she was newly widowed. She highlighted exclusionary processes whereby limited English hindered sense of inclusion:

She came over, I made her a coffee. I couldn't see out of my '*stenohoria*'. I haven't seen her again. If she was a Greek, she may have come to see me again. I think they [Australians] don't feel our pain as much, the sorrow...I don't speak English, I can't make conversation with her. To tell her that I'm going to visit the next day at whatever o'clock...I don't know how to say it (in English)...What can you do? The hardships don't end. If my mother had come here and I was born here, I would have learned [English]...gone to school...But now, we remain blind.

This statement speaks to life-course experiences limiting opportunities to acquire linguistic capital, enhancing exclusionary feelings in older age and widowhood in a foreign land. Ioanna (F, age 84, urban, w. 12 yrs) also felt distant from her Australian neighbours, largely due to language and culture:

We don't know anyone. The Australians, after so many years, don't even say 'Ullo' (*sic*) to me. I have never seen this kind of thing before. And that's why I'm here alone, with the 'TV' (in English). I sometimes do 'tapestry' (in English)...That's how I pass my days, but it's very hard.

Previous research highlights that women have significantly more neighbourhood ties than men (Carpiano, 2008). In this study, the extent of neighbourhood ties did not seem to differ between widows and widowers, however residential location and English proficiency strongly influenced how interviewees spoke about their neighbourhood integration. Other important aspects of neighbourhood for individuals include physical and psychological safety, highlighting connections between feeling safe and belonging within neighbourhoods (Altschuler, 2004). Below, safety is introduced as an aspect of inclusion, particularly relevant in widowhood, where most reside alone.

6.3.1 Safety in Older Age and Widowhood

Safety is an important aspect of social inclusion (Coleman, 1988). Below, focus is placed on perceptions of safety at home and in the community, and in widowhood specifically. Most felt safe at home, due to having adult children or other Greeks living nearby. Margarita (F, age 85, rural, w. 2 yrs) noted: "I feel safe in my home because I have my children. If I was alone, I would be [scared/much worse]." Similarly, Gina (F, age 77, rural, w. 3 yrs) stated: "Now I am very good. I have my daughter, I feel safe with respect to all aspects, with whatever happens." Described in the previous section, sensing they had 'good' neighbours or neighbourhoods contributed to feeling safe, as Tassia (F, age 76, rural, w. 6 yrs) explained: "I'm not scared. The area is good...I've been here a long time...the families around here are good." Fotis (F, age 80, urban, w. 1 yr) described safety in terms of 'nothing bad' happening to date: "I've lived here for so many years, I've never had any 'trouble' (in English)." Similarly, Stavroula (F, age 67, rural, w. 20 yrs) stated: "I feel safe, no one knows what will happen but I feel safe, there are Greeks around, not many [bad] things have happened...People know one another. But there are break-ins, thefts. Things happen on a daily basis." Though overall most felt safe, more women than men felt less safe in widowhood, perhaps due to the unique combination of older age, gender, frailty and lone-living. This demonstrated the differential impact of gender as a social determinant on inclusion and exclusion. Gender constrained socialising, especially after dark, as Calliope (F, age 70, urban, w. 1 yr) explained: "I can't go by myself...I'm scared to go out at night. I don't go out anywhere at night. Wherever I go, I return home at 3pm." Of socialising with her Greek neighbour and more generally, her sense of neighbourhood safety in widowhood, Calliope stated: "My neighbour...comes, we watch a TV show together, she leaves at 7pm...Whereas when my husband was living, we'd sit outside until 9pm. Now I'm scared to sit there by myself." Secure housing particularly concerned widowed women. Aliko (F, age 76, urban, w. 2 yrs) explained: "I have to look out for myself...lock up at night...Whereas nights with [husband]...we'd watch TV and the front door would be open. If

someone came, I wouldn't think, 'Oh, someone is here'. Now there's a fear." Several widows exerted much daily caution to safeguard from potentially unsafe situations, emphasising their decreased sense of safety in widowhood, enhanced by societal changes. Evangelia (F, age 75, urban, w. 18 yrs) stated:

Look, in the olden days, people were better...now people have changed...they are bad...When we first came to Australia, we weren't scared, we would sleep in our yards...There were around seven Greek houses...now people lock everything up, have 'alarm' (in English), 'security' (in English) (sic), and you're still scared...that someone will come...These sorts of things didn't used to happen. Now at 5pm you close yourself in your house!

Somewhat mitigating safety-related fears, Despina (F, age 78, urban, w. 16 yrs) stated that her neighbours regularly checked up on her. Interviewees' perceptions of personal safety decreased in older age, undermining sense of community and societal inclusion.

Another important aspect relating to interviewees' inclusion and exclusion is explored below: notions of migrant identity and homeland.

6.4 Identity and Homeland: 'Ageing in a Foreign Land'

Notions of identity, homeland and 'ageing in a foreign land' contributed to inclusionary and exclusionary processes over the life-course and in older age, shaped the extent to which individuals willingly made contact with Australians and learnt English. Actively fostering and maintaining *bonded* Greek identities or 'Greekness' (*Ελληνισμός*) largely decreased *bridging* social capital (i.e. opportunities and skills required to access Australian social fields). Notions of maintaining Greek identity within a mainstream, English-speaking Australian context and the extent to which interviewees had adopted aspects of Australian identity and/or maintained dual cultural identities in older age and widowhood are explored below. Older migrants' conceptions of 'foreign' and 'home' provide further insights into their inclusionary and exclusionary experiences.

Though it was common for migrants to have possessed citizenship for decades, citizenship on paper (Government certificate) was not an accurate proxy for acculturation or social inclusion. Most distinguished between having official Australian citizenship and life-course retention of their Greek heritage, ethos, and cultural, linguistic and religious capital. Yiannis (M, age 85,

urban, w. 6 yrs) explained: “I go with the Greek customs, whatever the Greek religion says. I keep the [Greek] customs and traditions, I like the Greek way...” Integral to interviewees’ sense of life-course inclusion were notions that they were resolutely Greek and felt part of their Greek communities in Australia. Stavroula (F, age 67, rural, w. 20 yrs) stated:

I came to Australia when I was 19 years old. I felt it then and I will keep feeling it. I am Greek. Like my children – if you ask them, they will tell you – they are Greeks...It doesn’t change. It doesn’t matter where they were born.

Interviewees spoke proudly of active transmission of Greek linguistic, cultural and religious traditions and identity to future generations. Sense of ‘*Greekness*’ was assumed to be somewhat inherent, at times rendering my inquiries about cultural identity redundant in their eyes, as alluded to by Pavlos (age 70, rural, w. 12 yrs):

Of course...I am Greek. I may have company with Australians, but our soul on the inside says Greek. (Chuckles). If we weren’t Greeks, we wouldn’t send you to school so you can learn Greek...Your father felt Greek so he sent you to school...All Greeks want their children to learn Greek...I may have Australian friends...we live in their country...but I don’t want his family life at all...

For most, ‘*Greekness*’ was unquestioned. Tania (F, age 85, urban) explained: “I know I am a Greek. ‘That’s it’ (in English). What will happen? Will I become an Australian? [No].” Abandoning or denying one’s ‘*Greekness*’ was regarded as a betrayal of their homeland and people. Anastasis (M, age 76, rural, w. 20 yrs) explained: “You can never say you aren’t Greek. *You can’t say that.*” Ioulia (F, age 81, urban), born in Cyprus, likened identifying with Australian culture as synonymous with abandoning her homeland.

A sense of pride enveloped ‘*Greekness*’. Ioanna (F, age 84, urban, w. 12 yrs) claimed that her Greek identity was unchanging, attesting she will always feel Greek. Stavroula (F, age 67, rural, w. 20 yrs) passionately relayed a strong sense of pride in her Greek cultural identity:

I have talked to others who feel Australian because they’ve lived in Australia for most of their lives. The ones that label themselves Australians pretend...That’s why we [Greeks] have ruined in Australia (*sic*), because we say we are Australian. Okay, we came here. But Greeks go to other places. They are still Greek...They keep traditions and customs...they support the Greek culture...In Australia, why do we say we are Australians? I came to Australia to work, to live, because we couldn’t in our homeland,

but I won't stop being Greek...Everyone knows this. I am 100% Greek...no one gave anything to me for free, we came, worked...How did we Greeks work? Very hard. I am Greek...I'm not embarrassed to say it...I don't like it when people degrade my homeland...It's my homeland no matter what.

Penelope (F, age 71, urban, w. 13 yrs) was one of the few English-speaking women who actively contemplated her distinct cultural identity within mainstream society. She displayed efforts to 'fit in' or adapt to more mainstream Australian ways, by identifying as 'Australian', speaking English, and arguably interacting with more non-Greeks than others, primarily through her occupational and social ventures (including partaking in CALD social groups). Despite retaining most Greek customs and traditions, she had accumulated sufficient linguistic capital to enable mobility within fields. Nevertheless, she did convey that she does not feel, or is not (in the eyes of wider society) perceived to be truly Australian like Australian-born women, an important insight into how cultural relations and identities play out within longstanding diasporic migrant communities. Limiting overall inclusion among this group were notions that feeling or being 'Australian' was not deemed legitimate by interviewees themselves or others.

Forgoing one's Greek identity, and adopting or assuming a new, Australian identity, was far less common. Only a couple of interviewees spoke of this. Manolis (M, age 80, rural, w. 2 yrs), who spoke broken English, wished to be recognised as Australian:

No mate, [I'm] Australian...[19]56 come to Australia...We were born and grew up differently. They...grew up differently. If you ask me now, I won't tell you that I'm Greek. I know that I'm Greek, but I'm proud to say that I'm Australian...Only that I go to my church, but 'deep in' (in English) I say I'm a Greek, but...the way I feel, is Australia (*sic*). I do everything the Greek way, but when I go out [into the community] I want them to say that I'm Australian...My kids grew up here...No, I am Australian. They don't like that I say this, but that's how I feel! In a war between Australia and Greece, I'd fight and help Australia, not Greece. That may not be correct, but that's how I feel.

This account implied that Manolis' claims to a legitimate, unquestioned Australian identity or aspects of '*Australianness*' were contested by others (including Greeks and non-Greeks). Thus, even if interviewees wished to be regarded by wider society as Australian, they acknowledged barriers to this despite time in Australia. Gina (F, age 77, rural, w. 3 yrs) was the only interviewee who hyphenated her cultural identity, alluding to a dual identity:

You can't say you're Australian, but because we're in Australia – what do you expect?

We are Greek-Australians. I have lived the majority of my life here. We are in the best country...We have all of the services here...We have both Greek and Australian...you have lived a lifetime here...But you don't forget the Greek religion. We are Orthodox...you don't change...not even the kids...

Katerina (F, age 77, urban, w. 32 yrs) acknowledged that having two homelands was a difficult lived reality, due to possessing two contested identities, and residing far from one's homeland.

Kalache coined the concept 'ageing in a foreign land' to understand relationships between ageing and migration, and to describe the experience of migrants who arrived in host countries as young adults, who are 'ageing in foreign lands' (i.e. countries different to their birthplace) (ILC, 2008). In this study, interviewees' life-course inclusionary and exclusionary processes, experiences and factors such as occupations, language acquisition and cultural identity shaped and influenced the social fields that individuals participated in as older widowed adults, affecting their sense of belonging. Kalache (2013) suggests that the dynamics of migration constantly evolve; some migrants maintain homeland connections, while others remain rooted in solitude in their own cultural groups, excluded or alienated from mainstream society.

For most interviewees, Greece or Australia, or both, were considered 'home', albeit to differing degrees. However, for some, the notion that Greece would always remain one's true or original homeland was integral to retaining cultural and religious customs. For some, ageing in Australia as a 'foreign land' limited their sense of inclusion. Margarita (F, age 85, rural, w. 2 yrs), stated: "I don't see them [Australians] in a bad light, because I'm in their country", diminishing sense of belonging, and highlighting notions of cultural difference and distinction (i.e. feeling like an outsider in someone else's country despite years of residence).

Others saw Australia as their adopted or new 'home'. Alexandros (M, age 79, rural, w. 6 yrs) explained: "I've been here for so many years...52...Our home is here now." For Constantina (F, age 79, rural, w. 16 yrs), sense of 'home' was strongly tied to years of residence, and location of family:

[I am] Australian, I've lived here for years. I am Greek, but I'm also Australian, because I've had so many years here. I left Greece at age 21...now I'm 80. More of my life has been spent here...60 years here...A lifetime...I haven't wished for Greece...Some say 'Ah, to go to Greece!'. I went once, and I wasn't satisfied. My mother, father, brother had died.

Similarly highlighting the importance of country of residence and familial location, Panos (M, age 75, urban, w. 3 yrs) attested:

I feel Greek, but I can't say anything [bad] about Australia because I live here. Australia is the place I live in...naturally, I love Australia. But I feel more Greek...[I will] remain here...My son got married here, the girls will one day get married too. They will start families, Greece doesn't pull me...I was born and raised there...I have more years here in Australia but I spent my formative years there.

Panos' account conveys a pervasive longing to maintain '*Greekness*' despite his preference to reside in Australia.

For some, notions of homeland were more complex than simply identifying with either mother country or country of residence. Aris (M, age 90, rural) exclaimed: "My homeland is Greece! It's not Australia. Now I've met two homelands. I have spent more years here than in Greece!" Country of residence affected perceptions of homeland and identity, as interviewees often reflected upon how Australia was their home due to length of time spent here. Indeed, Litsa now felt foreign in her home country: "In Greece I am a foreigner now. My homeland is here. I came here when I was 22 years old...I am 80. I had my life here." Renouncing Greek citizenship for Australian citizenship in their younger years to secure their future in Australia had perhaps affected ties and affiliations to Greece.

Notions of what interviewees considered 'foreign', as well as notions of residing in a 'foreign land', shed light on conceptions of Greek, Australian, dual or 'othered' identities, which potentially affected perceived inclusionary or exclusionary standing. Describing settlement experiences, and working towards upward mobility in Australia, Fotis (M, age 80, urban, w. 1 yr) stated:

It's a nice place, a good place...In general, Australia accepted migrants as the foreigners we were. They received us well, took care of us...everyone in Australia is treated equally, the Italians, the foreigners, because most Australians themselves are foreigners. It's a good country...it has everything you need, if you are hardworking and look after your family...you can accumulate wealth, have good children, a good community.

Though this account distinguishes between 'new' and 'established migrants', Fotis, as an established migrant, still felt that he was an outsider to mainstream Australian society, while

simultaneously acknowledging the opportunities migration had afforded.

Below, interviewees' informal social support, both prior to, and in widowhood is introduced as an aspect of social inclusion with implications for well-being.

6.5 Prior Informal Support

Consistent with this study's life-course perspective and to provide insight into interviewees' historical and contextual backgrounds, the support interviewees received from other providers over their life-course, including spouses and parents, is outlined despite no longer being available in widowhood and older age respectively. In becoming widowed, most individuals lost not only their partner, but their primary confidant and support provider. Interviewees' support was primarily of the *bonding* variety.

6.5.1 Parental and Spousal Support

Interviewees described how their parents had supported them to varying degrees over their life-course, despite geographic distance limiting the extent of instrumental and arguably emotional support that they could offer after interviewees migrated to Australia. Many parents had never visited Australia; as such, many interviewees had experienced key life events including marriage, childbirth and raising their families without their parents. Migration to Australia was not only an individual hardship, but a familial hardship, representing separation from parents and supports. Speaking to this, Nikita (F, 83, rural area, w. 18 yrs) said: "In the beginning I didn't like it, because I was longing for my parents...It was a very hard life, where we came [to Australia]."

Despite such experiences, earlier solitary life events did not necessarily mean that interviewees were better equipped to deal with later-life spousal loss. One factor which may have contributed to overall ability to cope in widowhood was interviewees' mutual familial support and reciprocity, discussed further in Section 6.6.2.3. However, despite most narratives highlighting the existence of close emotional ties to deceased parents, after migrating to Australia, Greeks did not necessarily have the traditional forms of social support which may have been expected or accessible in their homeland (such as their parents and other relatives).

Interviewees' accounts of spousal support provided insights into the assistance that they received prior to becoming widowed. This reflected previous literature detailing support

benefits (Kim and McKenry, 2002, Waldron et al., 1996, Wilson and Oswald, 2005, Wood et al., 2007), though some gender differences are noted (Steinberg and Weinick, 1998). Accounts shed light on new responsibilities and difficulties that widowed interviewees faced, explored in Chapter 7. Some interviewees outlined how their late spouses had cared for them, especially during illnesses. Theodora (F, age 74, urban, w. 6 yrs) said: "He was a good husband...he looked after me a lot. I was sick many times, but he...took care of me." Men had typically supported their wives instrumentally, with daily living activities including transport, finances and outdoor maintenance. For some women, spousal dependence resulted in difficulties in widowhood. Some widowers also found it difficult to adapt to widowhood, missing their wives' instrumental and emotional support, as highlighted by Sotiris (M, age 88, urban, w. 1 yr): "When my Mrs was here, it was good, we were good. But now it's very hard...I cook alone, I clean alone...everything alone. It's not a good life now...I don't have a woman to help me." Takis (M, age 70, urban, w. 11 years) reminisced about his wife performing household duties: "It's harder. First I had her help, to cook, do this and that, I would look after the garden...It isn't [easy] for a person to be alone, it's a torment."

On an emotional level, interviewees missed their spouse's company, and the confidence they gained by association. Gina (F, age 77, rural, w. 3 yrs) stated: "Your spouse, when you lose him...you lose the support of the family. You were supported by him. Your life changes...I am missing the support in my life...What he provided for me and for the family." Interviewees like Petros (M, age 82, rural, w. 9 yrs), often missed spousal support, despite their children somewhat buffering loneliness. Yiannis (M, age 85, urban, w. 6 yrs) said of missing his spouse:

When you are alone, at home, at nights, it's very hard because your mind wanders...You go to bed, you miss the company, the conversation...You have lost it all and you realise that you are left alone...you're missing something...It isn't likely that this '*stenohoria*' will leave until we ourselves leave [pass away]. That's the way life is. We can't leave together. One will leave before the other. But you miss your person.

In short, spousal support was key for all interviewees prior to widowhood. Losing this support arguably had a negative impact upon their health and well-being. Sections below present findings pertaining to informal support *in* widowhood, primarily from extended family, and adult children.

6.6 Informal Support in Widowhood

6.6.1 Extended Family

Older Greeks are typically supported by wider familial networks (Newman et al., 2010, Walker et al., 2013), despite migration often resulting in geographically isolated or scattered families (Evergeti and Zontini, 2006, NYAM, 2009). In this study, informal support from siblings, relatives and grandchildren depended on interviewees' geographic proximity and familial closeness. This group had many siblings and relatives, reflecting previous literature on Greeks (Sant Cassia and Bada, 1992). Most reported being emotionally (if not geographically) close to siblings and relatives, and providing mutual support, especially those living within close proximity. Interviewees who felt distant from siblings and relatives found this distressing in light of cultural norms emphasising closeness. Some had siblings and relatives overseas (i.e. in Greece and other countries). Distance diminished frequency of contact, visits and support. Litsa (F, age 80, rural, w. 15 yrs), who had no siblings within close proximity due to death and geographic location, spoke of shrinking social networks: "We were five children...None of them are here [Australia]. I have three sisters in Greece...my brother passed away." Sotiris (M, age 88, urban, w. 1 yr), explaining his situation, stated: "I don't have any relatives living here. I don't have anyone." Similarly, Savvas (M, age 85, urban, w. 4 yrs) said: "All of my siblings have died...I'm the only one left. I had four brothers and one sister."

Conversely, others, like Aris (M, age 90, rural), had siblings in Australia who had worked in similar professions. Some rural residents had jointly owned property or houses with siblings in Australia. Such economic ventures (i.e. pooling financial resources) enabled some Greeks to enhance their capital in Australia after arriving with few resources. Nikita (M, 83, rural area, w. 18 yrs) still lived with her widowed sister in older age, subsequent to arranging a proxy marriage between her sister and her husbands' friend many years ago. Their families jointly purchased a house soon after migration, where they continued to co-reside over the life-course, and raise their respective families. Both women were widowed in older age.

Siblings provided social, emotional, and instrumental support. Pavlos (M, age 70, rural, w. 12 yrs) reported: "I go to my sisters every second day...she's by herself...I go past to see how she's doing." Dionysia (F, age 73, rural, w. 5 yrs), who lived in the same rural area as her widowed brother, provided him with domestic assistance, especially in the initial years of widowhood. Theodora (F, age 74, urban, w. 6 yrs) spoke of her brother's support with respect to transport, translating, shopping and accompanying her to appointments or hospital: "My brother has never left me...We were brought up close." Siblings formed Evangelia's (F, age

75, urban, w. 18 yrs) entire social network: "Here I only really socialise with my siblings because I am alone." Residing with siblings in older age facilitated mutual support (e.g. sharing meals). Some relatives also provided instrumental support, including translating and transport. Nikita (F, age 83, rural, w. 18 yrs) stated:

My niece would come every day when she had time off...take me to the doctors...she has helped me a lot since my husband passed away...My son...my other nephew was working on the '*blocko*' (*sic*)... it's hard when one person leaves and the other one is left behind. Of course I'm not alone, like lots of other women, I have my sister, my nephew, I had my son until around 10 or 11 years ago when he left home.

For interviewees like Savvas (M, age 85, urban, w. 4 yrs), residing close to relatives facilitated social interaction:

Now I am alone, no one comes to visit me here. Except for my relatives. Outsiders don't. I see people at church only...But they are Greeks...I have my car, I go where I want...I have my relatives close-by...I don't go anywhere else.

Urban residents typically lived within closer proximity than rural residents to their immediate and extended family. This fostered instrumental support.

Residing in small rural villages with their families, grandparents, and extended relatives in Greece was often instrumental to child rearing. Sotiris (M, 88, urban area, w. 1 yr) stated: "We are brought up differently, in Greece...Greeks are 'close' (in English) to their families, they keep their children and grandchildren close." More generally there was an implicit understanding that other, non-immediate relatives were inherently more distant than immediate family, and focused on their own interests, resulting in less time and resources to provide support. Similarly, not all who had relatives described close ties; for some, distance and years of separation were barriers to maintaining contact.

Interviewees averaged two children, and those who had children had one or more grandchildren. Grandchildren were a great source of pride, consistent with cultural norms. Tassia (F, age 76, rural, w. 6 yrs) stated: "[Grand-daughter is] nine years old. She is my biggest [source of] courage. Greeks with their grandchildren." Some were able to communicate with grandchildren entirely in Greek, while language barriers affected others. Fotis (M, age 80, urban, w. 1 yr) reported feeling distant from grandchildren due to gender, age, generational differences and his grandchildren's limited Greek. For some, including Theo (M, age 88, rural,

w. 3 yrs), visits from grandchildren temporarily alleviated loneliness. Living for children and grandchildren was a widespread sentiment in widowhood, where interviewees' sense of future time perspective was often diminished (see Section 7.2.2). Panos (M, age 75, urban, w. 3 yrs) said:

You lost your spouse, you need to continue your struggle...you have children, grandchildren, and you are in good health, you need to keep going...see them, help them. You pick up the kids...It fills your life a little...when you busy yourself...If you don't do anything, you are a zombie.

Most interviewees' grandchildren were older and no longer required babysitting. However, for some, like Gina (F, age 77, rural, w. 3 yrs), caring for grandchildren afforded a sense of purpose:

My daughter has two kids...I still help her look after them...I am happy, how can I tell you. You forget about your loss...You pass the time. You see them in your house and they say 'Hello *yiayia*' (*γιαγιά*). It's very nice, beautiful...if they leave I don't know whether I'll cope...[My daughter] gets up early...for work... If you have your mother and mother-in-law, it's very good.

Penelope (F, age 71, urban, w. 13 yrs) often babysat her son's children, who resided next door. Some grandchildren in turn instrumentally supported interviewees, but it was far more common for adult children to provide support. Grandchildren of rural interviewees often lived further away, rendering contact less frequent. Nikita (F, 83, rural area, w. 18 yrs), whose grandchildren resided in an urban area, said: "I only want to see them [grandchildren]." Two reported not seeing their grandchildren due to strained familial relations.

In short, some, but not all, received support from extended family in widowhood, reflecting largely *bonding* capital (Putnam, 2000).

6.6.2 Familial Importance and Informal Support in Greek Culture

Previous studies indicate that adult children as support providers are vitally important to older Greek migrants' health and well-being (Newman et al., 2012, Rosenbaum, 1990, Walker et al., 2013). This supports literature on the importance of family and relatives to adults' shrinking social networks as a result of death, whereby family and close relatives become more

important (Carstensen, 1995). This chapter focuses on the following themes to explore children's informal support to this group of widowed Greeks: the cultural importance of having children and familial closeness, current and future support expectations, notions of familial reciprocity, dependence and independence, and cross-cultural perceptions of families.

When older Greeks referred to 'family', they almost always specifically referred to children, actively distinguishing children from wider familial networks. Over the life-course, but especially in older age and widowhood, children's support outweighed support from others, although other supporters were important to some. Children somewhat mitigated the pain of bereavement by providing some interviewees stability at an otherwise challenging time during which additional support is required to supplement the spousal support typically received during marriage.

Most were well supported by children even *prior* to widowhood. Children's support was often so accessible, especially among interviewees residing close to children, that formal support avenues were variously not considered, preferred, or utilised. Additionally, as Chapter 8 outlines, where interviewees used formal services and supports, children were integral in navigating and organising these options, highlighting the existence of often vast familial support expectations among many older Greeks.

Interviewees' familial norms and expectations were instilled during early childhood socialisation by parents in Greece. Later-life support expectations were informed by strongly ingrained notions of familial closeness and care. Most interviewees were born of large families. Bearing their own children and raising a family represented an accepted or unquestioned expectation or requirement. Cultural notions of having 'good' children and taking pride in raising a 'good' family were employed, consistent with existing literature on the collectivist Greek family unit (Georgas, 1991). Expectations of later-life familial support were rife, as Yiannis (M, age 85, urban, w. 6 yrs) explained:

[Kids] have to show interest, because the parents showed concern for them, brought them up, educated them...If the kids are good...they show concern...This is the right thing to do...they can't have you in their homes, leave their jobs...look after you every second of the day but...to contribute, make time for their parents...More so for us [migrants] who are here and don't speak English...We want help from our children, understand...I am satisfied with my life and children, I raised a good family...my kids...educated themselves...made good families, thank God, I am very satisfied. Life

went well...[Australia] invited us here, accepted us, helped us, gave us rights to do whatever we wanted, work, have a family, accumulate wealth, everything.

All interviewees valued emotional and geographic familial closeness. No opposing views were presented, even by interviewees whose lived realities were at odds with such values and beliefs. Most felt as though they could rely on their children, and had frequent visits or contact, which mitigated feeling alone and facilitated coping in widowhood. Margarita (F, age 85, rural, w. 2 yrs) who co-resided with family, reported: "I have my children, my grandchildren...I don't believe I am alone." In short, most were thankful for their children's involvement in their lives, though rural residents' families were often more geographically scattered than their urban counterparts. Similarly, Katerina (F, age 77, urban, w. 32 yrs) said:

I want to see people. My children especially, because I brought them up. My children are my life. If I didn't have my children, I would have gone crazy. I would have lost it. But they call me...one phone call is life to me. They tell me their problems, I tell them mine.

Most communicated with children frequently in person or by phone. Litsa (F, age 80, rural, w. 15 yrs) explained:

You say you are not entirely alone, because if you were entirely alone and didn't have your children you would be [even worse off]. Thank God I have my children, may God keep them safe and well. They call me...ask me how I'm going...This is something.

Familial closeness and support was highly prized among interviewees. Though Nitsa had no children, she lived with and was cared for by extended family, who she described as loving her as though she was their biological parent.

6.6.2.1 Current and Future Support Expectations of Children

Interviewees received emotional and instrumental familial support across different domains. Children's emotional support, provided either in person or by phone, included frequent communication, advice, or problem solving. Sharing emotions and worries with those close to them appeared cathartic, though some were also conscious of not discussing spousal loss for fear of upsetting others (see Chapter 7). Katerina (F, age 77, urban, w. 32 yrs) and Penelope (F, age 71, urban, w. 13 yrs) reported forcing themselves to mask their feelings and appear happier around their children in widowhood. Though emotional support and connection to

others represents an important facet of older age, it was not discussed by interviewees as frequently or freely as instrumental support, perhaps because it is more difficult to speak of less tangible support. Furthermore, perhaps interviewees derived some degree of emotional support from their children's extensive instrumental support.

Interviewees' support expectations were intrinsically influenced by ingrained normative Greek cultural values and beliefs. Indeed, expectations were often explained within a cultural framework (i.e. because children were 'Greek', or socialised within Greek culture). Support was preferred, and expected from children, who interviewees assumed possessed an innate, implicit responsibility to provide support over the life-course, and especially in older age and widowhood. Expectations are often so entrenched that individuals perceive them as natural rather than culturally developed (Bourdieu, 1986). Constantina (F, age 79, rural, w. 16 yrs) remarked: "They *need* to look after them [their parents]." At times, enquiring about children's responsibilities was rather redundant, as many implicitly alluded to the fact that such arrangements were assumed or unquestioned; simply a requirement of parent-child relationships. Theo (M, age 88, rural, w. 3 yrs) spoke to this:

This has been in the root of my life. I always felt I owed something to my family...I've done a lot for my family...If you were to ask my boys...they feel exactly the same...I am not demanding, I only want to see them from time to time...it's something inbuilt. We were born with it...that affection for family (*sic*).

Furthermore, in most cases, children's support was so extensive that it was often difficult for interviewees to distinguish what they labelled 'support', from what merely constituted expected assistance in daily life.

Most not only felt currently supported in daily life, but had considerable future expectations of their children, especially with increasing age, frailty, and declining health. Assumptions that children would be available to provide future support were consistent with previously highlighted Greek cultural expectations (Georgas et al., 1996, Patterson, 1989, Rosenthal and Bornholt, 1988, Scourby, 1980). Calliope (age 70, urban, w. 1 yr) said:

'We don't accept much from them' (in English). Understand? When I have the need...They will come and take me. She will go shopping and ask 'Mum, do you need anything? Should we do anything for you?' Whereas I don't expect my child to be here every day to help me. 'Not yet' (in English)...When you get older, no one will want you like they want you now. You will be an old lady. They will come to say 'Hello mum, how

are you? Do you want help?', but we shouldn't expect much of our children, it's old age. Life changes when you reach 80. If I reach 80, which isn't likely...life changes a lot...now, I don't have any problems.

Though there was a strong sense that children simply *must* look after parents, consistent with a normative, contractual familial arrangement, interviewees' specific expectations differed. For some, expectations were greater than support received, which was problematic as such expectations may not always correspond with children's conceptions of support, or their competing responsibilities. For those who perceived that they lacked support, feelings of isolation, disappointment, disillusionment or unhappiness often ensued, especially when interviewees compared the support they received to that of their peers. Interviewees perceived that children of non-English speaking migrants ageing in Australia were seen to have added obligations to older parents compared to children of English-speaking or non-migrant parents, due to language and cultural barriers. Fotis (M, 80, urban area, w. 1 yr) highlighted this: "They have obligations like parents, mothers and fathers, to look after us, protect us in our old age, to help us here with the language because we don't know it...a foreign language...whatever they can do...within their capabilities..."

6.6.2.2 Factors Influencing Support Expectations and Provision

Factors influencing interviewees' expectations of support from their children included children's competing responsibilities, residential location and proximity, and differing cultural identifications or acculturation to Anglo society. Previous studies highlight similar barriers to adult children supporting older parents (Hogan et al., 1993, Ng et al., 2002, Shapiro, 2004). Children's occupational and familial responsibilities were barriers to closeness, frequency of visits, and potentially receiving additional support, or later-life co-residence. Several highlighted the sense that unmarried children still living at home were able to provide more support, suggesting that there may be changes to support expectations in older age following realisations that adult children have their own lives, families and duties. Dimitra (F, age 77, rural, w. 5 yrs) said: "They help their parents...when they are single. Then they get married and go to their own homes." Despite children's competing responsibilities, sacrifices were often made to care for their parents. Stamatias (M, age 80, urban, w. 11 yrs) explained that while he lives alone, his children may run late for work to provide him with transport. Indeed, most believed that children would immediately attend to them if required. Takis (M, age 70, urban, w. 11 years) stated of his son: "[if I need him] he will come straight away."

Residential location influenced interviewees' later-life experiences by impacting living arrangements and parent-child proximity, and subsequently, their support expectations. Geographic distance from children was not something interviewees took lightly. Dionysia (F, age 73, rural, w. 5 yrs) believed that she would receive additional support if her daughter resided closer. Furthermore, support expectations of children were further enhanced if only one child lived within close proximity. Nikita (F, age 83, rural, w. 18 yrs) highlighted an interesting reversal of stereotypical gender roles: "They have obligations to help. Because [daughter] is in [city], and she can't help me or be by my side all the time. Whereas [son] has the responsibility to take me to the doctors or whatever." Petros (M, age 82, rural, w. 9 yrs) similarly commented on how children within closer proximity provided more support:

My help comes from the two kids that live here. They help me more because they live here. Not because the others don't want to, but they live in [city], what can they do? They call me, ask me how I'm going, if I want anything.

For some, sense of closeness to children, and emotional support provision depended on physical proximity. Litsa (F, age 80, rural, w. 15 yrs) stated: "My two sons are the closest to me, I can tell them anything. They help and support me more so...show me more strength. The other two children are good too, but...far away. We only talk on the phone." Familial support expectations often weighed down differentially on children, with some subject to higher expectations than others. Though some eldest children assumed more responsibility than younger siblings, increased pressure and expectations were often placed on children with whom interviewees had better relationships. Theodora (F, age 74, urban, w. 6 yrs) said:

They need to help their parents. Their parents helped them...kids must look after the parents. Isn't that how it is? Some look after their parents, others don't. [Son] looks after me a lot, like his father. I don't have complaints with this child...I tell him that I want him to come and eat at night. Alright, sometimes the kid goes out. It doesn't bother me. But I want my child to be close to me...I have protection with [son], he looks after me a lot...other [son] doesn't pay any attention.

Most interviewees stressed that they had equal or fair relationships with all children, perhaps to appear as though they shared support and resources equally amongst children, as Sotiris (M, age 88, urban, w. 1 yr) stated: "[I am close] with all of my children. I don't differentiate between them. All of my kids are good, I don't say [one is better than the other]...This is my support...their love...The kids love and care about me..."

Those less geographically close to family sensed that they were missing out on the familial closeness others possessed. For some rural interviewees, children residing in larger cities represented a major barrier for those with limited or no access to private or public transport. Rural residents who did not reside close to children were separated by much more geographic distance than their urban counterparts in similar circumstances. Visiting children became more difficult with age. Anastasis (M, age 76, rural, w. 20 yrs) explained: "It's been six months since I went...It's not easy for me to go to [city]." Frequent phone contact was integral to feeling close despite distance. Savvas (M, age 85, urban, w. 4 yrs) explained:

We do not live close, especially my daughters, they are far away [one interstate, another in a rural area]. My son lives 30kms away, but we have such good ties, my children and I, that any time I want, I...call them...I am very happy with my children.

Conversely, Penelope (F, age 71, urban, w. 13 yrs), who lived next door to her son, celebrated living close to children. She asserted that it was an explicit assumption her children would never reside far from her: "That's what we had said, that they wouldn't leave and go far." Having children reside nearby was convenient for interviewees like Aiki (F, age 76, urban, w. 2 yrs) who did not drive long distances: "Thankfully, I have my three children all in [city]...they are close, '10 minutes' (in English)." Ioanna (F, age 84, urban, w. 12 yrs) and Katerina (F, age 77, urban, w. 32 yrs) had moved to reside closer to children and facilitate receiving informal assistance.

6.6.2.3 Familial Reciprocity

Within social networks, notions of reciprocity apply whereby those failing to reciprocate may be excluded (van Meeteren, 2009). This study highlighted the importance of familial reciprocity with most interviewees giving and receiving support from adult children. Akin to anecdotal evidence and previous literature, reciprocal support arrangements within Greek culture were perceived to be obligatory and uncontested (Cylwik, 2002). Alluding to cultural influences on reciprocity, Nikita (F, age 83, rural, w. 18 yrs) stated: "I don't know about Australians, but the majority [of Greeks] help their children. And their children help their parents in return...We [Greeks] support our children, and our children support us." Akin to support expectations, notions of reciprocity were ingrained from early childhood. Savvas (M, age 85, urban, w. 4 yrs) suggested that he cared for his son the way his father cared for him, indicating the internalisation of culturally-informed support expectations: "If [older adults] don't have kids, who will help them? Our father brought up children in poverty. Don't [we] need to provide something to him? We Greeks have this." The vast majority found reciprocal parent-child

support relations comforting, especially in older age. The most common explanation was that they had supported their children during their younger years, and subsequently felt that they could rely upon their children's assistance in older age. Typically, over the life-course, interviewees had provided generous financial support to children while employed, or by using savings in retirement, primarily to fund weddings, contribute to home ownership, invest or lend money to start businesses, and/or sign over rural properties. Penelope (F, age 71, urban, w. 13 yrs) stated: "All of the kids bought their houses but we helped them a lot." Nitsa (F, age 80, urban, w. 8 yrs) remarked: "I don't have anything, I've given it all to the kids." Calliope (F, 70, urban area, w. 1 yr) said:

When he got married... we supported him [financially]. Myself and his father-in-law. We got them a house. Then later they sold this and bought another... Of course, we helped them, I wouldn't think of not [helping them]. Every parent must support their child... as much as they can, not to buy them a palace initially, whatever they can [afford].

Reciprocal support expectations existed despite the acknowledgement children had their own families to care for. Furthermore, reciprocal support arrangements were perceived 'fair' for both parties. Anastasis (M, age 76, rural, w. 20 yrs) said: "We help our kids as much as we can for as long as we can. They help us as much as they can. It's 'fair' (in English)." Related to reciprocity were concepts of parental sacrifice for their children, which interviewees evoked to justify later-life support expectations. Petros (M, age 82, rural, w. 9 yrs) stated:

My child, the kids need to look after their parents, I don't have any complaints, because they look after me... like I looked after them. I worked and supported them... four children left home to study, think about what we sacrificed and what we still sacrifice with our grandkids. Well, it works both ways.

Similarly, Katerina (F, age 77, urban, w. 32 yrs) stated:

All parents, my dear, make big sacrifices for our children... this makes us happy... That's why kids need to respect their parents... They need to look after them, that's the most important thing. They need to love them... the years go by quickly and we'll leave this life.

Theodora (F, age 74, urban, w. 6 yrs) believed children's responsibilities towards their parents were justified due to their parents raising and supporting them. One way many rural families displayed reciprocity was bequeathing property to their children, subsequent to their children

providing years of labour. Alexandros (M, age 79, rural, w. 6 yrs) explained: “We did the paperwork...the kids had worked here for so many years...now owed them the farms.” Other examples employed to validate the often considerable later-life support expectations interviewees’ possessed of their children in widowhood included caring for and educating children, and babysitting grandchildren.

Feelings of guilt or familial moral obligations were often tied to strong familial support expectations, echoing findings among educated asylum seekers and refugees in the Netherlands (Glastra and Vedder, 2009). Katerina (F, 77, urban area, w. 32 yrs), who previously took pride in baking sweets for her family, lamented: “Lots of times I cook for them, make beautiful sweets...But these days I'm a little [weak], I can't offer the children as much as I used to.”

6.6.2.4 ‘I want to be by myself, but close to them’: The Paradox of Independence

As previously noted, interviewees had typically relied heavily on spousal support for English language, navigating formal services, social interaction, housework (including cooking), home maintenance, finances and transport. Indeed, there were some interviewees who, prior to widowhood had never performed some daily tasks alone. For example, Litsa (F, age 80, rural, w. 15 yrs) did not drive or speak English and relied on her husband in these areas, and Pavlos (M, age 70, rural, w. 12 yrs) had never cooked when his wife was alive. Where interviewees alluded to being reliant on late spouses over the life-course (prior to widowhood), they were now similarly dependent on children for informal support. Such dependence stripped some interviewees of opportunities to grow or undertake new, potentially positive experiences or responsibilities in widowhood. Some, like Margarita (F, age 85, rural, w. 2 yrs), received familial support to such a high extent that the absence of such assistance would conceivably render them lost, or unable to function independently. Furthermore, some had never questioned their familial dependence, or indeed even labelled or considered it ‘dependence’ as such.

Throughout interviews, there was evidence of what I termed ‘*dependent independence*’, or ‘*independent dependence*’; notions of wanting to be independent and valuing independence, but in reality being entirely dependent on familial support. As noted in the social support summaries of interviewees (see Appendix L), some lived independently, in houses close to their children, but to combat isolation, would eat with and sleep at their respective children’s houses each night, returning to their own homes by morning. Though Penelope (F, age 71, urban, w. 13 yrs) wished to be close to her children, she maintained a separate residence:

I would want to go with them. Not in the same house, because it's a bit hard to live with them. It's good to go and help them, but not to...stay there. I wouldn't want them to come and live in my house. I want to be by myself...wake by myself, but to be close to them.

Initially, some, like Angeliki (F, age 65, rural, w. 5 yrs), who longed to reside closer to families and receive more support, neutralised such sentiments with assertions stating that they valued independence and did not wish to rely heavily upon or burden others. This was a common sentiment in widowhood. Angeliki offered the rationalisation that her children had their own families to care for. Calliope (F, age 70, urban, w. 1 yr) and Penelope (F, age 71, urban, w. 13 yrs), who were both relatively young, stated that living well into old age would burden children. Some appeared more independent than others, including Sotiris (M, age 88, urban, w. 1 yr), who stated: "No, now I am alone...I know that for something to get done, I have to do it myself. I'm not expecting anyone to do it for me." He added to this later, saying: "You wait for a child of yours to come and see you. If you don't have children, who will come to see you? ...without children, life is 'no good anyway' (in English)." Those who valued independence, like Angeliki, arguably possessed more of a positive and proactive approach to coping and accomplishing daily tasks. A sense of pride accompanied independence, while loss of independence was generally viewed negatively. Though some continued to support themselves in many ways in widowhood, arguably maintaining or increasing sense of independence and competence by driving or attending medical appointments alone, there was an underlying reliance and dependence on children. Even interviewees who spoke of self-reliance, or stated that they did not expect much support from children, conveyed contradictory accounts that this support was somewhat mandatory, forming part of a tacit parent-child contract. In short, lived realities were often vastly different to verbal accounts, in that many continued to rely on children across numerous areas, as subsequent chapters highlight.

6.6.2.5 Cross-Cultural Perceptions of Familial Difference

Interviewees highlighted perceived cross-cultural differences pertaining to familial relations, cohesiveness, and support. Highlighting familial closeness in Greek families, interviewees compared and contrasted their own families and familial structure to Anglo-Celtic families, perceiving their own and other Greek families to be comparatively closer and cohesive, a judgement consistent with previous literature (Rosenthal et al., 1989, Rosenthal and Bornholt, 1988, Smolicz et al., 2001). Such differences speak to why most possessed vast later-life support expectations. Differing values and acculturation to Anglo society were mentioned by some to justify why their children's support may have fallen shy of their later-life expectations.

Indeed, interviewees assumed that possessing a more Anglo rather than Greek cultural mindset or normative values would negatively affect support provision, rendering their children's support less forthcoming. Some also alluded to possessing stricter child rearing practices than Anglo Australians, stating that such norms continued to varying degrees despite their children having reached adulthood. Notions of familial strictness contributed to beliefs that Greeks and their families retained increased support expectations compared to other groups. Petros (M, age 82, rural, w. 9 yrs) stated:

Australians have...another life...other traditions. We hold onto our families. I don't think Australians would take their father into their homes...For our children, we worked very hard...when we require help, they are by our sides. Australians don't do these things...This is the difference between [Greeks and Australians], and you know this yourself too.

Census data concurs, showing that children often informally assist or co-reside with their older Greek parents (ABS, 2002b).

Below, socialising among this group is explored, representing an important aspect of social support and inclusion, informed by theories of social capital. Greek cultural influences rendered socialising subject to widowhood related-changes.

6.7 Socialising in Widowhood

This section focuses upon the interviewees' social capital by exploring their networks, social lives and connections, and specifically, their extent of socialising in widowhood. Social connection is integral to later-life inclusion. Inherent in older Greek migrants' cultural group membership are stores of social capital, representing an individual resource linked to group membership (Bourdieu, 1986). Social capital does not necessarily transfer easily across fields (Kleist, 2007), for example, from the Greek community to the wider English-speaking Australian community. In this study, most interviewees alluded to their children comprising their entire social networks. Indeed, socialising with children was deemed to be more appropriate than with others. This section focuses upon declines in socialising in older age and widowhood specifically, including houses 'shutting off', and the perceived appropriateness or stigma associated with certain types of socialising.

Interviewees valued socialising, highlighted several benefits including keeping busy, combating isolation, and relieving stress. Margarita (F, age 85, rural, w. 2 yrs) explained: "It's good because you are distracted from thinking for a bit...I feel a bit better when I talk to people." Manolis (M, age 80, rural, w. 2 yrs) relayed a similar experience: "[Life] its stress[ful]. If I have company and I'm talking, it's okay, but if I'm by myself it bothers me." For Yiannis (M, age 85, urban, w. 6 yrs), keeping busy and having meaningful ties to others was central to happiness and quality of life.

Socialising was limited for some. Even Angeliki (F, age 65, rural, w. 5 yrs), who had many neighbours, did not feel as though she had many people she could socialise with in widowhood: "I don't socialise...it's hard, who do you go and socialise with?" Panos (M, age 75, urban, w. 3 yrs) worried about socialising with friends because he was unsure whether they truly wanted to:

Say you want to go somewhere now – to a 'friends' (in English). It isn't easy to go to their house...I think...'do they want me to go there?' You have to call them...they need to tell you to come. They may not want you there.

Widowhood exacerbated such sentiments; some reported feeling more socially excluded due to their widowed status, in addition to the aforementioned geographic and transport barriers.

Declines in social network size detrimentally influenced later-life socialising. Most felt that widowhood had negative impacts upon their ability or willingness to socialise, consistent with previous literature on older widows (Carr et al., 2006, Utz et al., 2002). Fotis (M, age 80, urban, w. 1 yr) shared his experience:

How has my life changed since I became a widower? My wife got ill with this sickness, I was worried...every day, that she's left, and I miss her...It has changed a lot...Now, I don't go anywhere. After widowhood, as they say, I'm at home, where am I to go by myself? The groups that...older people do, I don't go to...What would I do there? I'd just get more '*stenohoria*'.

Interviewees conveyed notions of perceived acceptability (or lack thereof) of socialising in certain contexts following widowhood. For most, such barriers to socialising appeared ongoing, *regardless* of years widowed. Fotis reported more isolation in widowhood:

“Not only that you lose yourself, but you also lose your language...To be here from morning until night, and not have said a word...To watch ‘televizio’ (*sic*) and to listen only. Or to cook and not see the food...I sit on the chair outside for most of the day, look at the garden, the birds. I don't have anyone to talk to...I see, but I don't talk. That's why, it's a big drama [widowhood]...[life] has changed...”

Most somewhat passively accepted that their social realities were largely unchanging in later-life widowhood. For example, it was common for interviewees to assume that declines in socialising simply represented their lived reality as an older widowed adult. Below, several key themes are presented which potentially represent a global or more general experience of widowhood, but also some gendered differences specific to Greek culture, particularly relating to perceived appropriateness or stigma associated with socialising in particular contexts and with certain individuals.

6.7.1 Houses ‘Closing’, and Perceived Appropriateness and Stigma Associated with Socialising in Widowhood

Rather profoundly, some noted that their houses had ‘closed’ or ‘shut off’ after losing their spouse. Some widowers attributed such social declines to gender, and the fact that their wives had primarily organised social contact or routinely invited others over for dinner. Nevertheless, many widows similarly felt that losing a spouse and the accompanying sense of being alone hindered their ability to socialise with others, especially with couples, discussed below. Ioanna (F, age 84, urban, w. 12 yrs) spoke of friendships suffering due to widowhood:

My house used to be ‘open house’ (in English)...I would have a spread every week at home. We were seven couples...What can I tell you, my child? Since my husband died, that was it. No one stepped foot in my house. No one...[They] came to the funeral, that's it. They didn't come again.

Interestingly, many spoke of the perceived appropriateness of some social relationships, especially where couples, or individuals of the opposite gender were concerned, in addition to certain social situations, discussed below. Related to this, there was a sense that Greek widows or widowers choosing to socialise would be stigmatised or judged by others. Some of the cultural and societal restraints that limited ability or desire to socialise in widowhood are discussed below. Fear of being subject to gossip within the Greek community was a strict normative consideration or regulating force for some (see Chapter 7). For example, fearing judgement by others, Penelope (F, age 71, urban area, w. 13 yrs) reported not dancing since

becoming a widow. Indeed, the actual or perceived stigma associated with socialising in widowhood was enough to inhibit most from socialising with couples, and individuals of the opposite gender. These strong considerations meant that some interviewees actively curtailed their socialising to counter gaining a negative reputation within their community. Accounts presented below suggested the existence of strict yet tacit notions of 'doing', 'performing' or 'navigating' widowhood appropriately in Greek culture, especially for women. Interviewees appeared very concerned with indicators of symbolic capital, representing the resources available to individuals on the basis of community honour, prestige or recognition, and the value individuals hold within a culture (Bourdieu, 1991). Particularly among women, notions of honour, reputation and morality were of utmost importance. These acted implicitly (to differing degrees) as mechanisms of social control in widowhood (i.e. via disapproval, shaming, or gossip) within the *banded* Greek community in which their capital was situated. Many curtailed socialising with friends or neighbours of the opposite gender, which led to some individuals sensing later-life exclusion from specific social fields.

Certain social situations or events, like dances, represented inappropriate ways for widowed Greeks to socialise following bereavement, perhaps due to the combination of widowhood, age and gendered norms. Having family present at larger gatherings and events like weddings facilitated attendance in widowhood. Angeliki's (F, age 65, rural, w. 5 yrs) family granted her social access:

Where do I fit in if I go out with a friend who is going with her husband? It's hard. It's different if my family was here. I'd go with my family...you have to go with someone else...I don't feel comfortable doing that. So I don't go anywhere. I visit friends, but that's about it. I'll go to a function if I really have to...I might go to the wedding service, but I won't go to the reception unless my family is there...I don't normally go out at night anyway...

Stavroula (F, age 67, rural, w. 20 yrs) alluded to the way in which social constraints have a collective impact upon all widows:

I think about it, that I can't go anywhere by myself, I have '*stenohoria*', why am I alone? I want to do something, is it the right thing to do? Should I do it? Is it correct? You get worried. About everything. It's not the life it was with my husband. It changes...An example is going to a dance. I can't go...by myself, if the kids don't go. That's how widows are when they lose their spouse. That's how it is.

Similarly, Calliope (F, age 70, urban, w. 1 yr) spoke to familial and shame-based influences on socialising:

You can't do 'nothing' (said in English)...I drive, but where can I go by myself? 'Shopping' (said in English) and to my daughter, yes, but to go to 'parties' (said in English)... 'no way' (said in English), I don't 'feel like' (*sic*) (said in English)...If there's a wedding and my children take me, then I'll go...I can't go by myself...Forget about going out. I don't think about this ever...I don't know if the years pass [whether things will change]...Say that I tell my grandson that I'm going to a dance. He will say 'Yiayia (*γιαγιά*), what are you going to do at the dance?' Understand? I feel in my heart that this isn't fair. That's why we do it...we have been brought up in a different culture, even though we live in Australia.

Penelope (F, age 71, urban, w. 13 yrs) also perceived constraints on different types of socialising in widowhood, only socialising in select contexts which aligned with notions of cultural appropriateness in older age and widowhood: "I go to the Greek pensioners' society...you know what I do? I sit there, talk to others, tell stories with the women, but not crazy things. Very modest things." Perceived cultural restraints on socialising highlighted the existence of normative ideals with respect to widowed women:

Those that go out after [widowhood] – say now that my husband has died, if I went out – to have fun, enjoy myself, get up on tables and dance, like some women do, that's humiliation, I wouldn't be proud of myself (judgmental tone). To get up on a table after my husband has died and dance, or go to a dance and shake my body...The first time I danced after my husband died was when [son] got married...it's the manner with which you dance, do you understand? The way you...carry yourself – this shows who you are...I'm not dumb, you see. That's why it's nice to go, to see, speak, listen, but not, at my age, to go out with other intentions in mind. I don't like that.

Aliki (F, age 76, urban, w. 2 yrs) indicated that although parties were inappropriate, there were alternate situations where socialising was deemed more appropriate, or the 'right' thing to do (i.e. primarily within familial or religious circles):

To go out with friends, you will be more hurt...For me, going out doesn't make me happy. Sometimes they have dances, not the kind of family dances...To go to dancing, to socialise, even to the cinema...to be with girlfriends or company, I don't think you'll enjoy it (judgmental tone, voice rises slightly). It makes the wound bigger...If I want to

go out, I'll go with my children. Then, I feel like I'm doing the right thing...with my children, I feel good, 'more relaxation' (*sic*) (in English).

Aliki, who felt part of the Greek community, only attended events she deemed appropriate, including through the '*Philoptoho*', or her grandchildren's school functions. Notions of behaving correctly in widowhood within Greek culture were especially pertinent for women. The majority of widows, like Margarita (F, age 85, rural, w. 2 yrs), expressed concern or reserved judgement regarding other widows who they perceived shunned such normative constraints and socialised in a more carefree manner.

Socialising with individuals of the opposite sex was deemed somewhat unacceptable or shrouded with stigma for widowed individuals, especially within their cultural group where their actions would be most subject to peer gossip or judgement. This was not limited to women; Andreas (M, age 86, rural, w. 21 yrs) stated:

[Socialising] it has changed, because now you go by yourself. First you used to go for coffee with other people...Here there are women that have lost their husbands and tell me to come over for a coffee. I will go but you can only go once or twice. 'What does that person want, going there?' Society talks and gossips about you...It's harder. Whereas when you have your husband or wife, you go here and there. You are not scared that others will talk about you.

Andreas' account of fearing gossip further highlighted this dilemma, which was present across multiple social spheres:

It is hard as I told you. I go to church...leave when it finishes...for a memorial service, you think: 'where will I go and sit?'...you search for a place to sit...I went and sat at a table, and two or three women who have lost their husbands came and sat next to me. A friend said, 'Ahh, you went and sat with the widows!'. 'Mate, c'mon now' – what can I say to that? These sorts of things happen a lot...I go if I have company...That's the hard thing – do you not go at all? To not go at all, you have '*stenohoria*'. 'Why didn't I go?' etc. If you go...you get even more '*stenohoria*'. This would happen to other people too, not just me...Yesterday I had gone to [rural town]...I went to [shop]. There were two women there. They've lost their husbands...I hadn't even gotten to say hello to them – a Yugoslav who has his wife, it's okay – said to her, 'Why did you come to [rural town]? To find a husband?'...It is generally bad when you lose your spouse...

Fotis (M, age 80, urban, w. 1 yr) indicated that widowhood also affected some familial relationships; he now saw less of his grandchildren, believing his gender rendered him less comfortable socialising with female grandchildren:

[Son]'s three girls are 26, 24, and 21...*All of these children are lost to me...*They used to come...every Tuesday...Now, none of them come. I haven't seen my granddaughters in one or two months. It's not that they don't love me, the other day at the christening...all of the kids were...hugging me, kissing me, they respect me, they feel for me, but the girls, they're at that age, what are they to do with their grandpa? They will say 'How are you 'pappou' (παππού), are you going well?' I'll say 'all right' (in English) and that takes...three minutes...how long will they stay? If it was a woman here, they'd come [to visit], they'd have something to say...They may have said their secrets to their 'yiayia'...the secrets women have with each other, with a flirt, a man... 'Yiayia'...he's chasing me...What do you think? Do you know his family?' Whereas they can't say these things to me...I don't expect them to...When a man is left alone, he's completely finished...What are you to do? That's life, that's the way things are...

Some widowers felt it was inappropriate or inconceivable that women visit them, a sentiment further intensified among widows and male guests. Pavlos (M, age 70, rural, w. 12 yrs) stated:

It's worse when it's the husband by himself, like me, compared to a widow because if my wife was living, and my wife said 'Let's go to her house', it's different – she's a woman, she can still make a coffee. But woman don't come to a lone man. Only men may come.

Inherent in this statement is the fact that cultural, normative, gendered role expectations affect life-course experiences, rendering many individuals mindful of socialising in widowhood. Failing this, they could be subject to public scrutiny within their cultural group. More rural than urban interviewees referred to implicit notions of social control which accompanied socialising in widowhood, perhaps due to the communities' smaller size, and decreased sense of anonymity in rural areas. This is likely common beyond the Greek-Australian context as well. However, some urban interviewees, like Penelope, also shared such views.

For many, no longer being coupled rendered socialising with other couples more difficult, affecting social dynamics in such situations. For most, contact with other couples had decreased. Takis (M, age 70, urban, w. 11 years) stated: "I go to relatives. It's hard but I go...But to go to friends that we used to have...to married people's houses, it's hard, you don't

feel good...” Stavroula (F, age 67, rural, w. 20 yrs) stated that some other couples visited her less in widowhood:

Some stopped coming when my husband died...I don't know why – because I didn't have a husband for them to see, talk to, sit with? Typically...we go places with couples. If there aren't two people, who will the other person talk to? Understand? That's why, slowly slowly...[friendships] stopped.

Aliki (F, age 76, urban, w. 2 yrs) exclaimed:

Going out with couples will cause more pain. Not because I'm jealous...because it will remind me of my own 'life' (in English)...it's better to avoid these things. There are so many nice things you can experience. Go to a hospital to see a sick person...to church...

Some drew attention to the relative freedom afforded to coupled individuals who socialised together. Such individuals were perceived to fare better than those who were alone. In contrast, in such situations widowed individuals were mindful of attracting attention or being subject to gossip within the Greek community, as Evangelia (F, age 75, urban, w. 18 yrs) stated:

When I visit [brother], there are other people there I don't feel comfortable [with] because I am a widow. People...may think things like: 'What does she want here, she's a widow'. They will want to talk, criticise. When it's just one person you are visiting, it is different...if it's a couple it's different. Sometimes my sister wants to take me, but they socialise with couples. They will speak about widows, widowers...And I don't like it...rather than go and get '*stenohoria*', I would rather not go...Sometimes I want to go out but I don't have anyone to go with. Sometimes it doesn't worry me at all. Sometimes it worries you...you are always sitting around at home...If no one has come all day – it's a little hard to be by yourself all day. But you get used to it. You make your decisions.

Widowed individuals often felt out of place in social situations with coupled friends. Previous literature among widowed non-Greeks documents the 'fifth wheel' phenomenon, whereby socialising with couples feels awkward or represents a distressing reminder of being alone (Lopata, 1987, Silverman, 1972, Utz et al., 2002).

Gender differentially restrained social involvement following widowhood for males and females. Both men and women perceived widowhood as being easier for the opposite gender.

Men believed that women coped by upholding social interactions and keeping busy with friends. Australian census data suggests that women spend nearly twice as much time than men interacting with family (ABS, 1995a). Nevertheless, women like Dionysia (F, age 73, rural, w. 5 yrs) reported that their husbands' absence hindered their very desire and ability to socialise:

My brother is [widowed] like me. On one hand men are better off than women in that they drive. They will get out...see their friends, go to someone's house...the 'kafenio'...pass their time. Women like yours [interviewer's grandmother], and me don't go anywhere. We are worse off.

Conversely, for men, declines in socialising arose from the fact that their wives had typically organised their social lives, and were more accustomed to cooking for guests. This was not limited to males, as Tania (F, age 85, urban) stated that she no longer cooked for her children in widowhood: "When my husband was alive...we would get everyone in the house. But now I tell you, no one steps foot inside my house! No one!" Gender represented a key social determinant affecting widowhood differentially for males and females with respect to socialising, especially among this group of Greeks, conceivably stemming from traditional gendered norms and role expectations *despite* years in Australia. Overall, widowhood impinged on socialising, often resulting in declines, which impacted inclusionary and exclusionary perceptions in older age.

6.8 Conclusion

This chapter suggested that interviewees experience different levels of social inclusion and exclusion across distinct areas of life and social fields, including their communities and wider society. Overall, this chapter provides a backdrop for understanding experiences of being widowed in a 'foreign land', by demonstrating how life-course experiences and exclusionary processes come to affect older widowed Greek migrants. It highlights the influence of interviewees' largely informal social support, exploring findings pertaining to familial importance within Greek culture, informal support preferences and expectations, reciprocity, independence and dependence, and cross-cultural perceptions of familial difference. The majority of interviewees provided examples of dense *bonding*; reciprocal familial networks resulting in support in older age. Narratives were based far more on informal familial support than on more formal support avenues. For most older Greeks, social resources and capital accessed through the family contributed to daily functioning, belonging and coping in

widowhood. Contact with, and support from family, especially children, was preferred over other contacts and providers. While informal assistance from other providers may also be important to some, such support was secondary to children's support in widowhood, and specific to particular support types (e.g. transport). Following network shrinkages, children's support was vital to this group's well-being, contributing to residing independently in their community in older age. Khoo (2012) reported that older migrants' social well-being is dependent on their families and ethnic communities, particularly when they lack English or have strong traditional familial networks encouraging co-residence and inter-generational co-dependence. This chapter demonstrates that families play an important role for widowed older Greeks. Widowed women typically live longer than men, thus, they may require increased support for longer than men. As this thesis has highlighted, support needs may vary by gender. The chapter's focus on inclusion and exclusion, identity, support, and socialising provides a useful social and contextual background to illuminate subsequent chapters exploring widowhood, and health and well-being.

7 THE GREEK CULTURAL EXPERIENCE OF WIDOWHOOD

“Τι να κάνουμε;” (Τι να κάνουμε?) ‘What can I do?’

A phrase widely used by Greeks, denoting a sense of resignation, passivity, fatalism and helplessness to change one's situation or lived reality.

7.1 Introduction

Most gerontological literature studying the psychological and sociological aspects of ageing posits that widowhood represents a difficult life transition for the majority of older individuals (Binstock and George, 2011). This has been linked to copious factors, including losing one's primary confidant and life partner (Lopata, 1973a), as well as changes in daily life and support (Ha, 2008). Spousal loss itself has a negative impact upon health and well-being; with many older widowed individuals reporting that they feel alone, isolated, or even experience an absence of happiness or diminished future time perspective (Fingerman and Perlmutter, 1995). This is likely to be due to experiencing changes to identity, support, daily life (Utz et al., 2004), living arrangements and social participation (Utz et al., 2002). Concurrently, some studies counter this traditional view of widowhood as a time of loss, deficit and functional decline by highlighting a less negative view, or noting that some individuals demonstrate 'gains' such as strength (Kessler, 1987), personal growth (Salahu-Din, 1996) or improved quality of life. Rowe and Kahn (1998) suggest that 'engagement with life' (e.g. via meaningful leisure activities) is a critical component of successful ageing. Anecdotally, the concept of 'successful ageing' appears somewhat foreign to older Greek migrants in Australia, and especially in light of common perceptions regarding the widowhood experience within their culture.

Crucial to this study is evidence that there exist differences between mainstream and minority or non-dominant cultures in terms of their widowhood experience (Lopata, 1977). Understanding culturally-specific expectations and experiences surrounding age-related normative transitions like widowhood are essential, as widowhood represents an important and influential life event with health and well-being implications. Factors related to religious or spiritual frameworks, including grief expression, mourning rituals and continuing bonds to the deceased positively correlate with psychological well-being (Child, 2010). Strong religious identification can provide emotional support and foster adaptive coping in widowhood, cushioning against the absence of other social networks among older people (Lopata, 1979). Religion promotes greater psychological, physical and self-rated health, social integration and quality of life (McCann Mortimer et al., 2008). As outlined in Chapters 1 and 3, among more collectivist, traditional, southern European societies like Greece, individuals often exhibit clearly delineated roles, customs and expectations relating to performing elaborate, frequent, strict, intense and long-lasting mourning rituals (Stroebe et al., 2001), and behavioural grief display (Alexiou et al., 2002). Continued, life-long, normative, socially sanctioned emotional relationships to the deceased are advocated (Field et al., 2005). This is integral in providing meaning and identity in widowhood (Klass et al., 1996). Understanding Greek migrants' culturally-specific widowhood experiences within a wider Australian context is important in light

of limited prior research.

By providing a short background on marital context, this chapter provides insights into life for this group prior to widowhood, highlighting a strong sense of marriage continuity after spousal loss. The centrality of a widowed identity in older age is apparent; whereby both genders continue to identify themselves in terms of their marriages. Additionally, interviewees' conceptualisations of widowhood are explored, including notions of life as 'hard' or having 'finished', and being alone. This chapter presents changes to identity, daily responsibilities and gendered dimensions of these experiences, including specific gendered hardships and associated support, in addition to lacking future time perspective (Fingerman and Perlmutter, 1995). Later sections explore aspects of interviewees' lived widowhood experience in Australia, including fatalism and religion, maintaining continued relationships, ritual performance, and the groups' somewhat collective widowhood experience; factors which may enhance the feeling of being 'othered' compared to those widowed in mainstream, English-speaking society.

7.2 Marriage and Widowhood

Consistent with life-course perspective, and to provide a background for interviewees' current perceptions of widowhood, interviewees' cultural insights on marriage are examined. Interviewees married in either in Greece or Australia, and had remained married for many years (between 23 and 66 years), with all separated by widowhood (none had divorced) (see Table 4). Women married at younger ages than men, in accordance with notions that among women, marriage at older ages was somewhat stigmatised. Consistent with their wider cohorts' historical context, many married by proxy, due to the tendency for previously settled Greek men to sponsor young Greek brides to Australia (Janiszewski and Alexakis, 2006, Price and Zubrzycki, 1962). Savvas (M, age 85, urban, w. 4 yrs) explained: "It was a proxy, because... we had come first, all men... we wanted to get married... Then girls came from Greece... Almost everyone got married by proxy." Marriages to Greek suitors of similar class background were arranged by parents, relatives or friends. Gina (F, age 77, rural, w. 3 yrs) explained: "My parents had him in Greece... learned about the type of person he was..." Many women expressed initial apprehension at marrying individuals they had not previously met, and were afforded less voice in this process than men, in most cases agreeing to marry spouses who were selected for them. Proxy marriages were the catalyst for migrating to Australia for women

like Ioanna (F, age 84, urban) and Litsa (F, age 80, rural, w. 15 yrs). Alikis (F, age 76, urban, w. 2 yrs) cousin organised her marriage:

I came here...after 23 days, I got married...I got him...like I would get 'a lottery' (in English). I arrived on a Sunday. The next Sunday we were engaged. After two Sundays we were married...I stayed with him for 54 years.

In most proxy marriages, love was secondary to marriage. Savvas explained: "We got married without love, but we fell in love with time. When we got married...by proxy...we didn't know each other...Slowly...we loved each other...[wife] was good, but I was also good for her." The majority expressed happiness with their marriages and children. Litsa (F, age 80, rural, w. 15 yrs) stated:

Our life was good. We respected one another...didn't fight...despite being poor...In the year I got married I had my first child...I had four children. I couldn't work as I had the kids. He worked...so we could pay [off] the block we had bought...We had love amongst ourselves, and understanding...That's why I have missed him so much.

While some marriages were viewed as equal partnerships, there was evidence of inequitable gender roles and strict overarching notions of masculinity and patriarchy within other marriages. Dimitra (F, age 77, rural, w. 5 yrs) did not possess much agency when compared to her husband: "Wherever my husband was to go, I'd follow." Kyriakos (M, age 86, rural, w. 4 yrs) believed that women should be submissive to men: "Never criticise your husband. If he's good or bad...the husband is the head of the family." Despite the sense that many women in particular felt quite oppressed in their marriages (due to cultural norms and accompanying gendered roles), no women reported feeling liberated from an unhappy or oppressive marriage in widowhood. Women highlighted various issues, including spousal authority, machismo, jealousy, abuse, infidelity, strictness regarding child rearing, inequitable gendered division of household labour, and their own femininity and social positionality compared to their late husbands (who were arguably more socially visible). However, these themes, although mentioned rather frequently in passing discussion, were not typically followed up on due to their highly sensitive nature and potential to cause interviewee distress. Calliope (F, age 70, urban, w. 1 yr) stated:

That's the problem...a woman...doesn't have the same worth as a man...They say 'equal opportunity' (in English) (chuckle), but it's not the same...[Widowhood] is bad for a man, but it is worse for a woman, because she loses her worth from her husband...the

husband is stronger...Us Greeks have this more, because we respect our husbands...never do anything without asking your husband...Some men...are 'hard' (in English)...you need to respect them.

While most interviewees indicated whether or not they were satisfied in their marriages, questions of happiness or satisfaction within a marriage are typically considered somewhat taboo or less speculated upon among more poorly educated cohorts from low socio-economic backgrounds within collectivist cultures. Furthermore, the institution of marriage may be taken for granted as something which is assumed, and thus satisfaction in an individual sense may not be questioned.

Despite not enquiring about physical abuse, several women spontaneously raised this theme, stating that unlike other women of their generational cohort and cultural group, this was *not* the case for them. For example, Constantina (F, age 79, rural, w. 16 yrs) said: "We were married 40 years. We went really well...he wasn't a forceful person, he was soft...some men...hit their women." Calliope similarly explained:

My husband was good, we got on well, he didn't hit me or tell me not to go to places or do things. Then I would have had a 'bad life' (in English), but I didn't have any problems with this.

From a life-course perspective, strong, gendered spousal expectations explained some of the changes and challenges subsequently experienced in widowhood (see Section 7.2.1).

Overall, experiences of marriage among this group were traditional in nature. All interviewees married Greek spouses, emphasising the high prevalence of within-culture marriage reported by existing data. Greek Orthodoxy in Australia has one of the highest proportions of married couples with shared beliefs; 88% married spouses of the same denomination (ABS, 1994b). Interviewees valued the sanctity of marriage, associating pride and happiness with the marriage of subsequent generations, especially to Greeks. Those with unmarried children conveyed sadness, defeat and personal anguish. Related to the importance of marriage and its continuity in widowhood were notions of retaining continued relationships to deceased spouses. Opposing remarriage represented one way to maintain such relationships in widowhood.

Following from how this group conceptualised and experienced marriage, this section focuses more specifically on the widowhood experience. Although age at bereavement ranged from 44

to 88 years, in order to remain consistent with the study's methodological focus, all were 'older adults' when interviewed, even though some considered themselves 'young' when first widowed. Those widowed earlier typically spend more of their life-course alone. Time widowed ranged from one to 32 years.

Interviewees' definitions of widowhood centred on being alone, having someone missing, feeling isolated, an absence of happiness, and of life being 'hard' or having 'finished'. Speaking to his lived reality, Yiannis (M, age 85, urban, w. 6 yrs) stated: "Widowhood is that someone is missing...you're left alone. In the day...you can keep busy...without too many worries...wash the dishes, go outside...garden...TV, do something for the day to pass, and your mind doesn't think about the '*stenohoria*' you are feeling." '*Stenohoria*' was a common theme among these widowed individuals with respect to perceived declines in health and well-being, which are outlined in Chapter 8.

Supporting the broader literature, losing one's partner was considered distressing (Bennett, 1997, Bennett et al., 2005, Umberson et al., 1992). Katerina (F, age 77, urban, w. 32 yrs) explained how time somewhat lessened the pain of bereavement, though not entirely: "I try and bypass it...Now that it's been 32 years, my pain has lessened a bit. But it's still there. Sometimes I try and overcome it but sometimes it takes me back there again..." Though widowhood was considered a hardship in and of itself, it also exacerbated other later-life hardships associated with migrant ageing, including isolation. Evangelia (F, age 75, urban, w. 18 yrs) said:

My husband died and I am living here...Life is hard because you're always alone... You go to church...come home...go past my sister's...If you have nowhere to go, it is very quiet. We are all at home/indoors...Australia is good, but in old age, it isn't. When we were young and had our families, we were good. When one remains [widowed] it is hard. I am alone.

Widowhood meant that individuals anticipated a future of being alone. Inherent here was the sense that being coupled was superior to being alone. Katerina reported: "I believe...(voice breaks) to hold all the world on my back isn't as heavy as the loss of my husband. This is real...I apologise for saying this." Savvas (M, age 85, urban, w. 4 yrs) also spoke to a 'heaviness': "I lost my spouse (Voice breaks slightly)...I had that heaviness...I didn't feel life inside the house...when you see your spouse...there is life... Alone, there is no life." Widowhood was also described as 'hard'. Sotiris (M, age 88, urban, w. 1 yr) fatalistically explained: "Widowhood is that you're alone...It's very 'hard' (in English)...difficult. Lots of

'worry'...That's life (in English)." Later-life widowhood was perceived by the majority as largely unavoidable.

Some conveyed notions of their spouse's death signalling that their own lives had 'finished' or 'ended'. Tassia (F, age 76, rural, w. 6 yrs) explained: "That's it, life finishes. When you lose your spouse, your life ends and your house closes...You are alone, where can you go? You can't go anywhere...If you're alone, that's what happens...Life has changed now. You don't have that support." This quote not only acknowledged the pain of spousal loss and sense of being alone, but accompanying social interaction and support declines (see Chapter 6).

Not surprisingly, widowhood was associated with isolation, with many, like Takis (M, age 70, urban, w. 11 years), agreeing that being alone at night was 'harder' or 'worse' than during the day. Highlighting the seemingly unchanging daily reality of widowhood, including lack of social interaction and feeling insecure at home without her spouse, Calliope (F, age 70, urban, w. 1 yr) stated: "Nights are 'hard' (in English), because with whom can you talk? I lie down on the couch...sleep takes me, that's my life now...What can I do at night?"

The following section discusses change and daily challenges and hardships (areas in which interviewees may have required support), to provide a deeper understanding of the lived widowhood experience.

7.2.1 Change and Daily Challenges

Well-known aspects of widowhood relate to a strong sense of change in terms of daily life and identity, pertaining to growing accustomed to the absence of one's spouse, and the reality of being alone (Bennett, 2010, Lopata, 1973c). This was particularly heightened for present study interviewees, such as Margarita (F, age 85, rural, w. 2 yrs), who stated: "It has changed, my child...we lived for so many years together...had a family, increased our wealth for our children...now he's gone...I think about him all the time...When someone is missing, it's hard to forget them." Despite living for many years as a widow, Litsa (F, age 80, rural, w. 15 yrs) no longer felt happy, strong or at ease knowing that she was alone without a spouse:

Life has changed a lot...First of all, I feel 'uncomfortable' (in English). I don't feel like I did when I had my spouse...I don't feel happy...But I try to find myself. What else can I do? Life is hard alone, very hard. When you lose your spouse, the person you had confidence with, your life together, you brought up kids together, happiness, and

sadness, good times and bad. Then you find yourself alone...[people] tell me to be 'strong' (in English)...I'm not very strong...I can't change myself and become strong.

Andreas (M, age 86, rural, w. 21 yrs) highlighted notions of change and being alone in widowhood, notwithstanding many years since spousal loss: "Life has changed a lot...You go into your house...alone...sleep alone...wake in the morning alone." Calliope (F, age 70, urban, w. 1 yr) mentioned newfound widowhood-related stigma associated with cultural convention and social norms:

Life isn't the 'same' (in English)...That's what my sister in Greece would say, who lost her spouse, she said 'It's not easy to go somewhere by yourself without your husband, because wherever you go, everyone looks at you in a bad way'.

Having lost spousal support in daily life, Calliope spoke of changes to daily responsibilities and identity:

It's not the same as it was before. I told you, one thing is '*kouragio*' (*κουράγιο*), another thing is that I need to do everything myself...more responsibilities...pay the bills, etc. Whereas before...my husband thought of this...now I need to do them myself...it's changed.

Interestingly, not everyone felt that daily life had changed in widowhood, like Theo (M, age 88, rural, w. 3 yrs) who continued to do the same things as before. Penelope (F, age 71, urban, w. 13 yrs) believed that daily life and responsibilities had remained the same, only with added '*stenohoria*': "It was the same. I did it all. I knew what to do. I would go here and there, know everyone. I didn't stop being who I am. It's only that I had my '*stenohoria*'." Kyriakos (M, age 86, rural, w. 4 yrs) explained that despite thoughts of his wife, life remained the same in widowhood: "My life hasn't changed, but thoughts of [wife] don't leave my mind. Day and night, they are there."

Widowhood-related changes to identity were also outlined, as Yiannis (M, age 85, urban, w. 6 yrs) conveyed:

I'm not the same as I used to be...As a person, it has changed me. I try to be the same but I can't do this, because I'm missing my spouse...I was someone else when she was here and living...now...life has changed. I can't say it's the same...But I try to be happy and make my children, grand-children and great-grand-children happy so they

don't see me upset.

Noting negative changes to her personality despite having lived for over 30 years as a widow, Katerina (F, age 77, urban, w. 32 yrs) reported: "It has changed, of course it has changed. I have become weaker...more '*stenohoria*'...I can't cope with pain, illnesses...But I try to overcome it." van Den Hoonaard (1997) similarly noted a process of 'identity foreclosure' whereby widows were stripped of their identity and felt that they were no longer the same person as when they were married.

Later-life widowhood and its somewhat negative impact on well-being is to some extent gendered. A wealth of studies investigating gender differences among mainstream white widowed population groups report either no differences, or outline differential hardships based on spousal roles and expectations, and respective marriage benefits, largely due to the gendered division of labour (see Chapter 3). In this study, many widowers displayed substantial expectations of their wives regarding household labour and care duties. Panos (M, age 75, urban, w. 3 yrs) linked widowhood to losing oneself and increased daily responsibilities: "Always, when you lose your spouse, you lose...something of yourself...Many things change..." Fotis (M, age 80, urban, w. 1 yr) alluded to an intrinsic change in personality since losing his wife: "Certainly, it has changed me. I can't be the way I used to be. Before, with my family and my wife, I was different. Now, widowhood has changed me, because I'm by myself, alone." Ioanna (F, age 84, urban, w. 12 yrs) believed that widowhood had changed her character, however, it is difficult to know whether this was also influenced by ageing more generally: "It has changed me for sure...now my child, I have become more 'soft' (in English). My character has changed...I have declined. I want people to talk nicely to me...to love me...I don't have much time left..." Alike (F, age 76, urban, w. 2 yrs) highlighted complexities associated with changes to her personality, leading to a decreased sense of happiness: "I haven't changed, Georgia...I'm the same, only that I've become weaker since I got sick. My happiness has gone. Sometimes I laugh, but superficially...My 'personality' (in English) [has changed]."

Notions of life irrevocably changing were linked to a strong sense of being alone and loss of identity, as Tania (F, age 85, urban) described: "If you lose your spouse, you lose yourself, how are you meant to stand alone? I couldn't. It changes." Another area affecting identity was the realisation that widowhood signalled the 'end of the couple', especially pronounced for those whose identities were strongly tied to their spouses. Some interviewees felt that widowhood was potentially worse for women, who traditionally gain identity and worth from their husband. For example, some conveyed the sense that in widowhood, they routinely

sought out their spouse's opinions regarding life decisions (e.g. through prayer or discussions), or were still influenced by spousal interests or views. Though most still considered themselves coupled or married in a traditional, ideological or metaphorical sense, in reality, spousal loss decreased their sense of being coupled. Calliope (F, age 70, urban, w. 1 yr) explained this feeling, saying "I feel lonely. The couple has finished, it won't be again. But I think about him a lot." Similarly, Theodora (F, age 74, urban, w. 6 yrs) stated: "When the couple is broken... You are not the way you were before." Conversely, others, including Nikita (F, age 83, rural, w. 18 yrs), felt that their identity was unchanged in widowhood: "I feel as though I'm the same person but I've lost my spouse." Below, interviewees' gendered daily responsibilities, difficulties and hardships in widowhood are introduced.

Previous literature outlines role change as an important component of widowhood (Lindstrom, 1999). Widowhood challenged many traditional, established gender differences and associated roles among this cohort of older Greeks, with the existence of clearly delineated expectations for widowed individuals (especially women). Marriage was conceptualised as something an individual had with only one spouse in a lifetime; thus, for this group, widowhood signalled living alone. Key responsibilities included tasks pertaining to maintaining households to facilitate living independently in older age. Daily responsibilities in widowhood in many ways had changed, but generally responsibilities increased in widowhood and older age. Interviewees debated which gender fared better. Sotiris (M, age 88, urban, w. 1 yr) acknowledged that "Women have other difficulties...men have other problems." Savvas (M, age 85, urban, w. 4 yrs) highlighted different roles in marriages due to generational and cohort differences requiring men to work and women to be homemakers and raise children. For most women, chief daily difficulties included a compromised ability to speak English, drive and attend to routine household and outdoor maintenance duties. Men's difficulties centred around tasks traditionally performed by wives. Stavroula (F, age 67, rural, w. 20 yrs) believed that widows coped better than widowers, drawing upon social resources amassed over their life-course, and gendered skills like cooking and cleaning. Some widowers perceived that they had fewer social ties than women, rendering them comparatively lonelier in widowhood. Although this group endured life alone, men's hypothetical opposition to remarriage was typically less strict than women's. Dionysia (F, age 73, rural, w. 5 yrs) contrasted her experiences with her widowed brother. While her difficulties centred on socialising, outdoor maintenance, English language and driving, her brother's difficulties predominantly involved cooking and cleaning. Nikita (F, age 83, rural, w. 18 yrs) reported:

Women know how to cook...the jobs of the house, whereas men can't do all of these jobs. Many women can't drive, like us now, and we get upset...Those women who

know, don't get as stressed...[Greek woman]...she knows the language [English]...can drive, she worries about her spouse, but she doesn't worry about the jobs...doctors, she goes by herself. It's not a problem for her [language, car], whereas for us, it's very hard.

Penelope (F, age 71, urban, w. 13 yrs) hypothesised that men were less adept at living alone than women, based on the traditional gendered division of labour:

Men don't have strength to live alone...Perhaps not all, but the men I know that live alone have become a little bit dumb...'lost' (in English). They don't know how to wash...cook, anything...it's harder for men to live afterward [following widowhood].

For most, spousal loss increased daily responsibilities and difficulties, and introduced new responsibilities in areas which interviewees were not previously accountable. Ensuing daily difficulties and responsibilities were viewed fatalistically. Panos (M, age 75, urban, w. 3 yrs) explained: "Now you are obliged to do it all yourself..." Daily difficulties were primarily tied to the initial bereavement period where interviewees grappled with foreign new realities. Corroborating previous research, many described the first two years as the most difficult (Stroebe et al., 1993). Widowed for several years, Savvas (M, age 85, urban, w. 4 yrs) said that hardships somewhat dissipated with time: "In the first two years, the person suffers a lot...they struggle...get sick. Me, and [sister in law's name]...all the widowed people I know, the first few years everyone got sick because of [pain/stress]...after these two years [you feel better]." Highlighting the influence of years widowed, Litsa (F, age 80, rural, w. 15 yrs) believed that subsequent to being widowed for 15 years, her lived reality did not elicit a response as emotive as those generated in widowhood's earlier stages.

Specific daily difficulties or hardships with which interviewees required support in widowhood included outdoor maintenance, household labour (including cooking and grocery shopping), finances, transport, and living arrangements. Children often informally supported interviewees in these areas. Personal care was one of the only areas in which some specifically reported that they did not want their children's assistance, due to its intimate and private nature. For many, support was integral in maintaining functioning and independence in older age and widowhood. Additionally, where children could not provide assistance, they were crucial in navigating formal supports and services such as healthcare on their parent's behalf (see Chapter 8). This confirms previous literature noting that older Greeks typically receive much support from their children (Newman et al., 2010, Walker et al., 2013).

Some found household and outdoor duties difficult as they aged and experienced additional health and mobility restrictions, especially without their spouses. Retention of large family homes in widowhood intensified such difficulties. Aliko (F, age 76, urban, w. 2 yrs) explained:

A big house has a lot of work...That's why you sometimes see some houses which haven't been maintained at all. It's an old man or woman...they can't do it. Now I can still do something, but later on [I won't be able to].

Receiving informal support with strenuous outdoor maintenance was common. Informal assistance from children often supplemented formal services, to generate sufficient support. In some cases, where children were too busy to provide outdoor maintenance, they were instrumental in organising paid assistance for their parents, like Theodora's (F, age 74, urban, w. 6 yrs) son who organised gardening assistance due to his own limited availability. Similarly, though Kyriakos (M, age 86, rural, w. 4 yrs) received fortnightly cleaning, his daughter also provided assistance. For most, formal assistance with household labour was arranged either due to spousal illness or widowhood. Theo (M, age 88, rural, w. 3 yrs) explained: "I received help...a cleaner come every fortnight (*sic*)...in the meantime I do a little vacuuming or cleaning...I try to keep it clean...liveable...It's about three years since my wife [died]." Those who received formal assistance with household labour believed that this resulted because their children were time-poor, indicating they may have expected additional instrumental support if their children were in a position to provide it.

Many rural residents possessed the added stressor of having larger outdoor areas to maintain, with most expecting their children's assistance to manage family properties in older age. Alexandros (M, age 79, rural, w. 6 yrs), who still owned property, was assisted by his son who resided in an urban area and visited fortnightly. Though some like Stavroula (F, age 67, rural, w. 20 yrs) independently completed most household tasks, they believed they could rely on their children if required:

I don't have requirements from my children to help me this much...I still do it. If tomorrow I can't do it, I will call them...they will come...I don't have big requirements from my kids because I know that they can't help me. If I want something now, how will they help me? They care...They need to care...Parents don't want many things...I have what I need: my house...food, my car to go somewhere...What can I ask now from my children? Only to care [about me] – to say, 'Mama, are you well? Is your health okay? Do you want anything?' This makes me happy. They may not do anything for me, but if they ask, it satisfies me. Kids must care about their parents...That's enough for me.

Children often provided assistance with household labour despite maintaining separate residences, often subsequent to interviewees' health declines. Conversely, some reported helping others with housework, such as Dionysia (F, age 73, rural, w. 5 yrs) who described instrumentally supporting her widowed brother:

[Housework, cooking]...those are the difficulties for men...men had learned that they would come home and walk inside the house and the table [food] would be ready...His clothes washed...In the earlier years, when [brother] was first widowed, he would bring them to me to iron. Now since my husband passed away, for around five years now, he's been doing them himself...He doesn't bring them to me...If there was something to mend...I would mend them...What can he do?

Several interviewees, like Penelope (F, age 71, urban, w. 13 yrs), reciprocated by helping children with housework, linking support provision to well-being:

When I do work I don't get tired. When I don't have anything to do, I am tired. When I don't have anything to do, boom, I'm [worse]...when I have things to do, I am happy. I forget...I go to [Daughter's] house and take the sheets, quilt...bring them here...wash them all night, hang them out at midnight, and in the morning I iron them, take them there, ready...It satisfies me, to help.

Cooking, sharing and exchanging meals was an important aspect of familial interaction and maintaining closeness, as food is central to Greek culture (Laroche et al., 2005). Litsa (F, age 80, rural, w. 15 yrs) described sharing food with family: "I like the company. I cook a dish I know they like, and we eat all together." Some reported eating with their children every night, either at their own houses or their children's. Some widowers reported that sharing meals with family decreased in widowhood because their children feared over-burdening them. Petros (M, age 82, rural, w. 9 yrs) noted that widowhood would be more trying without his children's support in this area:

I don't get involved with cooking...The kids are good. I had never cooked in my life, and I don't cook now. Now you will tell me, what would I do if I didn't have [this help]? [Son's wife] cooks now, and [daughter] cooks...I don't have any difficulties. I sleep at [son's], I get up and come here in the morning, I go to the 'blocko' (*sic*)...always I get my plate of food from my [brother's wife] next door for lunch...then go to [son's] for dinner...stay [the night].

For widowers like Alexandros (M, age 79, rural, w. 6 yrs), children (especially daughters), were cited as reasons for not learning to cook and clean independently. Similarly, Thanos' (M, age 84, urban, w. 12 yrs) children delivered food daily, despite the length of time widowed. Others were reluctant to part with cooking responsibilities due to Greek cultural values associated with providing this type of instrumental support. Cooking contributed to productivity and mastery, and sharing food alleviated some social isolation. For some, the reality of no longer being able to cook for family was an unfortunate consequence of older age and diminishing health. Highlighting the influence of the gendered division of labour on widowhood, men like Yiannis (M, age 85, urban, w. 6 yrs) often described difficulties with cooking, especially more complex Greek dishes.

Some completed grocery shopping independently while others depended on formal or informal assistance (e.g. never shopped alone). For those who were able, shopping was integral to independence, and also afforded some opportunities for socialising. Litsa (F, age 80, rural, w. 15 yrs) described grocery shopping as her only activity aside from visiting the cemetery. Penelope (F, age 71, urban, w. 13 yrs) shopped independently, but questioned her future ability to do so:

For me, nothing is hard, because I can do everything. The only thing that tortures me is the loneliness...There is nothing that I'm unable to do. I cut the lawn, do my 'shoppings' (*sic*), pay my bills...I wouldn't like not being able to go shopping, but it will happen one day.

Other interviewees relied on familial support for grocery shopping, including Constantina (F, age 79, rural, w. 16 yrs), whose daughter-in-law conducted her weekly shopping, and Dionysia (F, age 73, rural, w. 5 yrs), for whom shopping was subject to her son's availability to provide assistance: "If I could drive I would go to church, to do my shopping. I have to go with my son...we have to make an appointment...to go and shop...The hardships don't stop." Barriers to shopping included limited English, personal mobility and transport. Preferences for informal rather than formal supports were noted, despite some being confident that formal help would be available if required, as Litsa explained:

I can go by myself for 'shopping' (in English). Why should the government pay so I can go for shopping? That shouldn't be the case...Before, we all used to work. We would pay 'taxesia' (*sic*). Now everyone has learned 'pension' (in English). Everyone in our age group gets paid by the government...Where will [government] find the money? This

isn't 'fair' (in English)...We should help ourselves a bit and not be a burden on the 'government' (in English)...if we are a heavy weight on the government, they will cut our pension...

Katerina (F, age 77, urban, w. 32 yrs), who currently shopped with her children, was aware of a service if required. Similarly Ioanna (F, age 84, urban) said:

I can do it now. Later on, when I'm more of an older woman, I will require it...now I don't require it. I go with my little trolley...There's a 'supermarket' (in English) near...I don't want help yet. When I am unable, they will send me [help]...

For some widows, planning or managing finances represented a new challenge in widowhood for those who had no prior experience doing so. Although none were entirely reliant on children for financial support, some reported that in later life, their children helped to plan or manage finances. Although several received limited financial support in older age from children (e.g. bills or groceries), it was far more common for interviewees to *provide* rather than receive financial support per se.

Another potential change to life in widowhood relates to living arrangements. As described in Chapter 5, most interviewees maintained independent residences in older age, clearly benefitting from the economic stability inherent in earlier outright home ownership, where interviewees had literally 'bought' into the Australian dream. Interestingly, several suggested that they wished to maintain independent living arrangements despite their children having offered co-residence options. Stavroula (F, age 67, rural, w. 20 yrs) said:

I don't have a lot of choices. I want to be alone. If I didn't want to, I wouldn't be...If I wanted to live with my kids, I would have this choice. My young one asked me to come. I said no. I don't want [us] to get bitter...I don't want to fight with my kids. It's my choice...I'm alone. That's how it is.

The majority who wished to remain living independently assumed that children would provide additional future home-based help to facilitate this, arguably regardless of the difficulties or pressures conceivably placed on adult children. Furthermore, several who maintained independent living arrangements lived next door to their children. Petros (M, age 82, rural, w. 9 yrs) who lived alone, regularly slept at his children's house at night. It is conceivable that interviewees may not have been living independently in older age if they had remained in Greece, as intergenerational co-habitation is the norm. Thus, living alone in older age arguably

ran contrary to old-world expectations. Among those who resided independently, perceived barriers to living with children included geographic distance, generational differences, enjoying one's independence, peace and quiet, children having their own families, and fearing that co-residence would compromise good familial relations. Kyriakos (M, age 86, rural, w. 4 yrs) explained:

There are small children [at their houses]. I have my peace and quiet here. Whatever time I want...I go to bed or wake up. Sometimes when I wake up at 12 or 1am and I can't sleep I come here and smoke, and make a coffee. I bathe myself and everything. An old man doesn't want little kids around – [he prefers things] without any fuss.

Some currently co-resided with children, and others indicated that they may do so in future, following foreseeable age-related declines and increased frailty. Although there were no differences as to whether interviewees were more likely to co-reside with sons or daughters, it was more common to share homes with unmarried than married children. Interviewees from rural areas were slightly more likely than their urban counterparts to co-reside with children. Those co-residing with children appeared to receive more instrumental support than those geographically further from children. Rural residents were also more likely to have fragmented families, due to children living further away as a result of younger generations residing in larger cities for educational or occupational pursuits. This negatively impacted their available familial support (especially instrumental). It was common for interviewees who lived further away from children to feel as though they were more socially isolated or alone than others. Conversely, a positive aspect of urban residence for some interviewees was residing close to their children (e.g. next door, or on the same street or neighbourhood). For most, children mitigated feeling alone.

The next section explores interviewees' future time perspective in widowhood, an important contributor to the group's general attitude surrounding spousal loss.

7.2.2 Future Time Perspective

Future time perspective is a psychological concept focusing on individuals' motivations in setting goals and striving for certain ambitions (Lang and Carstensen, 2002). It is influenced by life events, current happiness and sense of anticipated future and control (Fingerman and Perlmutter, 1995). Fingerman and Perlmutter (1995) purport that in Western countries, planning for the future has positive connotations, whilst ruminating about the past is associated

with stagnation. Lang and Carstensen (2002) reported that older Germans perceived their future time perspective as more limited than younger individuals. In the present study, interviewees acknowledged a diminished or somewhat non-existent sense of personal future due to a combination of older age, failing health and widowhood. Fingerman and Perlmutter (1995) purport that stressful events are linked to foreshortened time perspective, while positively anticipated events are linked to increased future time perspective. Lang and Carstensen (2002) purport that time perspective was also associated with social satisfaction. When individuals perceived limited future time perspective, they preferred family or relatives to formal help. In contrast, perceiving open-ended future time related to goals including autonomy, and contact with friends or acquaintances (Lang and Carstensen, 2002). In this study, while there was a limited personal or individual sense of anticipated future or hopes in widowhood, future hopes were tied to children or grandchildren, and their health and happiness. This reinforced cultural conceptions of familial importance. Tassia (F, age 76, rural, w. 6 yrs) stated: "Our hopes have finished. (Laughs). We had hopes for our grandchildren, our children...To see them...be happy...proud of them...grandchildren give us courage." Ioanna (F, age 84, urban, w. 12 yrs) spoke of a sense of future collectively, citing her children: "What future, my child? Is there a future for me now? I pass my days, and wait for death to take me! (chuckles). I don't have a future. My future is my child." Aiki (F, age 76, urban, w. 2 yrs) explained a similar outlook: "My future has finished, but I'm looking at my children's future. I want everything to go well for my children...grandchildren...I don't have hopes for the future...I want a future, but look at me. (sigh)." Similarly, Sotiris (M, age 88, urban, w. 1 yr) bleakly stated:

It's not a good life when you're a widower. The loneliness, being alone, '*stenohoria*', life isn't good alone. It's better if I die...than live. From here on in, what am I waiting for? Only that my children will come to see me...For a grandchild to get married...There's nothing else driving me...I would prefer to die...before I get sick and have to go to a nursing home...I would be more satisfied [to die now].

Theo's (M, age 88, rural, w. 3 yrs) age particularly thwarted his sense of future:

Look, um love, now there is no future for me...for the time being, I go to [urban city], see [son's] family, a couple times a year...[son and grandsons] here...all the time. I don't feel lonely...I am happy having that. I can't make plans now for future (*sic*). What future? There is no future now, love. At 88? But...as long as I live I know that I have all the children with me...every day I speak on phone with [son] and [son] (*sic*). [Other son] is here practically every day...I'm happy like that.

Despite years widowed, Takis (M, age 70, urban, w. 11 years) spoke fatalistically, lacking future time perspective:

There is no hope. Something tortures him...crushes him...Everyone says it – ‘Why did this happen to me?’ Women and men, it's the same thing. Well, it doesn't show you joy...There is nothing. That's what I believe...when you lose your spouse, at old age, it's [hard]...Life is a routine...finished...There's nothing else.

Dionysia (F, age 73, rural, w. 5 yrs) conveyed a similarly limited sense of future as a widow:

I don't know what will happen tomorrow. I thought I would live one or two years after my husband passed away...die when he did. I have lived five...That's how I saw it: he passed away, so I would leave this earth too. There is no life for me...

The accounts above indicate some individuals in this study displayed a diminished sense of future time perspective, undoubtedly impacted by the strong sense of fatalism dominating their later-life perceptions of widowhood and related experiences. Lacking control over one's present situation or upcoming events may suppress future thoughts (Fingerman and Perlmutter, 1995), which arguably elucidates the powerlessness associated with the widowhood experience. Future time perspective also relates to how happy individuals are about where they have come from (Fingerman and Perlmutter, 1995), which may help to explain why, among these widowed migrants, a sense of future appeared diminished (i.e. in light of rather difficult life-course experiences pertaining to migration, settlement and 'ageing in a foreign land'). The following sections introduce aspects relating to interviewees' nuanced, lived, Greek cultural experience of widowhood in Australia.

7.3 The Greek Way of 'Doing' Widowhood

The following sections consider Greek cultural influences on interviewees' widowhood experiences. Anecdotal evidence suggests that the widowhood-related rituals conducted by older Greek migrants differ from other cultural groups, however the impact of such practices on later-life health and well-being is unknown. By providing insights into this daily lived experience, the remainder of this chapter aims to shed light on these issues.

7.3.1 Fatalism and Religion

A strong sense of fatalism and God's will underpinned the group's widowhood experience, resulting in a sense of negativity towards life after spousal loss. Widowhood was almost seen as something 'pre-programmed' to be endured. Discussing immense sadness and lamenting the loss regardless of years widowed, many shared a rather pervasive attitude or similar mindset in widowhood, expressing offense at notions that an 'active' life may exist after spousal loss. This had implications for perceptions of the impact of widowhood on the remainder of one's life, and notions of 'moving on' as widowed older adults. Reflecting a broader, more global attitude to widowhood, and notions of 'life after widowhood', individuals often passively accepted their lived reality, expressing no or little agency to exert change in their lives. Most conveyed a quiet acceptance of widowhood as their unchanging reality, feeling they had no control over this situation. This sense of fatalism was central to most things interviewees 'did' in widowhood to maintain continued relationships (e.g. adhering to mourning rituals, conducting memorial services and opposing re-marriage). Interviewees' strong culture and religion undoubtedly fostered this fatalistic approach to widowhood.

Viewing widowhood as an unchanging reality, Takis (M, age 70, urban, w. 11 years) remarked: "That's life. Life...can't change. I will remain here until I die...That's the way it is...The lone person is like that." Related to this was a fatalistic understanding that life in widowhood and older age was routine. Petros (M, age 82, rural, w. 9 yrs) spoke to widowhood's unchanging reality: "The only thing that I am missing is my wife and her company. Every night when I'd return, she would be waiting for me at the door...now [she's not there]...That's life, my child. You can't change it..." Displaying fatalistic attitudes, Constantina (F, age 79, rural, w. 16 yrs) believed that God determined every aspect of life, and Angeliki (F, age 65, rural, w. 5 yrs) believed that hardships were a test from God: "I think that everything is meant to be. The bad and the good...God is testing us, to see how much we can handle. I personally think God would not let people suffer any more than they can handle." Representing divergent attitudes, not everyone was so certain that religion was beneficial or crucial to daily life. Panos (M, age 75, urban, w. 3 yrs) and Sotiris (M, age 88, urban, w. 1 yr) questioned the extent of God's will, and whether God would purposely allow individuals to suffer or be ill. Conversely, Stamatis (M, age 80, urban, w. 11 yrs), whose parents had not been overly religious, posited that religion is a learned behaviour followed by close-minded individuals.

Most believed spousal loss was God's will, 'written', or pre-programmed. Surviving spouses simply remained alone. Andreas (M, age 86, rural, w. 21 yrs) stated: "It wasn't written for us to live longer. God separated us. We can't do anything." Gender exerted some influence, with

women somewhat more likely to present fatalistic attitudes than men. Litsa (F, age 80, rural, w. 15 yrs) remarked: "I remained by myself...alone. Because God wanted to, or my fate – that's the way life is. Two people can't leave together." Death was believed to be inescapable, unavoidable and difficult to cope with, denying interviewees a sense of personal control, ability or agency to perhaps more positively change their own lives or their lived reality. Anastasis (M, age 76, rural, w. 20 yrs) explained: "It's hard if you lose your spouse. I'll tell the truth...But what can you do? It's written when you will die." Many, including Dionysia (F, age 73, rural, w. 5 yrs), believed that remaining alone was their fate. Believing in God's will meant that interviewees simply accepted they had to grow accustomed to this reality. Aliko (F, age 76, urban, w. 2 yrs) explained:

You don't just get used to things. You need to make yourself get used to it...I have decided that this is the way God wanted it, so I'll get used to it. My spouse has gone, I'll fight so I don't become sick.

This sense of fatalism, negativity and passivity surrounding ageing, widowhood and later-life well-being was embodied by the phrase 'what can you do?' This phrase was fraught with a sense of powerlessness, futility and resignation. Like others, Stamatis (M, age 80, urban, w. 11 yrs) accepted widowhood with a sense of resignation: "I don't feel good...what can you do?" Theodora (F, age 74, urban, w. 6 yrs) said: "He was a very good person...The good die young. What can you do? That's how life is, my girl." Savvas (M, age 85, urban, w. 4 yrs) felt that he was powerless to change his reality: "You lost your spouse, but what can you do? You can't do anything...I can't change things." Manolis (M, age 80, rural, w. 2 yrs) said:

I'm 80 years old. What's any good living myself here? (*sic*)...Terrible. Very disaster (*sic*). When you have lost the person that you [spent your life with]...We bought a block, set up for the boys, built a house, everything is good, but she's not here anymore. This is a kill me (*sic*)...I am down...We believe in God...some people worse than me...(*sic*). Every day's the same...I don't know what else I can do.

Externalising events to God's will may have facilitated coping in the face of adversity or negative life events. While most displayed fatalistic attitudes to life in general, such attitudes towards widowhood were indicative of the group's prevalent, somewhat passive mindset that later-life widowhood was long-lasting and something to be 'endured'. Interestingly, many interviewees provided similar accounts of widowhood *regardless* of years widowed. For example, while length of time widowed would conceivably alter the grieving process and daily life, there were interviewees in the present study who were widowed for 20 years who

displayed similar notions of widowhood when compared with those who had been widowed for just one year. These notions included: spousal loneliness, daily hardships and a sense fatalism, passivity and negativity which the length of time widowed had not alleviated.

Among different groups, culture and religion are likely contributors to how later-life widowhood should be 'lived' or experienced. Next, the religious and cultural basis for such beliefs, and how such attitudes in widowhood relate to maintaining continuing bonds to deceased spouses are introduced.

For most ethnic minorities, religion is intertwined with culture (Mantala-Bozos, 2003). In this study, all but one interviewee was Greek Orthodox. Most, including the non-Orthodox widower, highlighted the importance of religion in daily life. Anastasis (M, age 76, rural, w. 20 yrs) laughed incredulously when asked about religion, perceiving the Orthodox faith to be so typical of first-generation Greeks in Australia that such inquiries were largely unnecessary. The majority used prayer and belief in God to buffer against the loneliness and stress of widowhood and ill health. A strong believer, Katerina (F, age 77, urban, w. 32 yrs) stated:

The only thing that helped me a lot was my prayers...my parents were far away, I didn't have anyone...I said, 'My God...I'm going to ask you from the bottom of my heart and soul. I lost my spouse, dear God, now I want you to give me strength and look after the kids so nothing bad happens to them'...I got that much strength...enlightenment...I don't know how my brain was enlightened so much! I have [only] finished the fourth year of primary school...everything turned out well. That's why I leave things to God.

For some, religion facilitated coping with widowhood, as Stavroula (F, age 67, rural, w. 20 yrs) explained: "I can't say this [with certainty], but I think that religion helps you in some way...gives you patience...courage...strength to cope with pain...look ahead...all these things are tied into faith." Margarita (F, age 85, rural, w. 2 yrs) felt less alone perceiving God and Mary by her side. Evangelia (F, age 75, urban, w. 18 yrs) stated:

If you don't have faith, you don't progress...If you pray in the morning and at night, God will deliver...That's how we were bought up...When I left Greece, my mother took me...to the village church...taught me a prayer. She told me, 'wherever you find yourself in Australia...say this prayer.' I haven't forgotten it.

Despite migration, most had maintained their childhood religion, passed down by parents and grandparents. Panos (M, age 75, urban, w. 3 yrs) stated: "We learned it from young

children...That's what we believe...I live here, but I believe the Greek traditions and customs.” Angeliki (F, age 65, rural, w. 5 yrs) stated that she was born and will die Orthodox. Most opposed the loss or decline of Orthodox faith, which was tied to identity. Its preservation fostered ‘*Greekness*’, pride and continued relationships to deceased parents. Many perceived that religious beliefs increased with age. Supporting existing data, this group highlighted religious homogeneity among first-generation Greek migrants (ABS, 2000a).

To summarise, interviewees’ strong religious views and rather fatalistic attitudes or notions of God’s will were central to their discussions of key life events like death (both their spouse’s death and their own death in the future), widowhood, health and future hopes. This resulted in a somewhat collective cultural attitude towards widowhood, discussed in Section 7.3.4. Below, another key aspect of ‘doing widowhood’ in Greek culture is outlined: notions of maintaining continuing bonds to deceased spouses.

7.3.2 ‘*Alone but not alone*’: Importance of Maintaining Continued Relationships to Deceased Spouses

Evidence from local Greek communities in Australia (Panagiotopoulos, 2009), and other literature highlights how bereaved southern Europeans typically sustain continued (often life-long) socially sanctioned emotional relationships to late spouses. Such relationships are integral to providing meaning and identity, and aiding reorganisation of life without one’s spouse (Klass et al., 1996). Continued relationships contribute to maintaining married identities in widowhood. In this study, interviewees’ continued relationships to deceased spouses had deep religious and cultural underpinnings, and were retained in numerous ways, including opposing remarriage, performing mourning rituals, memorial services, and cemetery visits. Additional factors maintaining continued relationships in daily life included frequent reminders, such as maintaining spiritual connections, thinking or dreaming of their spouse, communicating with their spouse, or talking about their spouse with others. Additionally, displaying photographs, commemorating special occasions, respecting their spouses, and retaining aspects of their spouses’ personality or interests also contributed to continuing relationships. Penelope’s (F, age 71, urban, w. 13 yrs) continuing connection provided a sense of strength, identity and pride in widowhood:

I talk so freely...I think my husband is next to me. I'm not shy to say what I feel. I am proud...I have such strength, that my husband is beside me, I haven't lost him. I am proud...I am alone, but not alone. I feel as if...my husband is right next to me. I haven't lost him, because I have his pride. I am Mrs. [surname]...He is by my side.

Based largely on notions of fulfilling ongoing, often life-long mourning duties to deceased spouses, retaining strong continuing bonds hindered the ability or willingness of some individuals to 'move on' following spousal loss. Additionally, failing to uphold such bonds in widowhood heightened vulnerability to gossip or stigma within the Greek community. Another way to maintain continued relationships to deceased spouses was retaining their possessions, which Margarita (F, age 85, rural, w. 2 yrs) spoke to:

I gave some away...but the majority are still hanging up [in cupboards]...If you see these, they worry you more. On the one hand [it's good], but on the other hand, it worries you. I open the cupboard, see all [his clothes]...that's how life is.

In the middle of our interview, Manolis (M, age 80, rural, w. 2 yrs) led me to cupboards brimming with his wife's clothes:

All the clothes here...can't have the heart to sell it (*sic*)...she got that many clothes here, I can't get rid of any...I don't feel good...The other day I looking down and I find \$70 there (*sic*). I don't touch it. I can't...I know she never come back, but I...don't know what to do...I can't have a heart to get rid of it (*sic*)...I don't feel right, that she is disappointed. She think maybe I've forgotten (*sic*)...After you've been married that many years...It's very hard to forget it...Sorry...to show you this. Maybe make me good or maybe no (*sic*). I don't thinks make me good (*sic*).

Spousal reminders allowed many to retain aspects of their prior married identities as a 'wife' or 'husband', important for conceptions of self, worth and coping in widowhood.

Beliefs regarding remarriage were telling of interviewees' perceptions of marriage continuity and opposition to 'moving on' in widowhood. There were few references to other partners in widowhood and no interviewee had re-partnered. Only one interviewee, Takis (M, age 70, urban, w. 11 years), mentioned the possibility of a girlfriend, but stated that trust issues precluded beginning new relationships:

The hardest thing is that you're alone...you don't have 'trust' (in English)...You can't talk to anyone...If you had a girlfriend, you wouldn't trust her like you trusted your wife...Now, this doesn't exist...People...have changed...It is hard for me...to have a girlfriend, go out...You don't trust her...Couples, who have each other, they are fine...For a widower to find a girlfriend from the women who are alone [widows], first of

all, you're not 55 years old...I don't know about all, but most of them [are out] for their own interests. This happened to me and others...I'm not saying they [women] are all the same, but some chase their own interests...asked for too much.

Takis believed that widowers who had girlfriends were not happy, distinguishing between 'girlfriends' and 'new wives': "Other men who are widowed, who mix with women, they aren't happy...widowers don't find happiness in another woman...It's different with your wife...They may have girlfriends, okay, for the company...not for remarriage."

Interviewees' staunch opposition to remarriage was central to enabling continued relationships to deceased spouses. Akin to having more casual partners, most deemed remarriage in widowhood as an inappropriate alternative to being alone. Manolis (M, age 80, rural, w. 2 yrs): "I can't even think to put a lady in this bed, my wife's bed. No way...it's very hard, my dear...to forget a lady like this..." Having children and grandchildren, and the focal positioning of the deceased in daily life were frequently cited justifications regarding the unfeasibility of remarriage. Though Angeliki (F, age 65, rural, w. 5 yrs) acknowledged remarriage may possess benefits, she prioritised family over a hypothetical new partner:

Sometimes a partner is good for a companionship, so you don't get lonely, but then you miss out on other things...you've got to measure up what's more important. To me, my family is important...everything else is useless...I want my family! No partner...can replace that.

Comparing herself to other widows, Tania (F, age 85, urban) said: "There are many [widows]...the next day [after losing their spouse] they will find another [man]...'No way' (in English) to go and marry another man...No. Inside my house I would not put another man." This account insinuated that home and marriage had remained sacred and intertwined in widowhood.

Despite Ioanna's (F, age 84, urban) children having suggested remarriage, she made her personal opposition clear. Justifications included familial loyalty, retaining the sanctity of her home, and labelling a new marriage to a hypothetical 'foreign man' as 'a fuss' and 'a suffering.' Most opposed remarriage on religious and personal levels, though some noted that they may have felt differently at younger ages. Angeliki (F, age 65, rural, w. 5 yrs) asserted: "If I was thirty years old, maybe I would feel different. Depends...on circumstances...at the moment...I'm quite happy the way I am [alone]." Sotiris (M, age 88, urban, w. 1 yr) similarly alluded to the influence of age on remarriage: "Young people, sometimes yes, if they're

40...30...50 years old...they can find someone. But the first wife is always the best...If they're young, they can't stay like this of course...loneliness is bad.”

Notions that younger people should not live out the rest of their lives alone, or suffer from loneliness, implied that this sort of suffering was almost age appropriate for older widowed individuals. Dionysia (F, age 73, rural, w. 5 yrs) shared her thoughts: “Some remarry, others don't. If someone is an old person, why remarry? For young people, it's good because...for a man life is hard afterwards...under our religion, I'm not sure if this is allowed.” Penelope (F, age 71, urban, w. 13 yrs) expressed shame-based opposition: “Now, to remarry, *NEVER* will this happen. *NEVER*...Others view it differently. I am proud of myself. How can I bring a man into my house...to sleep with this man, and have the kids [adult children]? What humiliation for me!”

Accounts were linked to deeply ingrained cultural notions of gender-based shame and humiliation, especially pertinent for women who, in traditional Greek culture, derive worth from their husbands (Dubisch, 1983). Citing cultural differences, Constantina (F, age 79, rural, w. 16 yrs) stated that Australians may remarry but Greeks simply marry once in a life-time. Ioanna (F, age 84, urban, w. 12 yrs), who opposed remarriage, stressed that her husband and children were important to her, conveyed similar notions of having only 'one' marriage. Such views were not only held by women; Stamatis (M, age 80, urban, w. 11 yrs) similarly stated: “We had a good life. I respected her...she respected me...But I remained alone...didn't get another wife...I wouldn't put another woman inside my house.”

Further to maintaining continuing spousal relationships, not remarrying enabled interviewees to avoid potential criticism from their children and the wider Greek community. Katerina (F, age 77, urban, w. 32 yrs) explained:

When I lost my husband, everyone said what they would do if I got married. What marriage did I want, a 44-year old woman, with four heavy burdens [children]? Who would look after these good children? Why would I do this? I had a fantastic husband. I didn't want [another]...I never did [remarry] and I will never until I die...Some people say that you should fix your life [by remarrying], but I didn't ever try to do this because I had the responsibilities of the children...If I did that, what would the kids say? They would say, 'Mum, you're not our mother, we lost our father and you went and remarried someone else and abandoned us.' But today, no one can say that to me, because I

stood strong, and said to them, '...I will look after you, but you will look after me too. I will sacrifice...my life...

Branding remarriage as selfish, Stavroula (F, age 67, rural, w. 20 yrs) cited collectivist cultural and familial barriers:

I get married, my husband died, then I got a new one? (*sic*). What would my children...grandchildren think? What kind of example is this for them? That's the Greek way...our culture...traditions...If someone wants to [remarry] it means their brain isn't working well. They think only of themselves. They don't think of their families...They think of it as, 'I'm older, I've married my children, I am thinking of my own life.' What kind of life can I, can your grandmother, make now?.

For Evangelia (F, age 75, urban, w. 18 yrs), opposing remarriage reinforced Greek cultural norms and familial cohesion, and highlighted cross-cultural differences:

We Greeks are different to Australians...Greeks, when we lose our spouse, no one steps foot in our house. We don't want this [remarriage], and neither do our kids, in their father's home, for the wife to have another person. My son tells me, 'Mum, if you brought an older man into our house, I wouldn't ever come to see you...No no no, to have an old man in your house and for us to visit and see him, no...' We Greeks don't do this anyway...we usually say our life was until he died, and now [he's gone] our life is over. [We don't have men] inside the house, nor [go] out, or with friends, etc...Australians...the next day they will go out and get a 'girlfriend' (in English). Whereas we mourn continuously...What would I do now, 75 years old – get another man? Why would I want that?.

Previous identities as once-married individuals are often retained in widowhood among individuals who have not remarried.

Sexual relations in widowhood were subject to utmost stigma and shame, due to relations out of wedlock and in older age contradicting and opposing the groups' traditional gender roles and long-standing cultural and religious value placed on women's chastity, purity and monogamy. Some widows were critical of others hypothetically engaging in such relations. The following section introduces another aspect of maintaining continuing bonds to deceased spouses; rituals and customs.

7.3.3 Rituals and Customs as Continuing Bonds

Bereaved individuals may perform mourning rituals to display grief emotionally or behaviourally. Strict roles, customs, expectations and culturally sanctioned templates for grieving govern widowhood for native Greeks (Alexiou et al., 2002), who may follow such predetermined, implicit and explicit acts of mourning and rituals. Possessing a meaningful grief framework helps widowed individuals understand, incorporate, adjust to and accept the finality of death, while also integrating the deceased into the survivor's life (Danforth and Tsiaras, 1982, Doka, 2002, Tarlow, 1999). Performing culturally normative widowhood rituals and continuing bonds to deceased spouses preserves identity and social standing, associated with husbands in traditional Greek society (Dubisch, 1986, Hague, 1985). Below, I focus on two key aspects of 'doing widowhood' in Greek culture: *mourning rituals* and *memorial services*.

Culture and religion shaped rituals associated with this group's widowhood experience. Comparing their experiences to other cultures gave weight to notions of a somewhat public and nuanced way to grieve or mourn spousal loss among their group. Lopata's (1973d) notion of 'wife role continuity' is applicable here, whereby certain duties continue to be performed after spousal loss, including remaining socially married to one's spouse, and tending to gravesites to maintain their spouses' social existence. Although widows relayed several visible acts of mourning, including donning black clothes or wearing black headscarves, and ceasing to colour their hair, findings focus primarily on wearing black clothes, due to the sheer number who followed this tradition, and to its prominence in interviews.

Gender differentially affected wearing black. While it was common or even obligatory for Greek men and women to wear black to funerals, men did not wear black subsequent to this event. Nikita (F, age 83, rural, w. 18 yrs) described this tradition: "Someone remains alone and wears black...that's why they call her a widow...Men...don't wear black...women are 'different' (in English)." Takis (M, age 70, urban, w. 11 years) asserted that men wear black for 40 days, but no other widower mentioned doing so. Below, I focus on this custom among widowed Greek women who wore black for religious, cultural and personal reasons. Although several reported having ceased to wear black after a certain time, not abiding by this tradition in the first instance was rare.

Anecdotal evidence suggests that wearing black to signify spousal loss is widely followed among first-generation Greek women, often regardless of years widowed and despite residing in Australia. For many, wearing black upheld cultural traditions and reflected perceived notions of the proper, later-life Greek cultural performance of widowhood. Aliko (F, age 76, urban, w. 2

ys) described her experience: "These are traditions that we follow...it satisfies me...I'm doing something for my husband...For at least a year, it is obligatory. For three, if we can..." Ioanna (F, age 84, urban) talked of the impact of early childhood socialisation on maintaining religious tradition, despite some personal reservations: "Our parents taught us, this is our religion...We wear the black, that is a bad thing...I made the decision to wear it for two years...What can you do?" In contrast, several widows reported either never, or no longer abiding by this tradition. Some expressed criticisms by insinuating that widows who went out and had fun were not properly mourning the deceased. Those who did not observe customs worried that they would be criticised, consistent with the regulating force of gossip within their Greek community. Ioanna explained: "They'd criticise...say, 'Look, she took off the black.'"

Wearing black represented a pivotal moment in widowhood. Widows relayed stories of removing colourful clothes from wardrobes (usually donating to charity), and often resigning themselves to a life-course of black. Nikita (F, age 83, rural, w. 18 yrs) elaborated: "I filled up the car with all my coloured clothes, I thought to myself, 'I won't live to wear brightly coloured clothes'...I got rid of them all." Having donated colourful clothes, Theodora (F, age 74, urban, w. 6 yrs) confirmed that she was unlikely to cease wearing black. Angeliki (F, age 65, rural, w. 5 yrs) did not feel ready to cease wearing black: "My kids never pushed me. They say: 'whatever makes you comfortable'...I don't feel ready yet...I've lost my father...husband...brother...three very important people in my life."

Rituals and customs like wearing black were perceived to be significant and beneficial for the well-being of both surviving and departed spouses. Savvas (M, age 85, urban, w. 4 yrs), who conducted rituals at nine days, 40 days, six months, one year and two years, explained:

You have '*stenohoria*'. We do the nine days so that the person who has died, up in heaven, can be happy. For 40 days, the spirit wanders...sees everything we do, so we need to do these traditions...for a religious reason, to show your spouse your love.

Perceived benefits of ritual conduct included feeling proud, happy and at peace. Conducting rituals was associated with a sense of mastery. Rituals also signalled spousal respect and love, diminished sorrow, and facilitated continued relationships. Calliope (F, age 70, urban, w. 1 yr) conducted memorials to ensure her spouse's happiness:

I did what I could. What he was worth because he worked hard for many years. I spent a lot of money to do it the way I wanted. I feel satisfied because I haven't seen him in my sleep even for one night to think that he's asking something of me. That means he

likes everything that I've done for him...That's why I feel 'comfortable' (in English), because I did things the way they should have been done...I have cleansed my soul...I think he's happy.

Angeliki's (F, age 65, rural, w. 5 yrs) account highlighted notions of spousal respect:

I did it out of respect...you don't need to wear black to remind you you've lost someone you love. It's what you feel in here (taps chest)...when someone has been good to you in your life, you feel like you owe [them]...I can't give them anything else now, apart from a memorial. Respect. That's the way you do it. You never forget...

Linking memorial conduct to the centrality of continued spousal relationships, Theodora (F, age 74, urban, w. 6 yrs) added: "I wouldn't abandon my husband...he was a very good husband." Ritual performance solidified spousal memories to secure their place in survivors' lives.

There were individual differences regarding the duration of donning black. Some, including Margarita (F, age 85, rural, w. 2 yrs), Nikita (F, age 83, rural, w. 18 yrs) and Theodora (F, age 74, urban, w. 6 yrs), described a life-long commitment, *despite* individual differences in years widowed. Nikita stated: "I first wore them for my father...mother. I didn't get to take them off, after six months, my husband passed away...now I've been wearing them for 18 years...it isn't likely I'll take them off." Others, like Litsa (F, age 80, rural, w. 15 yrs), only wore black for a specific duration: "I wore them for three years my girl...I got sick of the black...black is a bad habit. That's my opinion. Your pain is in your heart...not in your clothes." Associating black with worry, Calliope (F, age 70, urban, w. 1 yr) implemented a self-imposed time limit upon wearing black. Some who were currently wearing black, like Angeliki (F, age 65, rural, w. 5 yrs) and Gina (F, age 77, rural, w. 3 yrs), expressed failed attempts to cease wearing black, whereby attempts to wear lighter colours inevitably resulted in reverting to black, following cultural convention, personal beliefs and the stigma of brighter colours. Although a few interviewees no longer wore black, these widows nevertheless preferred darker hues to brighter colours.

Pressure to continue wearing black increased with age, helping to explain why so many widows in this study wore black regardless of years widowed. Margarita (F, age 85, rural, w. 2 yrs) highlighted the influence of age: "At my age, I can't take off the black." Tassia (F, age 76, rural, w. 6 yrs) stressed correlations between wearing black and older age:

You can't take the black off...Above all the older ladies...You don't have anywhere to go, why take the black off? If I was younger...had kids to marry...it would be feasible, it's not good to have [black] on for your kids...if the kids were married...later on [why bother]?

Some alluded to black negatively impacting upon health and well-being, by increasing '*stenohoria*'. Though Vasiliki had always worn black, she noted the influence of religion and upbringing in continuing to wear black: "Our religion states this [wearing black]...But truthfully, inside me, I don't want them [black]. They bring you '*stenohoria*'...Black typically upsets you...bring you worry..." Calliope (F, age 70, urban, w. 1 yr) concurred that wearing black made her feel sadder. Constantina (F, age 79, rural, w. 16 yrs) proclaimed: "Eh, with the black, you are always...sad. If you lighten the clothes a bit, it breaks your mourning..." Penelope (F, age 71, urban, w. 13 yrs), who wore black for five years, believed that it had an impact upon others: "Your grandchildren shouldn't see you like this...You shouldn't cry." Aliko (F, age 76, urban, w. 2 yrs) reported: "I need to remember that I also have a family, who get upset that I wear black...I may stop wearing black after five or three years." There was a complex interplay between reaping satisfaction from ritual performance, and feeling upset by reminders. Nikita (F, age 83, rural, w. 18 yrs) explained: "We feel better when we do [rituals], but at the time we do them...we feel upset." Several widows received advice from local GPs citing the repercussions of wearing black. Aliko explained: "Black is a worrisome colour...I will wear it for three, but I won't wear it forever because...my doctor told me that I will become depressed if I wear black all the time. It isn't good for my health...it hurts." Families influenced decisions to wear black by either suggesting this tradition be continued, or encouraging its cessation. Constantina's family was integral in her decision to gradually adopt lighter colours:

I didn't want to take them off, the kids complained, saying 'Throw them away'...My sister in [rural town], she said 'Okay, five years have passed...you did the right thing. Now it's six-seven years, why don't you take them off?' To lessen it...Slowly slowly [I wore some colour]...when I go to church...I wear a black skirt, a blouse...[black] got me down...How long was I to keep them? To wear black for...years is a bit 'hard' (in English).

Another way in which interviewees reinforced continuing bonds to spouses was by performing memorial services and additional traditions and rituals. Memorial services ('*mnimosina*') (*μνημόσυνα*) typically occurred at regular dates dictated by culture and religion following spousal loss. Although there were individual differences regarding memorials observed, there was a general consensus that the most important memorials observed were at 40 days, six

months and one year following loss. Thereafter, some conducted annual memorials at church, or their spouse's cemetery plot. Some also commemorated other dates of observation, including three and nine days, and three months. Some, including Margarita (F, age 85, rural, w. 2 yrs), and Tassia (F, age 76, rural, w. 6 yrs), abided by all dates specified, while others conducted only annual memorials. Many widows provided thick descriptions of the elaborate memorials and associated rituals performed, having learned such behaviour and customs from early ages in familial settings in Greece. Widowers also performed memorials. Fotis (M, age 80, urban, w. 1 yr) stated:

I did the '*mnimosina*', at three days, 40 days, three, six months, one year...At the cemetery, I...take her flowers, light her '*kandili*' (*καντήλι*)...do a '*trisagio*' (*τρισάγιο*). What else can I do? Whatever our religion says, I'll do...I respect her, she's still my wife...I always light two candles [at church], for me and her.

Generally, memorials declined as years widowed elapsed. Highlighting individual variability in performance, Stavroula (F, age 67, rural, w. 20 yrs) conducted memorials for five years, while Despina (F, age 78, urban, w. 16 yrs) ceased conduct many years later. Despite being widowed for a shorter duration, Kyriakos (M, age 86, rural, w. 4 yrs) explained:

These have finished...We did them in those years. My wife asked us not to do anything...We did one when we buried her, and then later on one year... 'Next year' (in English) it will be three years. We will get the priest to read her '*trisagio*', tell anyone who is there to come for coffee. After the three years [memorial services] finish... That's how we Greeks do it.

Andreas (M, age 86, rural, w. 21 yrs), Constantina (F, age 79, rural, w. 16 yrs) and Alexandros (M, age 79, rural, w. 6 yrs) concurred that they ceased memorials at three years, with the exception of the ongoing, annual '*trisagio*'. For some who lost spouses years ago, like Litsa (F, age 80, rural, w. 15 yrs), memorial services were no longer part of daily life: "Six months, one year, five years, all of the essential ones. I did them all. Now I don't do anything." Theo (M, age 88, rural, w. 3 yrs), no longer Orthodox, was the only interviewee who did not perform memorials in widowhood (excluding his wife's funeral).

Interviewees spoke of additional traditions important in widowhood, including preparing '*koliva*' (*κόλυβα*), typically undertaken by older women well-versed in such traditions, or the '*Philoptoho*', conducting a '*trisagio*' (with the assistance of a priest), and performing gravesite rituals. Conducting rituals not only allowed interviewees to honour and respect their late

spouses, but contributed to upholding 'Greeknness'. Interviewees cited familial involvement and generational differences in ritual performance. Below, I focus only on cemetery visits due to its prevalence in daily life.

Cemetery visits were an important aspect of life for most widowed individuals, with the site representing continued spousal relationships. All but one spouse was buried in Australia. Nitsa's (F, age 80, urban, w. 8 yr) spouse was the exception, buried in his village in Greece. Although there were individual differences, most visited regularly. Manolis (M, age 80, rural, w. 2 yrs), who visited morning and night, conducted the most frequent cemetery visits of all interviewees. Petros (M, age 82, rural, w. 9 yrs) went alone every night, suggesting that years widowed did not affect the frequency of his visits. Yiannis (M, age 85, urban, w. 6 yrs) visited multiple times per week. For many, including Dimitra (F, age 77, rural, w. 5 yrs), Dionysia (F, age 73, rural, w. 5 yrs) and Alexandros (M, age 79, rural, w. 6 yrs), cemetery visits decreased with years widowed, typically from daily visits to once a week. Stavroula (F, age 67, rural, w. 20 yrs) explained: "I go often...not like the earlier years...many years have passed." Takis (M, age 70, urban, w. 11 years) added: "I used to go every day at the start...now I go every week. My son goes...We have decked out her gravesite – flowers, we 'livanisi' (λιβανίσαι), the traditional things that are done."

While some believed that cemetery visits enhanced 'stenohoria', others reported that visits were cathartic, or contributed to feeling closer to spouses. Sotiris (M, age 88, urban, w. 1 yr) described this feeling: "I go every day...I have to go. I want to. If I don't go, I get 'stenohoria'." Aiki (F, age 76, urban, w. 2 yrs) stated:

At the cemetery...I get depressed, but I'm used to it...if I didn't go, I'd become more worried...the doctor tells me to go as often as it pleases me...The more I go, the better I feel, that I am doing what I owe my husband, the right thing...Lately I go once a week. But if I have the opportunity or if I feel like it, or see him in my dreams, I go straight away.

Some perceived visits to be obligatory. Barriers to frequent cemetery visits included mobility and transport issues. Stamatis (M, age 80, urban, w. 11 yrs) found frequent visits difficult: "I go, not all the time...sometimes it breaks my nerves. When you lose a good woman, it's hard...My daughter goes weekly. She takes flowers." Ailing health prohibited more frequent visits for Ari, whose daughter went on his behalf: "I might die myself...Last week I went...I fainted and a lady lifted me up."

Activities routinely conducted at the cemetery included lighting a '*kandili*' and '*livan*' (λιβάνη), cleaning the headstone and bringing flowers. Almost all instrumentally engaged with this site by performing these rituals. For Alik (F, age 76, urban, w. 2 yrs), a lit '*kandili*' was an indication that her spouse was cared for and remembered: "I expect that at the cemetery, his '*kandili*' will burn forever. These are the Greek things we have." Similarly, Petros (M, age 82, rural, w. 9 yrs) proudly stated that he had not missed a night lighting his late spouse's '*kandili*' at the cemetery, despite years widowed.

Reflecting collectivist norms, widowhood rituals and traditions were also important for continued familial relationships to the deceased. Most interviewees reported that their children visited the cemetery frequently, often providing transport. Takis (M, age 70, urban, w. 11 years) highlighted links between familial ritual performance and well-being:

...my son, his daughters...they go to see his mother/their '*yiayia*'. They light the '*kandili*', '*livanisi*'...When you take the kids, they will learn...You feel something nice when you do this, different somehow. You see your spouse, the memories you had together, good times in life, all of these things.

There were perceived generational differences in ritual conduct; many, especially women, feared future generations would cease to uphold traditions. Nikita (F, age 83, rural, w. 18 yrs) stated: "Our religion has this...when someone dies...survivors wear black...do '*mnimosina*' at specified times. That's what it was like during our lifetime. I don't know about the future. Maybe the younger people will leave these [traditions] and not do them." Takis pondered: "We follow these traditions. Now our children, I don't know. When I leave, who will light my '*kandili*'?" Stavroula (F, age 67, rural, w. 20 yrs) also worried about future ritual performance:

All of the generations need to learn...All the people who know how to do it are leaving [dying]. What will happen to others later on? Will they stop everything? Young people don't go to church...When my children were young I would take them to church...teach them to believe...It's a shame to lose...religion, culture, language.

Dimitra (F, age 77, rural, w. 5 yrs) commented on how widows no longer wore black for the remaining life-course, like her grandmother had. Given the importance of religious and cultural maintenance, interviewees were distressed at the thought of future generations discounting such cultural conventions. Children married to non-Greek spouses were believed less likely to retain Greek traditions in future. Constantina (F, age 79, rural, w. 16 yrs) lamented: "Who will

do it for us? The boys have Aussies...Aussies don't know how to do these things. Only my daughter."

The aforementioned widowhood-related practices highlight the nuanced experience of widowhood among this group. The following section notes that among this group of older widowed Greeks, there existed somewhat of a 'collective' later-life widowhood experience. A sense of 'otherness', and perceived cross-cultural differences were often associated with widowed identities in light of their wider Anglo-Australian context.

7.3.4 A Collective Widowhood Experience, 'Otherness' and Cross-Cultural Difference

The majority of this group of widowed Greek migrants subscribed to a distinct 'culture of grief' or a 'way of grieving', culminating in the sense that there existed somewhat of a collective widowhood experience within their culture specifically, and more generally among other widowed groups. Interviewees often assumed that the loneliness, pain and sorrow of widowhood was a universal or collective experience, which transcended cultures and was felt by all widowed individuals. Notions of widowhood as universal or shared may have helped interviewees feel less alone in their daily struggle. Speaking to differences and commonalities among widowed individuals, Panos (M, age 75, urban, w. 3 yrs) stated: "We can say there are differences. But there are [commonalities] in a general sense. The pain of separation." Sotiris (M, age 88, urban, w. 1 yr) acknowledged that:

Life is hard, being alone, it would be the same for everyone, it's not only me...as we said, it might be that women cope better. For me it is a bit harder...Loneliness is a horrible thing, regardless of whether you're a man or woman. Of course you will hear the same thing from everyone, like you've heard from me...the same pain for everyone.

Despite years widowed, Takis (M, age 70, urban, w. 11 years) noted this collective sentiment:

It's all Greeks, all of us...I want to tell you now, you won't find any differences about widowhood. People are all the same when they are widowed, they have the same routine...The happiness I had with my wife doesn't exist now.

Aliki (F, age 76, urban, w. 2 yrs) concurred: "I don't think anyone can be happy [in widowhood]." Savvas (M, age 85, urban, w. 4 yrs) similarly believed that widowed individuals felt the same pain across cultures, despite having different traditions, speaking to a somewhat collective

widowhood experience across cultures, despite cultural variability in performing widowhood: “Widowhood is a bad thing...It's not good. Everyone views widowhood badly...Everyone I know that is widowed, they are all stressed. No one is okay.”

Interviewees' beliefs in the existence of a collective widowhood experience insinuated that spousal loss was equally hard and affected everyone negatively. Indeed, Takis (M, age 70, urban, w. 11 years) reported that this experience cut across socio-economic differences: “Widowhood is widowhood, one experience, understand? Their life [is the same], no matter how rich they are.” Dionysia (F, age 73, rural, w. 5 yrs) affirmed collective difficulties associated with widowhood, perceiving social constraints: “It's hard. Life is hard...for all widows, not just for me. I can't go [out] by myself.” Stavroula (F, age 67, rural, w. 20 yrs) alluded to the reality of all widows feeling socially restrained in widowhood.

Being widowed has long represented a stigmatised role, and devalued status and identity in popular Greek culture, perhaps due to ingrained gender roles and expectations, strong binary distinctions between conceptions of masculinity and femininity, and patriarchal norms governing marriage (Dubisch, 1986). For this group, being widowed comprised a large part, if not all, of their identity. Being a ‘good widow’ meant opposing remarriage, possessing self-respect and pure intentions, and acting modestly and appropriately to one's age, gender and widowed status. Angeliki (F, age 65, rural, w. 5 yrs) spoke of the regulating nature of gossip within the Greek community, and efforts to retain a good reputation, especially for widows:

People think that you shouldn't go out (nervous chuckle). Well not everybody does, but...a lot of people...are back-minded (*sic*)...they think of things differently when it's a widow. Not so much for men but for women...You're on the lookout all the time. Everything you do, you've got to be so careful.

Speaking of her devalued identity and new level of social and public visibility as a widow, Tassia (F, age 76, rural, w. 6 yrs) said: “Whatever you do, you are called a widow. With your husband, you could go outside, walk a bit. Go to dances, church, a baptism or wedding. Now? This [social interaction] has finished.” To counter stigmatisation, Penelope (F, age 71, urban, w. 13 yrs) stated: “First of all, you need to respect yourself...when you respect yourself, whatever you are, a widow, married, unmarried...nothing brings you down...‘All right’ (in English) I'm a widow, but I'm the person who I was before.”

Acknowledging the intersection of gender, culture and health, Eisler and Hersen (2000)'s handbook notes factors helping to ease the transition or provide stability during emotional

upheaval for widowed individuals. In the present study, the majority abided by such factors, including identifying with one's marriage and late spouse, openly expressing grief, and ritual performance to honour the deceased (Eisler and Hersen, 2000). Such factors are thought to be adaptive, somewhat buffering a devalued widowed status. In this study, interviewees noted differences regarding the ways in which Greeks and non-Greeks 'did' widowhood. A sense of 'otherness' refers to the assumed cultural difference of belonging to a minority rather than majority, and the resulting social inferiority this difference confers (Bedikian, 2008). Thus, this group's pervasive sense of 'otherness', tied to their migrant status, may have lessened the extent to which such factors were adaptive in widowhood.

In this study, most comparisons centred around differences in mourning and lamenting the loss, and related traditions. The widely accepted Anglo-Australian custom of 'letting go' (Thompson, 2002) was often viewed by widowed interviewees as betraying the deceased (Wouters, 2002), and a reluctance to sever ties reflected a commitment to sustaining familial values and culturally normative expectations. Inherent in most accounts was the sense that Greeks simply do not 'move on' from spousal loss as well as other groups, like Anglo-Australians. While these judgements were based entirely on interviewees' perceptions of widowed Australians, most did not have contact with or possess any Anglo-Australian friends (see Chapter 6). Thus, assumptions were based on observations of more distant acquaintances, neighbours, or popular or mainstream culture more generally. Takis (M, age 70, urban, w. 11 years) stated that:

Australians see it differently. This is the Greek way, that's what we believe...Australians will say their spouse has left, 'passed away' (in English), finished...they say 'enjoy your life' afterwards. How are you to enjoy your life...without your spouse? Greeks see it very differently.

Greeks were believed to grieve more publically or lament spousal loss more openly than Australians. Penelope (F, age 71, urban, w. 13 yrs) stated: "Australians...they push it aside...I've met a few families, they don't care. 'Deep in' (in English) (*sic*) they will care about it, but don't show it. We, Greeks, are different. We show what has happened to us." Tassia (F, age 76, rural, w. 6 yrs) similarly said: "Australians don't mourn the loss a lot...They don't take it so deeply...don't wear black or anything." Dionysia (F, age 73, rural, w. 5 yrs) explained:

Greeks take it more heavily...I don't know the reason why. But I know that Australians say: 'They left...' "Bad luck" (in English). They may get upset inside for the loss of their person, but they take it differently. They don't wear black, they don't do liturgies that

we do, they don't do anything. One lady had an appointment to do her hair. Her husband died...she still went to the appointment...Greek ladies don't do this! Even if they were younger, they wouldn't go to the hairdressers...get dressed up...it's not that Australians don't hurt – everyone hurts – but people hurt differently. They feel and see it differently. They approach it more relaxed, more 'easy' (in English).

Calliope (F, age 70, urban, w. 1 yr) similarly spoke to cultural differences subsequent to loss:

Australians, if someone passes away, the next day, they 'doesn't care' (*sic*) (in English). They don't wear black...They have another life...They asked me why I was wearing black. I said, 'I 'respect' (in English) the person who passed away'...They said 'Ah, we don't care'...Each person to their own. We can't compare our lives with Australians. Neither can our children...we brought them up to be [Greek].

Comparing Greeks to non-Greeks, Stavroula (F, age 67, rural, w. 20 yrs) stated: "The difference is that they don't wear black and don't do '*mnimosina*'...I went to an Australian funeral and they were wearing red." Nikita (F, age 83, rural, w. 18 yrs) drew analogous conclusions: "Other groups don't have these [traditions]...don't wear black...soon after, they re-marry...Australians don't conduct '*mnimosina*', nothing...They hurt for their person...miss them, but they don't do the things we do." Similarly, Gina (F, age 77, rural, w. 3 yrs) stated: "It is very different...Australian women will straight away put on lipstick...wear red – we are different. She will go out to get away from it. We don't do this."

Angeliki (F, age 65, rural, w. 5 yrs) highlighted a pervasive sense of 'otherness' from mainstream society based on divergent cultural traditions and practices:

[Australians] can't understand why we do these, but that's how we were brought up...our culture. That's what make a different culture (*sic*)...people in Australian society probably think we're weird, but then on the other hand, we might think that they are weird too! When they lose a loved one, they do things that we don't like as well. On the other hand, they think that what we do is wrong...can't win, can you?

This quote aptly underlined markers of distinction, notions of fitting in, and the existence of culture-specific ideals. Perceiving vast cultural differences regarding moving on after loss, Aliki (F, age 76, urban, w. 2 yrs) suggested:

We are very different...Not that those people [Australians] don't hurt – they hurt...but

(sigh) you can't compare with a Greek...However you want to explain it, it's a huge difference...The Greek doesn't move on easily...Australian(s) and other cultures may move on quicker, go to parties, and do things...Greeks are more faithful...as husband and wife. There are people who say 'Oh well, he's gone, he's gone' (in English). 'Alright, I know he's gone, but (in English)...how do I cope?

Aliki believed that coping with or moving on in widowhood was a mammoth, rather unattainable, feat, and implied that for Greek migrants, the pain of widowhood and migration culminated into a more innate or severe sense of loss in older age: "The pain is bigger...because we lost our mother country." Interviewees believed that Greek migrants felt widowhood more deeply and were constantly reminded of the loss by cultural norms and traditions, whereas the absence of such rituals rendered Australians comparatively better equipped to move on. Contrasting mourning and the lived widowhood experience with older Australians, Fotis (M, age 80, urban, w. 1 yr) noted differences in dealing with loss, particularly pertaining to how widowhood is 'done' in Greek culture:

I think there is a difference. We Greeks are different. Either we hurt more for the person we have lost – Australians may hurt...but they're a less deep race, they somehow surpass it more easily...get past it more lightly...they still feel it, but not the way we feel it. We take it more heavily...the memorial services we conduct, the things we do, we constantly are reminded of it. And it costs us...eats away at our lives.

Similarly, Sotiris (M, age 88, urban, w. 1 yr) believed that all widowed Greeks felt '*stenohoria*', which was detrimental to well-being (see Chapter 8).

In short, interviewee accounts highlighted perceived cultural and religious differences between Greeks and non-Greeks, especially in older age and widowhood, despite living in the same country. Attempts to emulate culturally distinct widowhood practices heighten sense of ethnic 'otherness', which could be detrimental to later-life well-being. Greek migrants who actively practice religious and cultural customs relating to widowhood (like those in this study), grapple with such daily perceptions.

Conclusion

This chapter demonstrated that widowhood experiences were affected by the unique intersection of life-course experiences of migrating to Australia and then ageing 'in place', as

well as social determinants, including ethnicity and gender. It introduced the historical importance of marriage among this cohort, the centrality of the widowhood experience, and its relationship to daily challenges and hardships, and future time perspective. It also examined fatalistic attitudes, religiosity and continued spousal relationships. It detailed how widowhood is 'done' in Greek culture, exploring notions of a somewhat collective widowhood experience, sense of 'otherness', stigma and perceived cross-cultural differences among Greek migrants versus non-Greeks. For most interviewees, widowhood was not short-lived, nor overshadowed by remarriage. Generally, it did not seem to get any 'easier', even with respect to years widowed. Rather, for most, widowhood had negative implications for later-life identity and daily life. Coupled with the conduct of frequent, intense, and long-lasting rituals, many actively ruminated and were constantly reminded of spousal loss even years after bereavement. For this group, widowhood and its accompanying life outlook contributed to later-life hardships.

This chapter's overarching theme is that for this group of older Greek migrants to Australia, widowhood represented a lengthy, all-encompassing experience, central to daily life and sense of identity. Their status as widowed individuals in a culture and society where marriages and being coupled are highly prized, led them to view widowhood as something to be 'endured' alone. Although many described engaging with daily activities, including seeing family, culturally-sanctioned roles and expectations of widows and widowers significantly contributed to their later-life identity. Profoundly, Aiki (F, age 76, urban, w. 2 yrs) saw widowhood as unchanging for the rest of her days: "It was written for me to remain a widow. I'll leave like this..." Tied to a strong sense of fatalism with cultural and religious underpinnings, most considered the lived widowhood experience as largely unavoidable and something to be passively accepted or tolerated in older age (often for the rest of the life-course). Notions of a life or future after widowhood were contested, and are somewhat at odds with 'gains and loss' theories of older age (Rowe and Kahn, 1998). Such theories suggest that individuals may grow older with a favourable balance of gains and losses and the capacity to preserve their well-being and dignity to remain engaged with life. Becoming widowed in a foreign land is a difficult reality for this group, most of whom expressed no or little agency to exert change in their lives. Themes presented in this chapter may help to explain why most of this group viewed later-life widowhood somewhat negatively. Chapter 8 explores the impact of this pervasive experience and identity on later-life health and well-being.

8 WELL-BEING IN WIDOWHOOD

You found 70 dollars in your late wife's coat. In the pocket of the fur coat you bought together, the one you loved to see her in. You tell me you do not dare spend it. It was hers, and though she is no longer here, it represents another living memory of her. At night you sleep in the room with the cupboard jammed full of her clothes and shoes; the one you led me to, in the hope I would understand. You explained that if you give away her possessions, she may think you have forgotten about her or be disappointed in you. Dear old man, she knows you have eyes for no other when you visit her morning and evening to wipe clean her marble headstone, tenderly rearranging and watering bouquets of flowers, lighting the καντήλι and λιβάνη with your trembling, arthritic hands. Be certain that she hears your voice; she knows you have not – will not – forget.

Panagiotopoulos (Unpublished poetry, 2013)

8.1 Introduction

The period of bereavement and widowhood typically have a detrimental impact on various health outcomes, including physical (Stroebe et al., 2007) and psychological well-being (Onrust and Cuijpers, 2006). Studies have consistently reported that widowed individuals experience symptoms of depression (Carnelley et al., 1999, Li et al., 2005, Vink et al., 2009), anxiety (Ong et al., 2006) and loneliness (Beal, 2006, Ben-Zur, 2012, Lopata, 1973a). This study notes gaps in existing literature pertaining to widowhood among migrants, which is important as migrants may be more generally at risk of disadvantageous health and well-being than non-migrants due to numerous life-course experiences and conditions (Kiropoulos et al., 2004). Migrants ageing outside of their country of birth may be subject to dislocation or social isolation, exacerbating the often detrimental implications of ageing (Kouris-Blazos et al., 1996, Markovic et al., 2002, Migliorino, 2010, Panagiotopoulos et al., 2010, Taloyan, 2008, Tan et al., 2010). Additionally, migrants may view depression and anxiety more negatively than Anglo-Australians (Kiropoulos and Klimidis, 2003). Such conditions may be stigmatised within their cultural group (Hsu et al., 2008), and may limit migrants' abilities to age 'successfully' or happily (Emami and Torres, 2005, Torres, 1999). As there is limited research on widowhood among older Greeks in the diaspora, this chapter sought to explore the well-being of older widowed Greek migrants, by presenting findings relating to the interplay between older age, widowhood and well-being from a life-course perspective. Social determinants including ethnicity, gender, employment, residential location, social support, and inclusion and exclusion are considered. This chapter highlights the seemingly detrimental impact of widowhood on well-being, and sheds light on the psychological and physical facets of well-being in interviewees' lay terms. Physical aspects of well-being included illnesses or ailments, strength and mobility. Psychological aspects included depression, anxiety, worry, stress, loneliness and '*stenohoria*' (a Greek concept discussed in Section 8.3.2.2). Additionally, coping strategies (including informal support), and notions of successful ageing, happiness and life satisfaction are introduced. This chapter also explores whether widowhood has an impact on the degree of support received, and interviewees' largely negative attitudes relating to widowhood and well-being. Lastly, formal supports related to well-being (e.g. health professionals and services) are introduced, including access barriers and enablers.

8.2 Age, Well-being and Widowhood

The complex interplay between ageing and widowhood enables a better understanding of the interviewees' current health and well-being. Margarita (F, age 85, rural, w. 2 yrs) spoke to the interplay between age and ill health:

When one reaches a certain age, they are in pain...always worried or uneasy. Am I right? At my age, I have a lot [of health problems]...asthma...arthritis...I can't walk or move at all. It's my ears, I went to a specialist, the children took me, they can't do anything for me. It makes me dizzy and I can't understand where I am...I worry, that I can't hear, and everything.

Similarly, Takis (M, age 70, urban, w. 11 years) stated: "We are older people, we aren't healthy...The more the years pass, the more we struggle." Interviewees compared their own health to others in their age cohort to ascertain how they were faring. Aiki (F, age 76, urban, w. 2 yrs) explained: "There are other women in my age group who are sicker than me. That's why I thank God, so far, what I've been through, is okay." Petros (M, age 82, rural, w. 9 yrs) felt he was faring well given his age. In general though, interviewees viewed old age and the ageing process quite negatively. Deficits and limitations were perceived as largely inevitable, and represented barriers to remaining productive and independent. Penelope (F, age 71, urban, w. 13 yrs) explained:

It's bad to age...you can't do what you used to do...you become a burden if you are an old person. I haven't experienced this yet. I hope that this doesn't happen to me...I wouldn't like to not be able to cook...But now, I don't find it hard, because [I'm still younger/healthy].

Physical and/or psychological age-related limitations were a lived reality for most. Old age was often accompanied by ill health. Margarita explained: "On the other hand, I think to myself, I'm in this [older] age group, what am I expecting? I want to do things to be happy, but I can't do them and this worries me." Alexandros (M, age 79, rural, w. 6 yrs), recently diagnosed with cancer, was more concerned with his illness affecting his family: "I said to [doctor], 'I am nearly 80 now, it doesn't matter. I only want to not be in pain, so my family doesn't suffer'." This statement highlights the collective nature of conceptions of health and well-being among Greek migrant families. Referring to her age and health problems, Angeliki (F, age 65, rural, w. 5 yrs) spoke bleakly of her increasingly compromised ability to complete routine household tasks:

I'm getting older, it's made a difference. And it's not going to get any better...because with osteoarthritis, arthritis is a life[-long condition], you've got to put up with it (*sic*). I

take a lot of capsules and pain relievers and anti-inflammatories, but there are only so much you can take, because they have side effects (*sic*)...it's not so much the pain, it's the mobility...With osteoarthritis you have to keep moving...but how can you do things when you're in pain? That's the problem.

Such accounts demonstrate how this group perceived that older age was intrinsically related to ill health. As outlined in previous chapters, it was evident that life-course experiences (e.g. occupational conditions) had impacted current health and well-being. Manolis (M, age 80, rural, w. 2 yrs) concluded that later-life ill health was a function of earlier physically taxing rural work:

Don't talk about back pain! I got a lot of arthritis. I am old man you know (*sic*). 80 years old. What do you expect? Working very hard...Probably your dad is working hard too. When they're young too 'coz they got big blocks, apricots.

Angeliki lamented that she too was subject to earlier health declines due to physical occupations:

I have a lot of problems...I'm lucky I don't have life threatening problems, but I do have serious mobility problems...One day I'm okay and the other I can't move. It's worse being on your own because it's gotten to the stage where I can't even get up and go to the toilet. I'm only 65. But it happened that I got early osteoarthritis...It's made my life really hard. I might need surgery on both knees.

Such conditions negatively affected quality of life and ability to perform daily duties. Similar to Angeliki, Penelope rather fatalistically stated: "You can't be 100%...I have a headache all the time...because all of these years I've been working. When you work a lot, you'll have something." Ill health was simply an inevitable consequence of a life-course of physically difficult and taxing experiences, highlighting the influence of social determinants like socio-economic status, and prior employment and occupational conditions, further elaborated upon in Section 8.3.1.

8.2.1 Death, Dying and Dignity

Most interviewees spoke candidly of their inevitable mortality, with many sharing a desire to continue living in a dignified manner, free of health constraints, as Constantina (F, age 79, rural, w. 16 yrs) explained:

I don't want to live many years and be sick...not be able to get out of bed. It would be better if I closed my eyes sooner and don't suffer...the more you suffer, the worse it is...But it's whatever God wants for us, you can't escape God.

Interviewees viewed ill health, including mobility constraints and resulting lack of independence, as the antithesis of a dignified life. Calliope (F, age 70, urban, w. 1 yr) explained:

What kind of life will you have then? You can't eat - please excuse me - can't go to the bathroom...Now I go outside, pick up the leaves, my time passes. If I can't, and sit all day in bed, what kind of life will this be?

Highlighting what he understood to be a dignified death, Andreas (M, age 86, rural, w. 21 yrs) stated:

I think that it's a sin for them to have you there with drips...I don't want this. That's why I've made a 'will' (in English), if I reach that point, and two doctors say I won't get better, pull the plug and I'll be gone. You save your, how do you say it, 'dignity' (in English).

Several expressed a preference to die before experiencing age-related declines. Sotiris (M, age 88, urban, w. 1 yr) explained: "I would prefer to die before my health declines, understand, if this happens I'll be more satisfied. That's the only thing I want..." These accounts represented an important aspect of interviewees' conceptions of future well-being. They were telling of their rather adverse beliefs regarding ageing, and conversely, the importance of retaining their dignity, independence and quality of life as older adults. Below, interviewees' lay definitions of physical and psychological well-being in widowhood are explored.

8.3 Lay Definitions of Health and Well-Being

In presenting interviewees' definitions of health and well-being, I utilised their lay knowledge or emic terms (i.e. their words), to describe and understand the social world from their perspectives (Meyer and Ward, 2014, Weine, 2004). Interviewees' definitions of health and well-being were complex and multi-faceted, encompassing both physical and psychological aspects, explored below.

8.3.1 Physical Health and Well-Being in Widowhood

Lay explanations of physical health and well-being included ill health, physical ailments, strength and mobility. No interviewee reported entirely positive perceptions of their current health. A brief observational comment on interviewees' physical health formed part of my reflexive post-interview field notes, providing a rudimentary overview of their health. Many were fairly physically healthy and active, whilst others were somewhat frail, and a small minority was very frail. Most were plagued by various chronic and acute illnesses. Arthritis affected many, including Theodora (F, age 74, urban, w. 6 yrs) who stated: "I have full arthritis! (*sic*) Look at my hands...my legs!" Katerina (F, age 77, urban, w. 32 yrs) spoke candidly and fatalistically about her stroke:

Everything is planned to happen...I don't know what caused this...I felt a sudden...horrible pain...I collapsed...When they took me to hospital, there was a Greek at the door. It just so happened...I was lucky. I was destined to live...He saw the damage that had been done and straight away operated...they...called my son...and said 'Come to the hospital if you want to see your mum in time because it's very serious'...my son got a shock...But Thank God, I didn't remain a vegetable.

Takis' (M, age 70, urban, w. 11 years) physical health ailments influenced his overall perceptions of current well-being: "My back pains me, when I vacuum or bend over, it hurts a lot. It's terrible...My health is so-so. I had caught pneumonia, and had gone to...hospital for 10 days." Interviewees appeared entirely comfortable sharing their physical ailments, and discussed perceived causes of ill health, providing insights into health literacy. The effect of life-course employment and work conditions, as well as spousal loss, were acknowledged as contributing to later-life ill health. Difficult manual labour over the life-course influenced current health and well-being especially for rural interviewees, all of whom were manual labourers. Dionysia (F, age 73, rural, w. 5 yrs) attributed health problems to years of physical labour. Urban interviewees who worked manual factory jobs expressed similar concerns. Referring to later-life work-related injuries, Theodora stated:

We worked at the steel factory...We went through a lot...got very tired. The steel took it out of us. There were six women working there...now all six...have the same problem...That's what I'm paying for now...we didn't have [anything]...We needed to work a lot! It was very hard...we destroyed ourselves with the steel.

Similarly, Dimitra (F, age 77, rural, w. 5 yrs) attributed ill health to older age, taxing occupations, and the death of a child:

I feel okay now...I got sick when my child died...Until then I was okay. They loaded me up with medications for my heart...the truth is we worked a lot, but when my child left, (voice breaks) that killed me, that's when I got sick...I went to the doctor, they gave me tablets...for my blood pressure. I was good before. Sometimes [health problems] are age-related.

Many widows stated that their husband's health problems stemmed from physically taxing occupations in Australia, ultimately resulting in some form of later-life disability or inability to work. In addition to highlighting the effect of previous life-course experiences, they drew attention to the influence of key social determinants like residential location and socio-economic status. Accounts confirmed existing literature, citing that individuals of this cohort often complied with difficult and dangerous occupational conditions in Australia due to lower socio-economic status, limited education and English, and for some, non-recognition of prior skills (Pennay, 2011).

Spousal loss and the ensuing reality of being alone was another major contributor to interviewees' ill health. Tassia (F, age 76, rural, w. 6 yrs) drew links between physical health problems and being alone: "Recently I've had problems with shingles...asthma, I went to hospital. If you're alone, that's what happens." It was perhaps not surprising that the majority perceived widowhood to be detrimental to well-being. Katerina (F, age 77, urban, w. 32 yrs) attributed illnesses, including a stroke, to stress following early spousal loss and raising children alone, in addition to taxing rural labour:

When I lost my spouse, I had a very difficult time...my health suffered...I got very skinny and had '*stenohoria*', but I had very good children and my eldest would say 'Mother, we have lost dad, if something happens to you, what will we do? [Youngest son] is seven years old, we need you'...I didn't have anyone [to help]...I don't know how I've lived! Once I got sick in [rural area] with my head, because the jobs, the climate, work, all day, waking from morning until 11pm with the kids...Everything is in God's hands.

Ultimately, she believed that faith was crucial in overcoming bereavement in the absence of immediate family who resided in Greece. Similarly, Litsa (F, age 80, rural, w. 15 yrs) attributed health problems subsequent to spousal loss to ensuing '*stenohoria*'. Calliope (F, age 70, urban, w. 1 yr) similarly described the detrimental impact of her husband's ill health and

widowhood on her own health:

From when I lost my husband, it was 'hard' (in English) for me. I had got sick, for two months, 'very hard' (in English). I had asthma, diabetes, thank God my daughter was here to 'look afta' (sic) (in English) me. It's not 'easy' (in English). It was 'very hard' (in English) (voice breaks, tears up)...after he died...I wasn't eating properly, I would take a 'sanwitcha' (sic) (in English) to the hospital...eat with him, then at night I'd come home and I wouldn't have cooked...The morning I rushed to get to the hospital, and I got sick...the hospital for six months affected me...my asthma worsened...my diabetes was high (sic), but the doctor helped me...It's not the foods I eat, it's the '*stenohoria*'...I got very sick. The doctor told me, 'Did you know you were very bad, you could have died because of this?' I told him 'What could I have done? I didn't want this...it wasn't easy to lose my husband. To see a strong man, he was tall, you had seen him, to see him waste away on the bed.

Such accounts shed light on perceived links between the cumulative toll of widowhood, and diminished health and well-being.

Interviewees' ill health impinged on various aspects of daily life, including housework, home maintenance, cooking, driving, socialising, working and leisure pursuits. Tassia (F, age 76, rural, w. 6 yrs) acknowledged the detrimental consequences of ailing health in older age:

Today I made the bed, it took me so long. I woke up...I couldn't move. I had to use the walking stick until I could move...I can't...get the curtains down anymore...to clean them...The years have passed, now it's difficult. You're more careful now. I had paralysis in my legs...that thing, in the bones where it's deteriorated? What's it called?

Additionally, Nikita (F, age 83, rural, w. 18 yrs) described how her reduced mobility and independence affected her self-concept and self-efficacy:

Arthritis affects me a lot...I worry that I can't do all the jobs I want to do...I can't stand upright without holding onto something, I need to be leaning onto something. This arm hurts me, I can't lift it...I do everything with this hand...That's why, whatever I do, I get upset with myself.

Connections were made between physical health ailments like heart problems and psychological health issues such as emotional distress. Margarita (F, age 85, rural, w. 2 yrs) explained: “When I’m in pain, and I can’t walk, I worry more, and then this makes me worse.”

Declines in physical strength and mobility were viewed as inherently age-related. Panos (M, age 75, urban, w. 3 yrs) stated: “In the third age, your strength leaves you... a person can’t do much...it’s necessary to get a person to help you...your strengths decline. You’re not young, to run around...” Subsequent to being widowed, Kyriakos (M, age 86, rural, w. 4 yrs) explained how his mobility issues influenced a host of daily activities: “Since I’ve lost my wife, I couldn’t walk properly...I stopped driving. Since then I stopped going to church.” Many, especially those currently residing alone, worried about their future health status. Nikita, who lived with her sister and sister’s son, lamented: “I can’t get up when [I fall down]. And what if [sister’s son] isn’t there one day? Who will lift me up?” Many struggled with the lived reality of such declines. Gina (F, age 77, rural, w. 3 yrs) explained:

What is most difficult now? It’s that my strengths have left me. That I can’t [get things done]...I like cleanliness, for everything to be nice, but my [lack of] strength doesn’t help me...I try...something which helps me is that I don’t give up, that I ‘keep going’ (in English). I’m always trying...that is good for me.

In short, most acknowledged the complex interplay between older age, physical health and widowhood. There were seemingly no differences in the ways that interviewees described their current physical health depending on length of time widowed. Some older individuals in this study reported experiencing increased physical health declines than their younger counterparts. Links between widowhood and ensuing psychological health were more frequently and openly discussed, as described below.

8.3.2 Psychological Health and Well-Being in Widowhood

Interviewees outlined some psychological aspects of well-being, including spirituality, support, and others. However, they mostly focused on age-related declines in memory and mental ability, depression, anxiety, worry, stress, ‘*stenohoria*’ and loneliness. Speaking to the impact of age-related declines on mental ability and memory, Dimitra (F, age 77, rural, w. 5 yrs) stated: “The older you get, the more your brain dims.” Ailing memory rendered it difficult for some to recall exact historical or chronological details (e.g. year of arrival in Australia, or years married and widowed, often resulting in discrepancies in demographic data – see Chapter 5). Theo (M,

age 88, rural, w. 3 yrs) spoke to such declines in older age: “I am on the losing side now...the losing streak. Losing the names of people and all that. Although it’s funny – I can’t say I’ve forgotten the old days (*sic*).”

Dionysia (F, age 73, rural, w. 5 yrs) attributed her waning memory for daily tasks to age and ‘*stenohoria*’:

I forget...I want to go and feed the chickens...I do that, then I come back inside and can’t remember if I’ve done it...I forget easily...go outside and get potatoes, by the time I get there I think, ‘what did I come here for?’. This affects me. Now, is this my age, or ‘*stenohoria*’? From everything...‘*stenohoria*’ and age. What can you do?

Evident in her account is a sense of fatalism towards her waning health and the ageing process (i.e. employing the phrase ‘what can you do?’), manifesting in little agency to affect change (see Chapter 7).

8.3.2.1 Depression, Anxiety, Worry and Stress

Not surprisingly, most perceived widowhood to be depressing and worrisome. Some specifically employed the English term ‘depression’ during interviews otherwise solely in Greek. Aliko (F, age 76, urban, w. 2 yrs) described depressive thoughts as automatic in nature. She conveyed an inability to forget, and contested notions of time as healing:

It makes me ‘depress’ (*sic*) (in English). It makes me hurt. Some say that as time goes by, you forget. You don’t forget. The wound still opens. Even if you marry kids, baptise grandkids, whatever, you say, ‘Where is that person, that I lived so many years with?’ This hurts you. It stabs you, without you wanting it to. It comes by itself. It’s very ‘difficult’ (in English).

Similarly, Litsa (F, age 80, rural, w. 15 yrs) believed that ‘*stenohoria*’ caused depression: “Let me tell you...A lot of people feel ‘depression’ (in English)...How does ‘depression’ (in English) come about in a person? From ‘*stenohoria*’.” Feelings of depression or worry in widowhood were seen as unavoidable, or even normal, given the circumstances. Often, such sentiments were evident even years after loss. In addition to depression in the conventional sense, interviewees frequently used lay concepts including ‘feeling down’ and ‘becoming lost’ in widowhood. Manolis (M, age 80, rural, w. 2 yrs) explained:

A few weeks now, months, I feel down, lose my energy...They [doctors] couldn't find nothing (*sic*). I got a lot of arthritis and a bad back. But when you miss your person, after that many years, from '58, till when she passed away, it's very hard...I looking after her till last minute (*sic*)...She went to hospital [location] [date], passed away [date]...Now believe me, I got everything, but I got nothing [without her]. Before I cooking, washing...Now it very hard to cook (*sic*). I get down and down you know.

Manolis' depressive feelings regarding widowhood were compounded by physical health ailments, resulting in a general loss of motivation. Others talked of 'becoming lost' or 'losing themselves' in widowhood. Penelope (F, age 71, urban, w. 13 yrs) experienced what she referred to as a 'nervous breakdown' in widowhood, although she stressed that she kept going despite this:

I became 'lost' (in English). Still though, I haven't stopped, I have my bills. I cried too much. It was like a 'nervous breakdown' (in English) I think...I was a bit 'down' (in English), but I didn't stop my work...I only stayed home for one week. I worked and I forgot. At nights, for five years, I'd go each night to the cemetery. That hit me hard...Later...the grandchildren came, I started to get some [courage], and today I'm here...Until now I do all of my jobs well. I don't think I'm 'down' (in English). I see others, my sister-in-law, she's 'down' (in English). But she doesn't do jobs, I do my jobs...[I'm] not 100%, I still have my 'worries' (in English), I still cry (voice breaks, tears up) many times when I'm home alone...(cries) but what can I do? I cry.

Penelope utilised daily tasks and responsibilities as a coping strategy. Additionally, grandchildren were important to her well-being, somewhat mitigating the sadness and loneliness associated with widowhood's lived reality.

There were many different areas of life in which interviewees readily expressed feelings of anxiety, worry and stress. Focus here is placed on these emotions relating to widowhood, as interviewees perceived many aspects of this experience to be worrisome and stressful (as described in Chapter 7). Over and above widowhood, interviewees worried about issues affecting daily life, like age-related physical and psychological health declines, pain and mobility, and the aforementioned compromised ability to perform tasks in older age. Additional issues further compounding widowhood included inability to speak English or drive, social capital declines, and anticipated future health declines. For most, anxiety stemmed from being alone. Some saw the anxiety, stress and worry associated with widowhood as ongoing, enduring and unchanging, despite largely feeling supported by others, including children. Alik

(F, age 76, urban, w. 2 yrs) stated: "The stress is forever, it will never leave...I'm happy that we had good children and they won't abandon me. But there is still stress and loneliness...all of these things tire you."

The detrimental consequences of stress were acknowledged. Savvas (M, age 85, urban, w. 4 yrs) believed that stress worsened his widowhood experience, and actively attempted to attain happiness:

Each person is different. I want to be happy and that's what I try to be. To not get '*stenohoria*' because with stress and worry, you can't understand anything. You can't get past that...If you want to be well, don't get down and depressed. Don't sit there and say: 'I lost someone and now I'm finished myself'...Stress makes it worse. I try to forget so I don't get worried.

Inherent in this quote was the acknowledgement of individual differences in coping, and the sense that positivity was crucial in dealing with events like widowhood, which is further elaborated upon in Section 8.4. In general, depression, anxiety, worry and stress were considered to be the antithesis of positive psychological well-being. Several interviewees seemed to be coping, and did not focus on widowhood's negative psychological impact as much as others, likely due to individual differences and strengths. Next, '*stenohoria*', a Greek-specific concept or term prevalent in interviews is introduced.

8.3.2.2 A Cultural Phenomenon: '*Stenohoria*' (Στενοχώρια)

Integral to accounts of widowhood and well-being was the previously mentioned, perhaps historical concept of '*stenohoria*', a Greek term possessing no English equivalent (though in a literal sense translating to a 'tight place'). Nouns associated with '*stenohoria*' include worry, perplexity, arduousness, harassment and inconvenience. Employing the term '*stenohoria*' denoted feelings of worry, stress and anxiety, accompanied by the sense that one was stuck in a tight, unchanging place, situation or reality. As the Greek concept is far more encompassing and telling than any English translation suggests, it is retained in Greek throughout this thesis. Interviewees felt '*stenohoria*' with respect to different areas, most notably daily life, health and well-being, and not surprisingly, widowhood. There was a complex, often cyclical, relationship between '*stenohoria*', and health and well-being. On one hand, ill health was discussed in terms of causing undue '*stenohoria*'. Conversely, '*stenohoria*' itself was often perceived to be the very cause of ill health. Perhaps '*stenohoria*' even constituted somewhat of a self-fulfilling prophecy, in that belief in this term and related thoughts

and behaviours may have directly or indirectly caused '*stenohoria*' to become true or exacerbated pre-existing '*stenohoria*'. Interviewees often lamented '*stenohoria*' accompanied their spouse's physical illnesses. Indeed, Dimitra (F, age 77, rural, w. 5 yrs) attributed her husband's death to '*stenohoria*'. Calliope (F, age 70, urban, w. 1 yr) highlighted how '*stenohoria*' exerted an overarching negative impact on her health. According to many interviewees, '*stenohoria*' was something which could not be easily alleviated. Quite simply, interviewees' lived realities often elicited feelings of '*stenohoria*', compounded by the culmination of ageing, health and widowhood. The widowhood experience was perceived to enhance '*stenohoria*', even years subsequent to spousal loss. Nikita (F, age 83, rural, w. 18 yrs) explained: "Since my spouse passed away, I've felt more stressed inside myself." '*Stenohoria*' was described as perhaps most prevalent in the first one or two years of widowhood. Pavlos (M, age 70, rural, w. 12 yrs) explained:

Look, until one year a lot of '*stenohoria*' was there...after the first year, you grow accustomed...Now that 10-12 years have passed, you get used to it, how can I say it? That's how it is. In the beginning I had '*stenohoria*'. I was crying. I would wash the plates and cry...make my coffee and cry...Because time has passed...this complaint doesn't grab a hold of me. I have '*stenohoria*' – 'why am I by myself?', but in the first year...I'd get a tear in my eye.

Stavroula (F, age 67, rural, w. 20 yrs) reflected on the initial period of widowhood: "'*Stenohoria*', difficulties, hard times, for a few months I lost the earth beneath my feet." Recalling prior experiences, Petros (M, age 82, rural, w. 9 yrs) similarly explained:

In the beginning I got so much '*stenohoria*', I wouldn't eat...sleep...work. But with time – not because I forgot, or I will forget – but I looked around me and [saw] I had a lot of people...they all needed me...I put my hand on my heart and moved forward with my life. I sit on the couch and one [grandchild] will come on this side, and another will come to lie down next to me. Well, these [things] make me happy.

Petros' account again highlights the importance of grandchildren for older Greek migrants' later-life happiness; a positive of social capital. Furthermore, perhaps some interviewees were able to slightly lessen their '*stenohoria*' over time subsequent to having actively employed much personal resilience or purposefully seeking buffers or distractions. No interviewee reported an absence of '*stenohoria*'.

From a life-course perspective, '*stenohoria*' was cumulative. Dionysia (F, age 73, rural, w. 5 yrs) provided a telling example of the cumulative impact of life-course disadvantage, including occupational experiences, widowhood and current well-being:

The block has dried up...we didn't have water. My husband passed away, then...with the payment of the water, we didn't have the money...the factory said: 'Next year we won't be taking your grapes'. Then was the other initiative where they paid the 'growers' (in English) to leave their crops to dry up and sell off their water. I didn't want to – my son wanted to so...the crop dried up...we had made it all new [prior to that] and I had tired myself a lot...Now all that's left of the crop is the soil below. What can you do? That's how it is. '*Stenohoria*'. One '*stenohoria*' on top of the other. And that's how we forget...don't remember where we want to go and what we want to do. One '*stenohoria*' buried under the next...What can you do?

Dionysia's account highlighted the complexities of older age, exacerbated by widowhood, life-course socio-economic status, previous occupational decisions, and rural residential location. Despite residing with her youngest son, she lamented that her other children lived far away, further compounding daily difficulties:

The hardest thing is that I've lost my husband and my children are far away so they can't help me and I can't help them. It's not easy...if I had my daughter closer like I said to you before, it would be different. I wouldn't have gone crazy like this...I'm by myself aren't I? Don't I get '*stenohoria*'? Alone...I am not happy...But what can I do?

Vast familial, reciprocal support expectations were inherent in this account, including the belief that her daughter would provide more emotional support if she resided closer, and she in turn would help her daughter, discussed further in Chapter 6. For Dionysia, the effects of '*stenohoria*' in widowhood were akin to that of depression, or the absence of happiness. Years subsequent to losing her spouse, she explained: "'*Stenohoria*' has hit me hard. All the time it doesn't erase from my mind, it plays around in my mind. I can't overcome this. Five years now and I can't overcome it." Dionysia's account indicates that it was common to feel '*stenohoria*' even years subsequent to spousal loss.

Widowhood-related '*stenohoria*' was seen as personal, and often not understood by those who had not personally experienced it. Katerina (F, age 77, urban, w. 32 yrs) explained: "No one knows pain and '*stenohoria*'. This is traumatic, the extent of pain. It is very sad...Death is a big thing...your person leaves and you can't bring them back." Penelope (F, 71, urban area, w. 13

yrs) further highlighted the personal nature of '*stenohoria*', which she still experienced despite social contact and familial support, and years since widowhood. Penelope, still engaged in paid employment, social groups and living on the same street as her three children, somewhat contradictorily explained:

I like to...'not give up' (in English). I want to have my mind, not become dumb. That's why I try to do it all, so I don't become lazy. I do my Math, very nice, my shopping, I have '*stenohoria*', I cry a lot.

Penelope's account questioned the benefits of such coping strategies in ultimately alleviating '*stenohoria*'.

Several interviewees discussed hiding '*stenohoria*' from others, typically because they did not wish to burden or bring others down, consistent with Greek migrants' collectivist familial relationships and concerns. Alexandros (M, age 79, rural, w. 6 yrs) described his approach: "I have '*stenohoria*' inside of me but I don't show it." Katerina (F, age 77, urban, w. 32 yrs) discussed hiding her '*stenohoria*' and instead adopting a brave face in front of her children:

I won't be able to eat, sleep, I have '*stenohoria*', but I need more courage for my children. The kids come over...they have their lives...wives...children, it's nice, they don't want to come over and see me with '*stenohoria*'. As soon as they come, I change. I don't show them what I am...I try, very much. And they say 'Bravo mother', I say 'I don't have anything'. But inside, of course.

Notions that grandchildren should not bear witness to grandparents' sadness was also mentioned, highlighting social norms of emotional expressiveness. While privately mourning her husband, Penelope (F, age 71, urban, w. 13 yrs) engaged in attempts to adopt a brave face:

I thought that other grandchildren see their grandma and grandpa happy. And I always have '*stenohoria*', feeling sorry for myself...I tried to forget in the eyes of the children...When I was alone, I was the person I should have been...It's a big '*stenohoria*' to be alone, but...'Don't give up' (in English)...I have missed my husband...I do all of that by myself now, and my heart is very black inside...Most times I don't want to 'show' this (in English). [Son] tells me to laugh, but I can't laugh. How can I laugh? But I don't want to...show them that this tortures me, so I try to become strong, so that they don't understand that this thing me tortures me.

While some hid their '*stenohoria*' to protect others, others found it cathartic to share the burden of '*stenohoria*' with select, trusted individuals. Across interviewees there was the sense the existence of Greek-specific concepts like '*stenohoria*' highlighting cross-cultural differences regarding the widowhood experience. '*Stenohoria*' and mourning were seen as detrimental to well-being, especially for older Greeks who actively ruminated over the loss (see Chapter 7). Loneliness, a key facet of the widowhood experience highlighted in previous literature (see: Lopata (1973a)), is explored below.

8.3.2.3 Loneliness

In this study, loneliness was one of the most frequently discussed psychological concepts relating to health and well-being in widowhood. Interviewees highlighted loneliness as a major difficulty, often describing it as widowhood's most negative consequence, consistent with research by Lopata (1987) and others (Stewart et al., 2001, Stroebe et al., 1993). Takis (M, age 70, urban, w. 11 years) bleakly acknowledged the cyclical relationship between loneliness and stress, and its impact on well-being and quality of life: "Nothing else, just the loneliness...loneliness turns into stress...you don't feel good at all. There is no happiness." There was an overwhelming sense that loneliness was somewhat inevitable and unrelenting in widowhood. Fotis (M, age 80, urban, w. 1 yr) reported: "Of course I feel anxiety and loneliness when I am totally alone. I am always alone, I always feel this." Similarly, Sotiris (M, age 88, urban, w. 1 yr) stated:

'It's very bad' (in English) now. It's an ugly life...That's why I told you, the way I am now, it would be better to be in my village. I have my children, but they come and go. They don't stay...Things are very bad. And I'm not 'sick' (in English), I do my jobs, I think about what will happen to me later on if something happens...

Sotiris viewed spousal loneliness as a distinct problem, over and above household responsibilities and his children's support. Inherent in his statement were pervasive worries about his future (see Chapter 7). Similarly, for Manolis (M, age 80, rural, w. 2 yrs), loneliness was a daily reality affecting current psychological health, especially near the anniversary of his spouse's death: "That's why today I go down down down (*sic*)...especially every Christmas...that's what happens...Now I am on a bad way because the loneliness is the worst (*sic*). I miss her a lot." Several mentioned the difficulty of such reminders in widowhood. Perhaps akin to the widowhood experience more generally, for some, loneliness seemed to lessen with time, or perhaps interviewees simply coped better as the years passed. Savvas

(M, age 85, urban, w. 4 yrs) stated: "No, I don't feel the loneliness. At the beginning yes, but not now." Others, such as Nikita (F, age 83, rural, w. 18 yrs), believed that loneliness and widowhood worsened with time, due to the cumulative effect of age-related declines.

Interviewees outlined different types of loneliness, consistent with Lopata's conceptual distinctions. Interviewees primarily referred to spousal loneliness, a distinct type of loneliness, as a direct consequence of losing and missing one's spouse (Lopata, 1979), and to loneliness more generally. Profoundly, Aiki (F, age 76, urban, w. 2 yrs) stated:

Loneliness has killed me. Loneliness worries me. I'm not alone with respect to my children, they visit, but it's different when you have your spouse. Whenever I felt depressed in the last couple of years when he was in the nursing home, I'd go there...talk to him and feel that [husband] is there. I'd take my food there, we'd sit in the garden and eat...I knew that I had him...once he left, half of my 'body' (in English) was gone too...I took it badly...he had lived 54 years with me...I miss him.

Accounts highlighted hardships associated with losing one's primary confidant and subsequent feelings of loneliness, despite having children. As Tassia (F, age 76, rural, w. 6 yrs) stated: "The loneliness [is the biggest issue]. You don't have anyone to talk to. You don't have anywhere to go." Aiki similarly described loneliness specific to losing one's spouse:

The difficulties are (sigh) to do with loneliness, security, 'expense' (*sic*) (in English) and love. You hurt for them. You have lost a person, their humour, all of that. These are the biggest things that worry you...I'm not alone with respect to my children, they visit, but it's different when you have your spouse.

The following quote by Calliope (F, age 70, urban, w. 1 yr) further suggested that the reality of spousal loneliness existed over and above the ability to perform daily tasks in widowhood, and children's support:

I don't have a problem with driving, except when I age more...The kids will go and shop for me...At the moment...I don't have this problem. The problem is that I lost my husband, and I'm lonely' (in English)...I'll get past it, but it's not 'easy' (in English)...I mostly keep busy with my garden...The house always has 'jobs' (in English). But at night, I'll eat, sit in front of the TV, that is 'hard' (in English).

Encapsulating spousal loneliness, Calliope reported:

It's not good to be closed off. I go for a walk every morning, for one hour. I sometimes go to the shopping centre by foot...I'm not 'lonely' (in English) because I don't do 'activities' (in English). I'm lonely because I lost my husband. That's what it is. I can't do it differently.

Aside from spousal loneliness, most felt a general sense of loneliness in widowhood and older age. Ioanna (F, age 84, urban, w. 12 yrs) explained:

...the loneliness. It's hard. The sun comes up and down, and I am here in my chair...I do my jobs, slowly slowly...I get up late, sometimes nine, ten am...It depends...I take tablets to sleep at night...Life is hard...before having this operation, I didn't have a walking stick or anything...I would have difficulty, but I would walk... 'Physio', 'massage' (in English)...everything. I thought I would have the operation and be well. But it's worse now.

Physical mobility constraints and pain compounded loneliness by limiting opportunities for social interaction. Perhaps not surprisingly, there was a general consensus that loneliness or social isolation felt more profound at night than during the day, when it was easier for interviewees to busy or distract themselves with other tasks. The next section explores the coping strategies some individuals employed to counter the health and well-being implications presented above.

8.4 Coping with Widowhood

Some interviewees had formulated coping strategies to counter the somewhat negative consequences of their lived widowhood experience. Frequently cited strategies included: comfort derived from religious beliefs; consciously adopting a more positive outlook; keeping busy; and seeking distractions. Familial support also helped many cope with daily challenges, as explored below.

Like others, Theo (M, age 88, rural, w. 3 yrs) used religion to reach acceptance, seek solace, and maintain a hopeful attitude in light of a somewhat negative lived reality, which included the loss of both his wife and daughter: "You can't go to the extreme too, to be distressed...put yourself down...If you truly believe God's word...we have got every reason to be hopeful." The

potential for individuals to derive a certain level of comfort from religious beliefs during adversity has been cited in recent times.

Some endorsed staying positive in widowhood, often achieved by active attempts to change their somewhat negative life outlook to one more positive in nature. Savvas (M, age 85, urban, w. 4 yrs) explained how adopting a more positive outlook represented a way for widowed individuals to diminish sorrow. Savvas was conscious of the tendency for widowed individuals to be 'down' after spousal loss, recognising the detrimental impact of stress in such situations. Similarly, Pavlos (M, age 70, rural, w. 12 yrs), alluding to both personal and collective well-being implications, highlighted the dangers of bereaved individuals failing to stay positive:

Do not get down...sit and cry all day. Understand what I'm saying? That's what we mean by 'don't give up'. Blame it on external things – 'That's what God wanted, to take her, God wants me to go through what I'm going through.' Understand? Don't give up. If you get down, you will die too. And it's not that only you will die, it will kill your kids too...You have to make your heart an orchid. You need to have a big heart...It will be the end of you...I have two children in [city], I lost my wife, if I sit there and ruminate and have an aching heart – I will get sick myself...I would make my children ill too...Don't get down or give up and say, 'why did this happen to me? Why did I lose my wife?'

Similarly, Fotis (M, age 80, urban, w. 1 yr) believed that an important coping strategy was changing one's mindset in widowhood:

When a man becomes alone, he's completely finished. If he doesn't take it with the mindset...and say: 'This is life, that's how it is, we can't do it any differently.' It is madness. You will go crazy...That's why you see some people who become...scardie-cats, they go crazy and go to nursing homes and soon after they die. Because they [have a] different mindset. They say 'Why, why me?' That's life, that's the way things are. Someone will leave before the other. Who will be lucky [to die first], we don't know? But it's a problem...You need to think about it logically...that's the way it is, the way it turned out'...if you get down you become much worse...there are amnesias, [afflictions] of the brain...Don't sit there and over-think it, and think 'Ahh, I'm a widower, my wife or husband has left and what will I do now?' Take it courageously as much as you can...try to overcome this difficult period for as long as you live. Otherwise...this won't be good, this will lead them to negative consequences. That's what I say...take it bravely...be strong.

Despite active attempts by some to remain positive in daily life, most accounts provided evidence suggesting that this was often difficult to achieve.

Keeping busy and staying active were key strategies used by interviewees to cope with widowhood's negative consequences. Strategies interviewees employed included hobbies and leisure activities like reading, knitting, gardening and household duties. Theodora (F, age 74, urban, w. 6 yrs) stated: "Yes, I can do it [gardening] myself. Why not? If you sit inside and don't do anything, you get worse. You get sicker." There was a strong sense that immobility led to weakness and detrimentally affected well-being. Tied to notions of keeping busy was the sense that most opposed relinquishing the household duties they routinely performed, even if these were physically tiring and increasingly difficult in older age, as they provided a sense of purpose to many. Despite this, this strategy was not universally helpful. For example, Alike (F, age 76, urban, w. 2 yrs) acknowledged that loneliness was a lived reality regardless of keeping busy:

"Most difficult is the loneliness. Until you get used to it, it is a big problem. I have quiet on the one hand, my schedule, but 'somewhere', it's 'empty' (in English). The one you loved for so many years is missing.

Takis (M, age 70, urban, w. 11 years) advocated staying strong, keeping busy, and taking an active stance to combat depression:

The only thing is to not let yourself decline and get depressed. Always be busy, go out...shopping...clean...garden...Not let themselves fall down, or be stressed. When this [stress] happens, they are finished. Always be active and busy. That is the best thing for people who are alone...you can't sit and not do anything.

Takis believed that busying himself with daily activities protected against feeling more stressed and depressed. Immobility and social isolation were perceived to be detrimental to well-being.

Panos (M, age 75, urban, w. 3 yrs) spoke to keeping busy after spousal loss:

You go to your house, and if no one is there, you don't have anything to do, you sit there [by yourself]. If you have something to do, you busy yourself...I always busy myself with something. I don't do a lot, but I have my garden...this job occupies me...all these things...aren't pleasant when you lose someone.

Engaging in social or physical activities (Lopata, 1979, Silverstein and Parker, 2002) may compensate loss by providing opportunities for distraction, meaning and support. Using exercise as a distraction from her lived reality, Litsa (F, age 80, rural, w. 15 yrs) stated: "I walk to forget my '*stenohoria*'." Going out provided some solace for Takis: "Sometimes [I feel lonely], that's why I go out." Conversely, Calliope (F, age 70, urban, w. 1 yr) explained how going out still resulted in feeling lonely, highlighting aforementioned notions of spousal loneliness:

The problem is that I lost my husband, and I'm lonely' (in English). That's it. I'll get past it, but it's not 'easy' (in English)...I feel lonely...I go to [shops]...I go always with my daughter. I don't have a problem with these things. These things are very good. The problem is 'lonely' (*sic*) (in English)...this is the worst thing.

Below, notions of successful ageing, happiness and life satisfaction are explored with reference to later-life widowhood and in light of interviewees' collectivist and familial expectations.

8.4.1 Successful Ageing, Happiness and Life Satisfaction

Interviewees briefly delved into concepts relating to existing notions of successful ageing as cited in previous literature (e.g. McCann Mortimer et al. (2008), Torres (1999), Torres (2003)). Rowe and Kahn (1998) define successful ageing as consisting of three components, including minimising disease and disability risk, maintaining physical and psychological function, and continuing engagement with life. Continuing engagement with life includes close social relationships, involvement in meaningful and productive activities, and use of valued skills and abilities (Kahn, 2004). Interviewees were asked to relate their perceptions of older peoples' capacity to age successfully and obtain later-life happiness and satisfaction. Given their low levels of English proficiency and health literacy, no interviewee was familiar with the concept 'successful ageing'. For example, when asked what one requires to feel happy in old age, Nikita (F, age 83, rural, w. 18 yrs) stated, as if the concept was entirely foreign: "In the third age? To feel satisfied? I don't know what to tell you about this." Despite interviewees' unfamiliarity with 'successful ageing', they possessed some similar lay understandings of factors contributing to ageing 'successfully' as outlined by Rowe and Kahn (1998). These included the importance of ageing well, being pain-free, retaining psychological capacity, and independent community residence. Some believed that an absence of '*stenohoria*' and financial stability were crucial to later-life happiness. Margarita (F, age 85, rural, w. 2 yrs) fatalistically believed that successful ageing was predetermined by God: "Good ageing? God and Mary have planned this. We all hope to age well, but God organises this", which rendered

her somewhat powerless to change her lived reality. Despite this, most shared the aforementioned strategies believed to contribute to later-life happiness.

Importantly however, among the present group, happiness was inherently related to and defined in collectivist terms with reference to one's family and spouse. Generally, over their life-course, interviewees strongly associated having and raising children to their sense of personal happiness. Penelope (F, age 71, urban, w. 13 yrs) described her experience thus: "I had my children, after that...slowly, slowly...I started becoming happy...brought the kids up." Katerina (F, age 77, urban, w. 32 yrs) linked parental happiness to being proud of children and their marriages. Conversely, perceptions of children's unhappiness led to parents worrying on their behalf, like Margarita (F, 85, rural, w. 2 yrs), who lamented that her son was not married.

There was a general sense that personal happiness or satisfaction was simply unattainable for most in widowhood, as these sentiments were primarily associated with having one's spouse and familial closeness. The majority reported being far happier prior to widowhood, during married life. Contrasting life before and after widowhood, Thanos (M, age 84, urban, w. 12 yrs) stated: "It was better before. Now it's not as good." Tassia (F, age 76, rural, w. 6 yrs) explained: "To be happy is to have your family, your husband..." This sentiment may have rendered personal happiness or satisfaction difficult to attain in widowhood. Many drew attention to their families as important supports and major contributors to their sense of later-life happiness. Epitomising how many felt in widowhood, Kyriakos (M, age 86, rural, w. 4 yrs) remarked: "A person feels happy when they feel good, when their kids are good. If they have lost...children...lost their spouse, either a man or a woman, how can they feel happy? I lived with my wife for 40-50 years..." Tania (F, age 85, urban) highlighted a loss of identity which arose from spousal loss, diminishing her sense of happiness and successful ageing in older age:

To be well and have your spouse...nothing else...If you don't have your spouse, you are lost. That's what I know...'That's it' (in English). I knew my husband from young (*sic*)...I loved him...but I lost him. And now I've lost myself.

Close familial relations and support (especially among children and grandchildren) positively impacted perceptions of later-life happiness and life satisfaction, specifically in the absence of their spouse. Familial support had clear implications for later-life well-being, as discussed in Chapter 6. Dionysia (F, age 73, rural, w. 5 yrs) linked later-life happiness to having people around, being loved, cared for and remaining close to children. Theo (M, age 88, rural, w. 3 yrs) derived happiness from seeing his children and grandchildren on an almost daily basis.

Gina (F, age 77, rural, w. 3 yrs) stated:

When your kids help you, this is the most 'important' (in English)...They make you have a second chance (*sic*). They give you happiness...You're happy from your children, what else do you want? You forget your pain, your '*stenohoria*'. This helps a lot...

Highlighting the importance of children and grandchildren in widowhood, Margarita (F, age 85, rural, w. 2 yrs) stated:

I have my children...grandchildren, I am happy...I do my cross and say 'Mary, Jesus, you gave me five children and grandchildren. Please give them health and light, so they have good luck'. I am happy...I worry that I don't see them often enough.

Yiannis' (M, age 85, urban, w. 6 yrs) interactions with his children impacted his widowhood experience:

The only thing is that I'm a little bit upset that I've lost my wife...With everything else, I am happy. With my children, my grandchildren, I am happy with my life...I looked after them [my kids], and they've looked after me. I helped them as much as I could, and they've helped me.

Savvas' (M, age 85, urban, w. 4 yrs) children directly influenced his life satisfaction, and he perceived spending time with family as the only foreseeable means to happiness in widowhood. While Takis (M, age 70, urban, w. 11 years) fatalistically highlighted losing hope in widowhood, he echoed other older widowed Greeks in noting that grandchildren contributed to happiness:

I talk to people, relatives, friends...but inside you always feel tortured. That's widowhood...I don't believe that happiness exists [in widowhood]. When the grandchildren come, [there's] some happiness...For me this is how it will continue...There are no hopes at all. The same thing, routine...At 71 years old, what hopes can they have...to find their happiness again? This is difficult. It doesn't happen. All of the widowers I know remain like this. Nothing changes.

Conversely, most believed that being more distant from children would lessen their coping ability. Indeed, Katerina (F, age 77, urban, w. 32 yrs) said: "I have my family, so I haven't experienced many problems, thank God...I have very good children, they haven't left me

alone...Whatever I want, I have my telephone...I have a 'lovely family' (in English)." Similarly, Calliope (F, age 70, urban, w. 1 yr) proclaimed:

I would be a lot worse [without my children]. I would be more 'lonely' (in English). When you have children and they come and see you, it's better...Whereas without children, how would you live? Lots of times my daughter will cook and bring me food...We are very close. That's why I tell you Greeks have very close families.

Overall, the third contributing factor linked to existing notions of 'successful ageing' –continuing engagement with life, particularly involvement in meaningful and productive activities, and use of valued skills and abilities (Kahn, 2004) – appeared somewhat foreign among interviewees, especially due to their general outlook regarding spousal loss. Rather, happiness and life satisfaction were collectivist and familial in nature, highlighting the importance of close social relationships for 'successful ageing' among interviewees, especially in widowhood.

Another factor contributing to overall life satisfaction among this group of older Greeks was sense of satisfaction with what they had achieved as migrants in Australia, through laborious labour and scrupulous saving. For many, this may have contributed to their overall psychological health in older age, above and beyond the widowhood experience.

8.4.2 Increases in Support in Widowhood?

As described throughout this thesis, most received instrumental support from children, which appears to have contributed to the degree of coping in widowhood and older age. For some, support from children had increased since becoming widowed. This was possibly underpinned by underlying assumptions that within Greek culture, families were required to provide more assistance to their parents in widowhood, especially during initial stages of loss. Margarita (F, age 85, rural, w. 2 yrs), who had received much spousal support, stated that her youngest son had assumed these responsibilities after her spouse had died. Alikei (F, age 76, urban, w. 2 yrs) reported a stronger bond to her children after spousal loss.

Having children available to provide support in widowhood often eased the transition to new instrumental tasks and responsibilities. However, it did not necessarily mean that interviewees were exempt from emotional difficulties. For those relying on family, transitioning to widowhood may not have been as challenging compared to those who lost their spouses but did not have

others available to fill these roles. Petros (M, age 82, rural, w. 9 yrs) alluded to spousal loneliness despite feeling supported by his children in daily life:

That's life, what can you do? It's hard now, okay, I have my children, I don't have any complaints, 'they look afta me' (*sic*) (in English)...care for me...cook my food, do my washing, everything. I haven't missed out on anything, the only thing that is missing from my life is my wife...in particular when someone ages they want company...that's why if I come [home] in the morning, I have to leave for the block...What am I to do here my child?...Lucky the children are here...I have missed out on nothing (*sic*).

Calliope (F, age 70, urban, w. 1 yr) drew attention to notions that company, even among one's family, felt different in widowhood: "They [children] come and see me, they are 'very good' (in English). I cook, we eat all together. But 'it's not the same' (in English) if you lose your spouse. It's 'different' (in English)...Life is 'lonely' (in English)." Others felt as though they lacked support in widowhood. Litsa (F, age 80, rural, w. 15 yrs) stated:

When I had my husband, I felt secure. Now that I'm alone, I feel like I don't have anyone to support me. When he was living, I had a person who was there for me. Whatever happened...he would tell me...what I had to do. Now I'm by myself and when I want something I don't have the courage to tell anyone. I feel as if...they will laugh at me.

Some of the more specific ways in which children provided instrumental support in the initial stages of bereavement included assistance with funeral preparations, memorial services or sorting the deceased's belongings, highlighting how children's informal emotional and instrumental support was crucial to coping and retaining later-life 'independence' for this group of older widowed Greek migrants, albeit to varying degrees.

Despite many sharing coping strategies believed to be beneficial in widowhood, there was an overwhelming sense that interviewees found it difficult to cope in many areas of daily life, often regardless of years widowed. Nevertheless, it is important to note that many interviewees realised the importance of coping and finding positive strategies to employ in widowhood, in the absence of their spouse. Not all interviewees possessed familial support, and the implications of this are described below.

8.4.3 Lacking Support: Non-Cohesive Families, or No Biological Children

Existence of familial networks does not necessarily translate to availability of readily supportive networks for all older Greeks in Australia, despite this perhaps representing an idealised view of earlier lives in Greece. In reality, many do not have full access to supports due to generational, or individual factors, and/or residential locale. In this study, only very few interviewees discussed a complete lack of support from one or more children. For example, several alluded to having a strained relationship with one of their children, but in such cases were close to another child or children.

Non-functional relationships with children were viewed negatively by those experiencing them. Tania (F, age 85, urban) stated: "Life is a torment...my daughter...she hasn't come to my door in two years...To have your daughter so [geographically] close to you and for her not to visit you! When my son comes, my soul is warmed." Similarly, Theodora (F, age 74, urban, w. 6 yrs) lacked closeness to one son: "He doesn't come [visit]...He doesn't show any interest...That's the way he likes it. What can you do? I was in [hospital]...and he didn't come to visit me...I haven't seen him in two years...He doesn't care...He will realise one day." Ioanna (F, age 84, urban, w. 12 yrs) was also not on speaking terms with one child and their family. When asked what was important to her in older age, Ioanna reinforced notions consistent with traditional Greek cultural expectations coveting close familial ties, despite lacking familial support in reality: "To have your health...your grandchildren visit you. I didn't know this joy from my grandchildren, or my other children. I haven't seen my daughter in six years." The fact that all interviewees placed much importance on having 'good', close, and supportive families and children is one reason as to why these situations were deemed personally distressing, or accompanied by a sense of being 'let down'. Interestingly, where interviewees perceived strained relations to their children, blame was often assigned to children's spouses rather than directly on their children. Penelope (F, age 71, urban, w. 13 yrs) stated: "Now he's married he finds it difficult...He has to listen to his wife, he can't listen to me...I don't put all the blame onto him, he may not be at fault."

Furthermore, representing some within-group heterogeneity, one interviewee, Nitsa (F, age 80, urban, w. 8 yrs) did not have biological children, suggesting that this was something of a personal disappointment: "We married, but I was unsuccessful in building a family." She spoke of close familial bonds and being supported by her sister's children, with whom she resided:

I don't do the shopping. They cook, everything...They don't leave their aunt. Their mother used to joke that they loved me more than her...They care for me a lot...look after me...These kids are so good, they would never ever abandon me.

Thus, assumptions that all Greeks possess large, cohesive and supportive families may not reflect all older Greek migrants' lived realities, with implications for policymakers and service providers who may unintentionally perpetuate this widely held cultural assumption.

The final section presents another important aspect of interviewees' health and well-being: experiences of formal health and support services.

8.5 Formal Health and Support Services

In the context of this research, formal health and support services include structured government and non-government services for older adults as well as mainstream acute and primary care services such as hospitals and general practitioners (GPs). This section describes experiences relating to encounters with healthcare professionals and services, and barriers and enablers to accessing such services, including health literacy, and other issues relating to navigating the system. Overall, most interviewees preferred informal support (i.e. unpaid support from family and friends), however some received instrumental support from formal services which had usually been organised subsequent to a health crisis and the ensuing need for assistance. It was rare for interviewees to seek out formal supports alone, with these typically arranged for them by adult children, or in several cases, by other advocates (e.g. Greek-specific community health and support providers). There was often initial resistance to accepting formal support; interviewees often felt a sense of powerlessness or passive acceptance in receiving such support, in addition to a strong preference for familial support, consistent with cultural care expectations.

8.5.1 Experiences with Health Professionals and Services

Perhaps not surprisingly given their age and health status, interviewees' encounters with formal services included health professionals (most notably GPs), and hospitals or home-based supports. In general, staying in hospital triggered feelings of '*stenohoria*', in part due to language barriers. Despite this, experiences with health professionals were generally positive. Calliope (F, age 70, urban, w. 1 yr), who attended most medical appointments with her English-speaking Australian doctor alone, shared a novel strategy established to minimise potential confusion or miscommunication during their interactions. As she spoke some English, her local GP conveyed information to her verbally, in addition to informing her daughter of key information regarding medication and treatment plans. This enabled Calliope's daughter to

explain medical issues and other needs as required. Her GP also provided emotional support following her spouse's death:

The doctor tells me to think of the good years we had together, and not the bad. He said, 'the bad has finished. [husband] isn't coming back.' One time [doctor] talked to me for 1.5 hours...He told me 'your life needs to change', and that he knows it's hard, '[husband] won't leave your life straight away, but you need to try, not to forget – you can't forget him – but to try and change your life. You, alone can change your life, otherwise I'll send you to a psychologist...' I said 'I don't require a psychologist'. My daughter comes to get me, takes me out...to the beach, here and there, it's different [to how it was before]...you still hurt for them, because they left your life.

For Calliope, her GP's advice was an integral reminder that she would encounter changes in widowhood, and that she could take active steps towards her own happiness in older age, in the absence of her spouse.

Conversely, Margarita (F, age 85, rural, w. 2 yrs) lacked hope in GPs or specialists after previous interactions did not rectify health conditions. Litsa (F, age 80, rural, w. 15 yrs) spoke negatively of encounters with GPs: "We go to the doctor, he fills us up with tablets. That's all." Tassia (F, age 76, rural, w. 6 yrs) shared a longstanding issue regarding being prescribed medication that led to numerous infections, before her daughter intervened and oversaw her tablet intake in an attempt to stop this re-occurring. This highlights the mediating influence of adult children for some individuals' later-life health and well-being.

Often in addition to informal support, some received formal assistance with housework following illness or in widowhood. Fortnightly help was of limited value for Dionysia (F, age 73, rural, w. 5 yrs), however for Fotis (M, age 80, urban, w. 1 yr), in-home support clearly contributed to health, coping and independent living. Several rural interviewees, like Litsa (F, age 80, rural, w. 15 yrs) and Anastasis (M, age 76, rural, w. 20 yrs), were accompanied to medical appointments by Greek-speaking volunteers from local associations, who translated on their behalf. This assistance was not always entirely welcomed, as it impinged on independence. Litsa remarked: "They're good ladies, they help. I don't have any complaints. But I would have liked to go by myself, to do my jobs alone." Nevertheless, most interviewees, like Penelope (F, age 71, urban, w. 13 yrs), had never utilised formal interpreters because their children provided informal assistance. Dionysia valued the social interaction she gained through attending a women's group, which provided transport to and from gatherings: "I get

out a bit...They took me to see a special doctor [psychologist], and they said, 'For her to see her chickens every day, to be alone, this doesn't help her'. I wanted company, conversations."

Not all interviewees embraced formal services, with some purposely retaining responsibility of household tasks to feel productive, busy and purposeful. Katerina (F, age 77, urban, w. 32 yrs) described her situation:

They've told me to bring me a woman to clean for me. But I want to do this by myself, because if I sit down...and say that 'I can't do this and that', my life will end. Whereas now, I do things by myself and it's very good...I will show you my embroidery when we finish. That's what I occupy myself with...that's why I don't feel lonely.

Others believed that formal services would be available and accessible if required in future. For some, health crises and becoming widowed had encouraged more accepting attitudes towards utilising formal supports, often contrary to previously held beliefs and associated resistance. Savvas (M, age 85, urban, w. 4 yrs) said: "When my wife got sick. I applied to the council [for assistance]." Frequency of formal service use typically increased with heightened need in older age. Petros (M, age 82, rural, w. 9 yrs) stated: "[I have received help] for many years...at first she was coming 'once or twice a year' (in English). Now she comes more frequently." Gina (F, age 77, rural, w. 3 yrs) explained:

My daughter organised it when I slipped over. I was unable for around a month. I couldn't move. The house is big...To tell you the truth, I didn't want her – I said I'd do a little today and tomorrow. I haven't been brought up to have the help of a second pair of hands...they sent me [Greek man] if you've heard of him. He speaks the language. He cleans the toilet, makes my bed, I didn't want them to come at all...I said, 'I don't want...to owe something...the government gives me the pension.' The doctor told me: 'at least for...the big jobs.' He comes once every 15 days...if I tell him, 'Don't clean inside, mow the lawn for me', he will do it...If my daughter leaves, I'll apply for more hours...to clean the whole house, because as I said, to sweep and mop...it's hard. I like my cleanliness, and doing it myself, but I don't have my strength...

Some heard of formal services by word of mouth, through friends and relatives using these services. Of one home assistance provider, Gina said: "Yes, he's a Greek, a good man. He goes to lots of Greek ladies, lots of Greek houses." Some, like Fotis (M, age 80, urban, w. 1 yr), supplemented formal support with informal familial assistance:

I cope by myself...cook...clean dishes...My daughter does my washing and ironing. She does it once a week...brings them to me ready. I do the other things by myself; look after my house. A cleaning lady comes once every 15 days, she vacuums, mops...the bathroom...Two hours per fortnight...I'm going well now, thank God.

Satisfaction with formal support differed across interviewees and services received. Some were not entirely satisfied with domestic assistance as they felt the service failed to offer support in the specific areas they required. Angeliki (F, age 65, rural, w. 5 yrs) explained:

They don't do the things that you really want them to do. They might vacuum, they are not going to scrub your bathroom...These are the things that I can't do...that I really need help with. The floor is probably not so bad. As long as I can move my arms back and forward. Although I dropped the vacuum cleaner once and my arm twisted...I was in trouble...It's not going to get better, but as long as I can...do my essentials. That's very important to me...I have to make sure I can maintain it to be able to do that.

Some did not currently use any formal services, stating that their adult children provided much later-life instrumental support, or because they did not wish to burden others or rely on government assistance.

Overwhelmingly, in older age, interviewees wished to continue living independently in their communities for as long as possible. Most opposed notions of residential aged care, clinging to the hope of remaining independent until death, often expressing willingness to pay for formal home-based care to facilitate this in future. Tied to opposition to residential aged care were considerable expectations of familial support in older age, whereby children's care would facilitate remaining at home. Some highlighted unique cultural and linguistic challenges related to residential aged care for individuals of non-English speaking backgrounds compared to those proficient in English. Nevertheless, some held more pragmatic or realistic beliefs regarding future living arrangements, mostly relating to not wanting to burden or be entirely dependent on children for daily living, accommodation and care. Perhaps due to culturally normative later-life support expectations within Greek culture, residential aged care was typically viewed in a negative light (likely akin to other cultural groups). It was seen by most as a last resort or an alternative for when family, as the primary support provider, could no longer provide care (Panagiotopoulos et al., 2010). Accompanying this sentiment of opposing residential aged care was a sense of passivity and resignation, coupled with an appreciation of the somewhat bleak reality of future ageing and related events. Section 8.5.2 explores factors which enabled and facilitated service access among this group.

8.5.2 Enablers and Barriers to Service Access

Barriers to service access among this group included health illiteracy, availability of only English-speaking health professionals, rural residence and service cost. Enabling factors included being accompanied to appointments, using family as informal translators (notwithstanding some confidentiality concerns), and availability of Greek-speaking health professionals. The majority did not navigate the healthcare system alone, with adult children providing much assistance.

Health literacy refers to the ability to access and use health information; a skill allowing individuals to make informed decisions and maintain basic health (ABS, 2009b). Similar to other dimensions of literacy, health literacy is found at lower levels among older cohorts (ABS, 2009b). Non-English speakers have more difficulty than native speakers understanding English-based health information (ABS, 2009b). Among this group, akin to their often limited English and Greek literacy, health literacy was also lacking. Interviewees reported misinformation or displayed ignorance regarding health and formal services. Additionally, it was common for some interviewees to somewhat blindly place faith in medical professionals' authority and knowledge due to their professional status and associated cultural respect. Some interviewees expressed discontent with procedures undertaken or treatment received, or possessed little knowledge regarding illnesses or medications. Highlighting health illiteracy, Litsa (F, age 80, rural, w. 15 yrs) stated:

When I left Greece, we didn't have 'cancer' (in English), or cholesterol – people didn't have these then. I had never gone to the doctor. I didn't know tablets – aspirin didn't even exist then...Our parents hadn't taken us to doctors...years after I came here, I started to learn about cholesterol, blood pressure...Where did they come from, all of these illnesses?

Perhaps indicative of low health literacy, Penelope (F, age 71, urban, w. 13 yrs) linked residential aged care to psychological illness:

I don't want to go to a nursing home. I don't like it. I can't see other people sick...If I have a little bit of my mind left, it will leave me if I go there...Each person with their own illnesses. I can't see that. If I don't understand anything [children can do what they want], but as long as I have my mind and understand, I don't want to go there.

Low health literacy undoubtedly influences individuals' knowledge of, access to, and use of formal health and support services (ABS, 2009b). As navigating formal health and support services was often fraught with difficulties, most required their children's assistance, especially at appointments with health professionals. Linguistic barriers rendered Dimitra (F, age 77, rural, w. 5 yrs) dependent on others in medical settings: "I don't know English – even if you know a bit they tell you that someone else needs to take you to the doctor because [you need to understand everything]." Constantina (F, age 79, rural, w. 16 yrs) found communicating with doctors to be inherently more difficult than other tasks requiring some English:

I don't have anyone to help me with my jobs, I do them myself. I don't have problems with that. The only thing is with doctors. Doctors are different. If I need to go, daughter-in-law takes me. With everything else...I'll do it myself...'council rates' (in English)...electricity, 'post office' (in English).

Corroborating previous research (Newman et al., 2012), most interviewees required interpreting when interacting with professional services, due to low Greek and English literacy. Interviewees expressed strong preferences for informal translators. Despite typically not possessing a sound understanding of information relayed in English, and formal translators usually being available, most did not seek them out. Rather, it was common for interviewees' children to have informally translated for their parents from school age. Accounts indicated that this assistance was simply expected of others who possessed these skills, and was thus in one sense not even considered 'support'. Highlighting reliance on children for informal translating over the life-course and in widowhood, Katerina (F, age 77, urban, w. 32 yrs) explained: "I haven't needed [an interpreter]...I go with my children, I don't have problems, it's much better [going with children]." Dimitra stated that translating was essential as she required in-depth knowledge at medical appointments, but lacked requisite English proficiency. Thanos (M, age 84, urban, w. 12 yrs) indicated how his reliance on informal translating resulted in not acquiring English due to his children's informal assistance in this area: "If you're not careful, you don't learn the language. The kids did the '*explainya*' (*sic*). I didn't need [English]." The majority had never used formal interpreters during interactions with health professionals, as Panos (M, age 75, urban, w. 3 yrs) explained: "I usually go to a Greek doctor...when I need to go to another doctor who isn't Greek, I have to take one of my children...I haven't [used an outside interpreter]. Always someone known to me – a child."

Evangelia (F, age 75, urban, w. 18 yrs) highlighted the implications of low English proficiency and the importance of children in navigating health services:

Until now thank God I haven't had anything happen so I have to go to a foreign hospital. I go by myself to the Greek doctor. If I need to go to a 'specialista' (*sic*)...I go with my kids. Because you can't speak [English], what can you do?

Though Gina (F, age 77, rural, w. 3 yrs) felt that an interpreter was hypothetically available to her, she preferred relying on children: "Now that I have my daughter, I don't want to rely on them [Greek volunteers]." Similarly, for Ioulia (F, age 81, urban), Ioanna (F, age 84, urban, w. 12 yrs) and Aris (M, age 90, rural, w. 2 yrs), doctors' visits were made easier when accompanied by daughters. Another rationale for not utilising formal services included getting by with albeit limited English. Pavlos (M, age 70, rural, w. 12 yrs) explained: "No I haven't used an interpreter...Eh, I understand 60/100. I get the meaning." Stavroula (F, age 67, rural, w. 20 yrs) was one interviewee who had used more formal options:

I can go to the doctor, the bank...I understand. It's okay. Many times there will be medical terms, specialists talk differently, I may not understand this...some are hard [to understand]...sometimes there are ladies [Greek volunteers] who go with us to help us, they have taken me two or three times, but I say I don't need help...What can you do?

Using adult children as interpreters enhanced communication and understanding during appointments, however barriers included children's time constraints or competing responsibilities which decreased availability or propensity to provide support. Issues of privacy and confidentiality were concerning for some interviewees, like Dionysia (F, age 73, rural, w. 5 yrs) who expressed feeling uncomfortable when accompanied by her son at more private or gendered appointments:

My daughter takes me to a doctor, in [nearby rural town], and he [son] helps me with whatever he can...I don't have the safety and support that I need. I can't go by myself to the doctor. My son doesn't take me to the doctor for women's things...my son can't be there to see these things and hear these things...I don't want him to.

A sense of disempowerment accompanied using interpreters, whether formal or informal. Dionysia highlighted confidentiality issues with respect to formal supports, noting that she lacked privacy when accompanied by non-familial Greek-speaking volunteers: "[Other] women take me. But the [stranger] learns what you have before you do. Because I don't know how to speak [English]...[you don't hear it] with your own ears...And it gives you '*stenohoria*'."

Availability of and access to only English-speaking health professionals represented a barrier to formal service use for most interviewees. Though Greek-speaking professionals were preferred where available, English-speaking GPs were used as required in the absence of other options. Sotiris (M, age 88, urban area, w. 1 yr) indicated a preference for Greeks where available, but in some circumstances managed with limited English:

I have a Greek doctor...I don't have very serious health problems...Only [go] to the doctors to get some tablets, etc. I don't go to foreign [non-Greek] doctors at all...they sent me to...a clinic, 'specialista'(sic), I went alone. I understand. I'm not *totally stupid!* (in English).

Yiannis (M, age 85, urban, w. 6 yrs), Savvas (M, age 85, urban, w. 4 yrs) and Takis (M, age 70, urban, w. 11 years) used Greek doctors. Fotis (M, age 80, urban, w. 1 yr) shared his experience: "In the beginning we had Australian doctors at the hospitals...it was whoever was available...later we asked for Greek doctors." Several interviewees, like Calliope (F, age 70, urban, w. 1 yr) and Theo (M, age 88, rural, w. 3 yrs), reported having adequate English to attend medical appointments with English-speaking doctors alone. Penelope (F, age 71, urban, w. 13 yrs) explained: "At the doctor and specialist if I go I can talk by myself, I don't want anyone else to help me." Katerina (F, age 77, urban, w. 32 yrs) spoke positively of her Greek-speaking pharmacist: "I go and get my medicines, the pharmacist knows me, if I have a problem, they're Greek, and if something happens, I call them, and they bring it to me at home." Utilising Greek-speaking health professionals enabled better communication of concerns, decreased familial reliance, and helped to restore some of the dignity and independence often absent when interviewees attended medical appointments with interpreters. Dionysia (F, age 73, rural, w. 5 yrs) explained: "[it is better to hear] with your own ears... You will explain to them what's happening, what you're feeling."

Not surprisingly, for rural interviewees, additional travel was often required to see health professionals, or obtain various services and treatments. This proved progressively difficult as individuals aged, ceased to drive, and became increasingly unwell and immobile, representing an added barrier to rural Greeks' later-life health and well-being. Dionysia perceived herself to be further disadvantaged due to rural location, and decreased access to public transport and potential Greek-speaking health professionals:

In [urban area] there are so many Greek doctors. If you don't drive, somehow you will get around, with someone...you will call and say 'send me a taxi to take me to the Greek doctor'...Whereas here [rural area], we don't have Greek doctors.

This represented a unique disadvantage for older rural residents compared to urban interviewees, highlighting the influence of residential location as a social determinant, which was further compounded by the added stressor of widowhood.

Several interviewees outlined financial barriers to accessing formal supports. Takis (M, age 70, urban, w. 11 years), who currently received no support, stated: "It is different [for richer people]...they have the money to feel more at ease. It would be easier for them to travel interstate...to get a woman in their home and cook and iron...garden, with their money."

In short, supporting extant studies and anecdotal evidence (Panagiotopoulos et al., 2010, Tsianikas et al., 2010), several access barriers limited the extent to which some older widowed Greek migrants could successfully and independently navigate formal health and support services and systems in their wider Australian context. Such barriers included health illiteracy, availability of only English-speaking health professionals, rural residential location and cost. Factors enabling access included familial support to arrange support, attend and informally translate during appointments, and using Greek-speaking health professionals where available.

8.6 Conclusion

This chapter has provided insights into this group of older widowed Greeks' health and well-being from a life-course perspective, as influenced by key social determinants. It depicts the complexity of relationships between ageing, health and widowhood, while simultaneously shedding light on some of the group's lay understandings of physical and psychological well-being. Among this group, both ageing and aspects of health are viewed negatively. Loneliness is prevalent in widowhood, even when interviewees are not alone and are supported by their families. This chapter suggests that older migrants possess a 'double jeopardy' (i.e. older age and ethnicity) (Gratton, 1987), or even a 'triple or quadruple jeopardy' (i.e. older age, ethnicity, migration, female sex) (Berdes and Zych, 2000) with respect to their health and well-being as they 'age in a foreign land'. Thus, the addition of later-life widowhood and its associated experiences may create a context of vulnerability for some older migrants, who may already possess diminished well-being due to myriad life-course factors. Conversely, several

interviewees described coping strategies to retain positivity in the face of widowhood and age-related ailments, and interviewees described deriving significant joy in retaining links with family and subsequent generations, who appeared to contribute to or foster their later-life well-being. The next chapter concludes the thesis by synthesising and discussing all research findings.

9 DISCUSSION AND CONCLUSION

‘Μαύρη ξενιτιά’ (Black foreign land) - The phrase Greeks have traditionally used to express their migratory experience.

Alexakis and Janiszewski (1995)

‘The bread of exile is bitter, yet it nourishes us’.

Nickas (1992)

9.1 Overview

The thesis has filled a gap in existing knowledge within minority gerontology, particularly the unexplored area of widowed Greek migrants' well-being, using a holistic life-course perspective. This chapter integrates and synthesises major thesis findings (Chapters 5 to 8), considering their place and contribution in light of existing studies. This thesis argues that cultural background colours the way in which older migrants experience later-life widowhood. Specifically, older Greek migrants' widowhood experiences and well-being are heavily influenced by the interplay of prior life-course experiences and broader, cumulative social determinants of health. For most, becoming widowed in a 'foreign land' contributes to vulnerabilities associated with life-course experiences of being 'othered' and relatively socially excluded from mainstream, English-speaking Australian society. However, there was also evidence of resilience and coping amidst these hardships, and the potential for strong family bonds to assist older widowed Greeks to navigate the difficulties associated with their lived realities. This chapter also provides contributions to theory, practical implications, study limitations, future research suggestions and final conclusions.

9.2 Research Objectives

The study's overarching aim was to explore the impact of social determinants of health over the life-course on the well-being of older widowed Greek migrants in South Australia. To examine specific research objectives, interviews focused on relevant social determinants and well-being, which are addressed in turn below.

9.3 The life-course impact of social determinants of health

The first research objective posed the question: *'How have Greek widows and widowers been shaped over their life-course by social determinants of health, including ethnicity, gender, residential location, socio-economic status (including education, occupations and occupational conditions), social support and capital, and social inclusion and exclusion?'*

This study was particularly interested in interviewees' life-course experiences, including earlier migratory and settlement experiences, as well as their experience of ageing in Australia, from a holistic perspective. Interviewees were relatively homogenous in terms of their demographic

characteristics. They reflected their wider cohort of Greek migrants to Australia with respect to factors including ethnicity, religion, education, linguistic proficiency, and other life-course experiences and determinants. Most interviewees had poor, rural upbringings, with little formal education, which affected ensuing experiences relating to integration in Australia. Ages ranged from 'younger-old' (i.e. late 60s to early-mid 70s) to 'oldest-old' (i.e. mid 80s to early 90s).

This thesis demonstrates that social determinants were important in shaping later-life experiences, most importantly: widowhood. Ethnicity shaped interviewees' perceptions of widowhood and health and well-being by dictating culturally and religiously appropriate norms, expressions and attitudes. Gender impacted the different ways older migrants 'performed' widowhood and associated roles. In particular, hardships encountered in widowhood were often dictated by the traditional gendered division of labour which had developed over the lifespan which meant they often lost the ability to rely on their spouses for gender-specific tasks such as cooking (for men) as they had during marriage. Interviewees' well-being was influenced by availability of transport, familial support, community inclusion, service and healthcare access, and social networks and opportunities for socialising. Interviewees' cumulative socio-economic status (including education and occupation) impacted experiences in Australia, resulting in few socio-economic differences among this group in later-life widowhood and well-being. For example, limited earlier education, skills and proficiency in English represent employment barriers for migrants (Webber and Campbell, 1996). Occupational conditions are known to influence health inequities (Datta et al., 2006) through psychosocial and physical exposures and risks (Benach and Mutaner, 2007). As this study shows, interviewees' earlier low-class, unskilled, often strenuous or repetitious manual labour appeared detrimental to, or the cause of later-life health problems. No interviewee reported working in more skilled or professional occupations. Over time, accumulated life-course disadvantage manifests in poor health (Raphael, 2006), which interviewee accounts in this albeit cross-sectional study appeared to support.

This thesis also found that processes of life-course exclusion exacerbated some interviewees' isolation and sense of 'otherness'. This was likely to stem from living and ageing in a 'foreign land', due to the non-normative nature of their cultural and gendered performance of widowhood, and associated social restrictions and exclusion within the wider Australian context. Interviewees' vast *bonding* capital and expectations of familial social support affected their experiences of widowhood and well-being. For most, familial support was integral to coping, and wholly relied upon to facilitate living independently.

9.3.1 Simultaneous Social Inclusion and Exclusion

It was noted in Chapter 6 that life-course inclusionary and exclusionary experiences shaped interviewees' lives, impacting ensuing experiences and identity into older age and widowhood via processes including racism, migrant status, linguistic barriers and low skilled occupations. Interviewees experienced differing levels of inclusion and exclusion across different areas of life and social fields, including neighbourhoods, communities and wider society, resulting from differences in gender and residential location.

The majority of this group reported that they experienced exclusion despite years since migration, emphasising the extent to which a migrant status remains important years post-migration. There were a few exceptions, including a couple of women who attended social groups or possessed more non-Greek friends or neighbours than their counterparts. This indicates that previous research on assimilation (Vlachos, 1968) and integration of established migrants in host countries (Veglery, 1987) cannot be applied in a blanket manner to all groups across countries. The effect of life-course experiences and conditions (e.g. occupational) are clear for later-life exclusion (Brown, 1995, Fox, 2007, Hopkins, 2004, Skrinda, 2008), creating contexts of vulnerability to which widowhood is added.

Multiple or cumulative life-course social exclusion from mainstream English-speaking society impacted and exacerbated disadvantageous experiences of 'ageing in a foreign land' for most, and enhanced their sense of societal 'otherness'. An important contribution of this study which questions the findings of some existing literature is the fact that some interviewees perceived that the influence of their 'other' migrant status, societal position and racism from the English-speaking population was still pervasive in older age, *despite* years since migration. Tsolidis (2003) claims that Greeks are commonly and persistently viewed as 'other' in countries like Australia and Canada regardless of years of residence. They may be rendered somewhat 'invisible' (Tascón, 2008), and constructed as marginal or external to 'authentic' host nation members (i.e. the majority, or 'us') (Clayton, 2005). The present study supports notions that feeling 'othered' hinders societal integration (Treas and Mazumdar, 2002). This finding has implications for the ageing and inclusion of Australia's newer or future migrant groups, discussed further in later sections of this chapter. Furthermore, preserving cultural identity and 'Greekness' had continuing implications for most interviewees' sense of integration to English-speaking Australian society and fields. Papadopoulos (2000) explains that 'Greekness' is a psyche of a Greek person of whatever generation which defines their ethnicity as Greek, tied to factors including Orthodoxy, language, food, music, visiting Greece and Greek friends. Indeed, notions that migrant groups stick together to affirm cultural identity supports previous

literature (Akcapar, 2010, Bobic, 2012, Cederberg, 2012, Ryan et al., 2008). Traditional social, familial and gender roles and expectations, in addition to widowhood rituals and customs, also contributed to maintaining 'Greekness' among this group within wider Australian society.

In this study, interviewees possessed differing social mobility in Greek and Australian fields, due to some variations in factors such as English proficiency. Migrating to Australia and educating children within the Australian system enhanced their limited mobility and integration within wider society. Interviewees were mostly involved in and confined to their *bonded* Greek community rather than bridging to the wider community, resulting in comparatively limited involvement in mainstream English-speaking groups. The study noted associations between Greek migrants' strong home country bonds and their ensuing host country exclusion (Dikaiou et al., 1987). Weine (2004) posited that speaking native languages affirmed Bosnian refugees' ethnic, national and cultural identifications but limited English proficiency, similar to present interviewee accounts. Japanese migrant mothers in Los Angeles similarly lacked English, and perceived discriminatory racial stereotypes from Caucasians, and barriers to gaining membership and meaningfully participating in wider American communities, resulting in superficial, limited involvement (Nakuga, 2012). Drawing parallels with Nakuga's (2012) findings, most present study interviewees similarly lacked English and meaningful wider societal participation. Pathirage and Collyer (2011) noted that it was common for Sri Lankan migrants to Italy to report total isolation, a finding that rang true for some present study individuals, who were rendered doubly vulnerable and isolated due to their widowed and migrant statuses.

In the present study, many Greeks did not interact with non-Greeks beyond a tokenistic level and rural residents especially lacked rich inclusion due to geographic and social isolation. Older Iranian migrants similarly felt excluded and alienated in Sweden, believing that this contributed to illnesses (Emami and Torres, 2005); findings which appear applicable to some present study interviewees, who highlighted links between being alone, and increased '*stenohoria*' and loneliness. Datta et al. (2006) reported that migrants in London built within-group friendship networks, and rarely had any white British friends, a finding this study echoes with respect to Greek migrants. In the present study, most provided few or no examples of harnessing social leverage with other contacts, resulting in little contact outside immediate families, and with non-Greeks.

Homogenous networks in terms of age, gender, religion, education and occupation (Stone, 2001), like most Greek-specific networks described in the present study, are most conducive to bonding social capital. Ethnic networks are exclusionary by nature (Datta et al., 2006) and

interviewees were found to unconsciously or implicitly 'other' or exclude individuals outside their cultural group. From a life-course perspective, drawing such distinctions is a feature of possessing strong *bonding* social capital, and feeling as though others actively excluded them. Most interviewees lacked the requisite *bridging* capital to facilitate social mobility and meaningful inclusion in mainstream English-speaking social fields due to prior migratory and settlement processes resulting in investment in and strengthening of their *bonding* capital (i.e. via interpersonal networks and familial supports). The present group's Greek social capital may be more useful or resource-rich in Greece rather than Australia, where they would be ageing in their country of origin, and thus not subject to linguistic, communicative, religious or social constraints. Aside from lacking *bridging* capital which would be aided by English proficiency, other life-course factors contributing to exclusion included the group's perception of the temporary nature of its migration to Australia, coupled with the initial return-migration plans that most described. Migrants perceiving temporary stays tend not to assimilate in the same ways and to the same extent as migrants planning to remain in host countries.

Interestingly, displaying some within-group heterogeneity, several interviewees displayed more *bridging* capital than others, typically resulting from some English proficiency and working in occupations enabling wider societal interaction. Running contrary to the accounts of most other widows, Penelope provided pertinent examples of harnessing *bridging* capital. Spoken English facilitated her ability to run a business with her son, and attend a CALD women's group, which enabled interaction with non-Greeks.

9.3.1.1 'I don't belong': Homeland and Identity

Most interviewees asserted that they would not feel at home in Greece due to the length of time since they migrated, changes to the home country, abandoned rural birthplaces or childhood villages, geographic distance between home and host countries, and the death of loved ones in Greece. However, despite initially perceiving migration to Australia as temporary, none possessed tangible plans to relocate to Greece as older adults despite having felt relatively excluded in Australia over most of their lifespan. This may have implications for Australia's newer migrant groups, in addition to questioning existing assimilation theories based purely on settled or established migrants' residency length. Nicolacopoulos and Vassilacopoulos (2003) assert that Greek migrants in Australia position themselves as 'perpetual foreigners-within' or 'outsiders' within mainstream Australian society, a sentiment this study echoes. Some interviewees suggested that their migrant identities were perceived as somewhat illegitimate within the context of mainstream English-speaking Australian society. Indeed, Dewhirst (2008) asserts that southern Europeans' 'whiteness' is questionable based

on their traditional occupational choices, practices and collectivist familial and community values, which are known to differ from more individualist cultures (e.g. northern Europeans). Rather, 'white' refers almost exclusively to Anglo-Celtic individuals (Sunderland, 2007). This study showed that social inclusion and exclusion, and themes pertaining to identity and homeland exerted a far-reaching influence and implications for other social determinants important to interviewees' overall later-life well-being. Furthermore, Greek communities and wider society do not regard a widowed identity as legitimate when compared to a more coveted and prized coupled identity. Thus, this thesis found that widowhood added a layer of complexity to pre-existing migrant exclusion and factors associated with ageing outside one's birthplace, compounding prior life-course experiences and hardships, and creating vulnerabilities in older age.

9.3.1.2 'I am with my family': Familial Inclusion and Bonding Capital

Interviewees' social investments in familial networks over their lifetime resulted in rich sources of support important to later-life well-being. Findings suggested inclusion in familial networks mitigated some of the language-based limitations that interviewees encountered within wider, mainstream society. Indeed, prior evidence from Australia's Greek communities suggests that most older adults rely upon English-speaking adult children harnessing their own English linguistic and *bridging* capital, and social mobility (attained through education and occupations) to successfully navigate wider English-speaking society and formal services on their behalf (Newman et al., 2010, Panagiotopoulos and Walker, 2011). Although English-speaking children were crucial to most interviewees' wider community involvement or mobility, this reliance further limited their personal agency and ability to meaningfully engage within English-speaking society. McConatha et al. (2001) reported that older Iranian women similarly withdrew from their new US cultural environments, relying heavily on children's assistance with personal and financial issues. Conversely, countless mainstream clubs and associations established specifically for older adults (or exclusively for older widows) enhance later-life opportunities for interaction among English speakers. Such groups are typically not inviting or inclusive of non-English speakers.

Language clearly affects social integration (NYAM, 2009), whereby dominant languages are valued whilst others are devalued (Kayaalp, 2013). Low English skills limited interviewees' social capital formation, mobility and subsequent inclusion in non-Greek fields. Only two interviewees (Penelope and Theo) were involved in mainstream social groups, clubs or organisations (i.e. not Greek-specific or religiously or culturally-bound). This increased their later-life mobility across social fields. Thus, this study concluded, like Clayton (2005), that

minorities may be simultaneously (if differentially) 'othered' and exteriorised within their host society while also being embedded in familial networks.

Migration spreads families across at least two countries, impacting well-being and support provision. Consequently, outsiders in a dominant society are further disadvantaged by lacking their natural traditional support networks in host countries (Ahmed and Jones, 2008, Kagitcibasi, 1987). This study noted the impacts of migration on initial, current and future supports. Interviewees' migrant and widowed statuses, coupled with the reality of living and growing older in a 'foreign land', increased support needs. As this study and others suggest, migrant status and experiences, cultural and linguistic factors, and health illiteracy render migrants more dependent than non-migrants, meaning they often require supports like translating (Newman et al., 2012). In this study, older Greek migrants ageing outside of their country of birth wholly *preferred* and *expected* informal familial support due to cultural norms. Such expectations were not always realised. Previous research depicts notions of Greek 'familism' as central to traditional Greek culture and migrants (Chimbos, 1972), with families as welfare providers (Rosenthal and Bornholt, 1988, Smolicz, 1985). The traditional Greek nuclear family is typically described as collectivist, cohesive, intimate and supportive (Bakopanos and Gifford, 2001, Poole, 2005, Tsolidis, 1995), which most interviewees in this study spoke of. Rosenbaum (1991) highlighted how Greek children are expected to care for ageing parents, following the concept of '*philotimo*' (*φιλότιμο*) (Georgas et al., 1996). This sentiment was inherent in most interviewees' support expectations. Furthermore, Greek familial networks are typically described as closer than Anglo networks (Tamis, 2005), a notion most interviewees strongly conveyed, with families central to well-being. Similar family duties are observed among other collectivist cultures, whereby familial happiness trumps individual happiness (i.e. families in these cultures often demand children's obedience and support) (Kim et al., 1994). Other groups documented as ascribing to cultural notions of familism, social capital and related support expectations include older Mexican-American migrants (Crist, 2002), Sri Lankans in Italy (Pathirage and Collyer, 2011), Indian migrants (Maharaj, 2013) and Turkish individuals (Canel-Cinarbas and Egisdottir, 2010). Bobic (2012) argues that Serbian familial closeness, belonging and resources protect against loneliness; sentiments the interviewees conveyed in suggesting that family members somewhat mitigated loneliness. Importantly, highlighting the centrality of family in Greek culture, interviewees in this study suggested that their happiness and future hopes were tied to their children, especially in widowhood. Though older Hmong and Vietnamese migrant women were believed to adapt more positively by cooking, child minding and supporting other family members, with age they were isolated due to lacking English and independent friendships, especially as children and grandchildren matured (Yee, 1997); many present study interviewees reported similar age-

related societal isolation. Investigating Yugoslavian migrant women's health in Australia, Markovic et al. (2002) highlighted links between migrant ageing, feeling displaced and isolated, and limited contact with others; factors many in the present study discussed. Similarly, Turkish women in Denmark noted isolation, uprootedness, poor health, acculturation difficulties, lack of social support, and feeling like foreigners even years after migration, tied to their previously unconsidered reality of 'ageing in a foreign land' (Mirdal, 2006). Among such marginalised groups, familial networks represent functional adjustment and de-alienation mechanisms, promoting belonging and support (Kagitcibasi, 1987). In the present study, while different members of social networks performed particular roles, immediate family (most commonly children) bore the brunt of support provision. Importantly, though some support needs may be typical of all older individuals, this thesis presents new insights, suggesting that widowed non-English speakers in Australia may indeed encounter further or added hardships compared with their non-widowed or English-speaking counterparts, due to factors associated with widowhood and 'ageing in a foreign land' creating a context for later-life vulnerability. Furthermore, this study found that those with smaller or less cohesive social networks reported receiving reduced informal support.

9.3.1.3 *'We supported them, they need to support us': Ingrained and Reciprocal Familial Support Expectations*

Widowhood often leads to increased need for social support (Guiaux et al., 2007, Ha, 2008), however Stoller and Pugliesi (1991) found no change to networks in widowhood, with some widows assuming new responsibilities and others relying on adult children. In the present study, many relied heavily on familial support even prior to widowhood, however spousal loss often heightened familial dependence following diminished health and increased need. For this group, familial support and the promise of future support were integral to coping and well-being in widowhood, facilitating independent living. Formal services and supports may be underutilised where interviewees have considerable familial expectations (Angel et al., 1999), which some interviewees noted, in explaining preferences for their children's assistance. As previously mentioned, interviewees' accounts of familial obligations over their life-course highlighted how support expectations were established and ingrained during early childhood socialisation within Greek culture, representing a requirement rather than choice. As older age typically compromises health (Kiropoulos et al., 2004), leading to functional decline, increased support needs may exceed informal network capacity. FECCA (2015) asserts that older CALD individuals rely more heavily on family for accessing information, health decisions, and informal care, findings that this study echoes. Similar to the present study, Greek Cypriots in London outlined familial support with medical appointments and English (Papadopoulos, 2000). Panagiotopoulos (2009) found higher familial emotional and instrumental assistance predicted

lower levels of loneliness among older Greek widows, supporting notions that familial support is beneficial for well-being. The present study reaffirms the importance of parent-child relationships in widowhood, with adult children providing the most support despite competing responsibilities. Wong et al. (2010) investigated changing filial norms and barriers to children's social support among older Chinese and Korean migrants in the US, and related cultural notions of independence versus interdependence, which the present study also highlighted, with some interviewees noting that their children's competing occupational, familial and personal responsibilities hindered their receiving of additional support. Though some were aware of how such factors possibly impinged upon children's support provision, most still *expected* much support, representing an important study finding.

Yee (1997) noted that high support from adult children may decrease older adults' credibility, authority, leadership, dignity, self-esteem and independence, rendering them almost entirely dependent on children for basic survival. Some present study interviewees noted similar waning independence. Possessing personal control and individual agency increases well-being. Optimistic individuals have higher emotional well-being, guarding against stress (Bornstein et al., 2003), important to note considering the present group's seemingly negative and fatalistic outlook towards ageing and widowhood, coupled with lack of agency, which would conceivably result in less overall optimism.

Similarly, possessing goals and aspirations are important concepts for understanding emotional well-being; successes affect life satisfaction, providing a sense of structure and meaning (Bornstein et al., 2003). Based on the interviewee accounts, older widowed Greeks appeared to lack these forms of satisfaction and personal control in widowhood. This group typically did not convey individualist goals and future aspirations, somewhat opposing existing aspects of 'successful ageing' as defined in Australian and international (e.g. WHO) literature on ageing (Peel et al., 2004).

Furthermore, there exist myths and stereotypes surrounding migrants' informal and intergenerational support, including that such groups 'look after their own' (Ahmed and Jones, 2008). In this study, several interviewees lacked support from one or more of their children, countering prevailing stereotypes. Furthermore, especially for those in collectivist societies, happiness and optimism are maintained by contributing to and sharing children's achievements (Efklides et al., 2003), a sentiment present study interviewees echoed. Similar to the present study in which interviewees with abundant family support conveyed happiness and satisfaction, McConatha et al. (2001) found that children and grandchildren represented a major source of satisfaction among Iranian women in the US, affecting their quality of life. In

the present study, caring for grandchildren promoted a sense of purpose and helped to alleviate loneliness for Tassia, Theo and others. Future hopes were tied to grandchildren for many present study interviewees, highlighting the primacy of intergenerational relations. Additionally, in highlighting active attempts to hide their sadness over the death of their spouse from grandchildren, Penelope, Katerina and Petros depicted cultural notions of emotional restraint dictating what individuals may disclose to others. They also drew attention to the collectivist rather than individualist nature of happiness among older Greeks.

Ahmed and Jones (2008) reported that Bangladeshi migrant women providing informal care in London were prone to isolation, which in turn was believed to amplify their suffering, dependence, sense of duty and resistance to services, in addition to decreasing their agency. Such isolation stemmed from poor information, and conflicts between different, at times incompatible, social fields (Ahmed and Jones, 2008), factors applicable to some of the interviewees. Ahmed and Jones (2008) reported a sense of being 'let down' when idealised views of familial support were not met due to children's occupational mobility and geographic dispersal. For some migrants, seeking 'outside' help indicates to others that families have allowed traditional standards to slip, indicating failure to fulfil requisite duties and inability to cope independently (Ahmed and Jones, 2008). Indeed, rural CALD interviewees in Australia were reluctant to use interpreters because they feared gossip and so preferred informal familial interpreting (Ward et al., 2005). Some rural women in the present study conveyed similar sentiments, relating to agency, dependence and confidentiality.

For many older adults, formal support represents a last resort after exhausting informal resources (Chappell and Blandford, 1991, Duner and Nordstrom, 2007, Stoller and Pugliesi, 1991), especially among those with short-term care requirements (Pinquart and Sörensen, 2002). In this study, many interviewees highlighted a similar sentiment, especially those caring for late spouses before their deaths. The majority of interviewees were hesitant to accept more formal support, often until they were unable to cope alone. This study supports existing literature highlighting the valuable role of Greek migrants' social support (Walker et al., 2013). Social resources accumulated across the life-course were central to coping, especially in widowhood. Few interviewees reported increased social interaction and support from friends in widowhood, increases which could conceivably lessen reliance on familial support.

This study found that location affected support expectations and provision. Parents with children residing closer often felt supported and as though they could rely on their children if required, while others with children residing at a distance felt support was lacking, or expected increased support. Many rural residents indicated that they possessed less familial support

due to their children's location, countering the stereotype that all Greeks possess supportive families. However, this study highlights how older Greek migrants may only retain cohesive familial ties and informal support where this is feasible in their Australian environments. In particular, these findings suggest that those living with others may be better supported, at least instrumentally, than those residing alone in older age. Migrants in the US (Leclere et al., 1994) and Moroccans in Spain (Hernandez-Plaza et al., 2004) preferred informal to formal support, similar to present study interviewees. Although some degree of independence was valued and coveted by most in this study (e.g. maintaining one's own residence and performing housework), in reality, most remained exceedingly dependent on children. While most interviewees resided alone, this study confirmed existing census data and findings stating that some older Greek migrants co-reside with children (Moskos, 1989, Tsolidis, 1995) or relatives, while others living independently may either reside very close to children or sleep at children's houses, which has implications for support, socialising, and service provision. Indeed, this study revealed that most interviewees' entrenched dependence on families appeared thinly veiled by their discussions of the importance of later-life independence.

Norms of trust and reciprocity (i.e. notions that support between social partners should be balanced, with both partners contributing and receiving support) govern networks, social relations, social capital and informal support exchange (Stone, 2001). This study found that interviewees provided much support to their children over their life-course and in older age. Reciprocity encourages adult children to repay parents' earlier support. Akin to present study interviewees, Holroyd (2003) asserted that entitlement and reciprocity governs Chinese caregivers of ill older adults in Beijing and Hong Kong. Smolicz (1985) similarly highlighted norms of reciprocity governing care of children and older Greek-Australian migrants. Short-term reciprocity is also evident in widowhood (Leopold and Raab, 2011). Indeed, some healthy interviewees in this study continued to instrumentally, financially and emotionally support children. Functional reciprocity proved that tangible positives and benefits arose from their familial social capital stores for most interviewees in later life. They actively employed norms of life-course reciprocity and parental sacrifice to justify why later-life support was expected from adult children. Cylwik (2002) similarly noted that migration strengthened support expectations and inter-generational reciprocity among first-generation Greek Cypriots in London, with older adults' perceptions of parent-child relations integral to later-life well-being. Similar to the present study, Greek Cypriot parents demonstrated life-long attempts to assist their children in practical, affective and financial manners; in turn, children adopted roles of proxy and interpreter, mediating between their parents and services, agencies, professionals and authorities (Cylwik, 2002). Cylwik (2002) concluded that older Greek Cypriot migrants wanted their children to care *about* them, but not always *for* them. This was somewhat echoed

by the present study, in which many conveyed sentiments valuing 'independence' albeit often despite current dependence on others.

This study indicates that interviewees possessed similar formal and informal support requirements regardless of gender. Increasing age and declining health strongly predicts intergenerational support received by older adults (Silverstein et al. 2006), which this study highlighted, as physically demanding tasks became difficult to manage for both sexes. For most of the present group, traditional gender roles and dependencies over the life-course influenced pronounced familial support expectations in older age and widowhood. Many interviewees had been dependent on spouses in daily life, with gender role expectations resulting in some differences between widowed men and women's support needs, and complications encountered in widowhood. Among this group, household maintenance and financial management represented hardships for many older widowed women, while some men faced particular predicaments with housework and cooking. Exceptions included widows like Penelope, who appeared proficient in managing finances due to controlling funds during marriage, and widowers like Fotis who fondly recalled and replicated his wife's cooking. While children provided much support in widowhood, most interviewees had received similar support over the life-course, even during their marriages while spouses were alive, highlighting a lifetime of familial dependence on their children *regardless* of marital status. However, spousal loss predicts increases in children's support and dependence for daily activities (Krupinski, 1984, Lock and Wakewish-Dunk, 1990, Lopata, 1987). Similar to the present study, Rosenbaum (1990) reported that care was beneficial to relatively unassimilated Greek Canadian widows' health, with adult children assisting with decision-making, transportation, finances and interfacing with wider communities. Interestingly, the present study does not corroborate findings by Silverstein et al. (2006) suggesting that social norms encourage filial responsibility to ageing mothers, but not fathers, or with Barr and Russell (2007), who reported that older men living alone are more likely to feel unsupported by family.

9.3.1.4 Social Lives in Widowhood

Support is also related to social participation (Utz et al., 2002); Kritsotakis and Gamarnikow (2004) note that individuals require companionship, social contact and a sense of belonging. Social engagement contributes to successful adjustment to later-life widowhood, and promotes active ageing, and physical and psychological well-being (Adams et al., 2011, Rowe and Kahn, 1998). Indeed, older adults' full participation in social, economic and cultural spheres is one of three pillars of the WHO (2002)'s active ageing policy (alongside health and security). In Australia, the oldest old display the lowest rates of social and civic participation (AusGov,

2012). Important to this study is the fact that less educated individuals have reduced community and social engagement (ABS, 2011h). Although most interviewees coveted continued engagement, for most, the concurrent stressors of widowhood and migrant ageing represented barriers to achieving this goal. Increasing social isolation due to shrinking networks and functional decline was common among this group. Interviewees' accounts of age-related social network losses due to the death of loved ones and restricted opportunities for contact and participation corroborated previous studies of older adults (Lopata, 1987, Stoller and Pugliesi, 1991). Furthermore, for many, not driving in older age was disadvantageous to social participation and health equity, and compounded later-life isolation.

Conversely, dense *bonding* capital encompassing intergenerational familial social resources and networks translated to support for most interviewees, and also contributed to a sense of inclusion. Family social support helped to fill the void of spousal loss. This was important among these individuals, as socialising in older age and widowhood generally declined, especially in light of numerous restraints for older Greek widows and widowers. Strict gendered norms and cultural expectations dictated perceived appropriateness and/or stigma pertaining to socialising with individuals of the opposite gender due to the emphasis on maintaining one's reputation within their cultural community, previously noted in studies of social lives (Brown and Theodossopoulos, 2004). Both widowed males and females expressed awareness that individuals defying such in-group norms would be subject to community gossip or judgement. One unique contribution of this study is that among Greeks in Australia, individuals thought to socialise too much with the opposite sex during widowhood are perceived to be subject to gossip. Gossip functioned as a social regulator, whereby maintaining good reputations as older, widowed adults preserved individual and familial names. Especially among rural interviewees, gendered social restraints stemming from cultural in-group bonds appeared exceedingly prevalent. Earlier anthropological explorations by Dubisch (1986), Herzfeld (1983) and du Boulay (1983) noted the existence of strict gendered norms, expectations and power relations tied to honour, shame and morality for native rural Greek women. While there are no explorations of such values among Greek migrants in the diaspora, women in the present study indicated that such variables continued to govern their social relations despite no longer residing in Greece. Perceived threats of community gossip and stigma appeared more pertinent among women, many of whom engaged in constant efforts to maintain their reputation.

In widowhood, socialising in certain situations was more socially acceptable than in others. Some were not comfortable socialising with couples, supporting previous wider literature on older widows (Lopata, 1973a). Children granted interviewees access to the wider social realm,

supporting Drew et al.'s (1998) suggestion that family is often the chief means of social inclusion for widowed Greeks. Highlighting gender differences, some men believed that women were better equipped and more proactive in maintaining social contact and friendships following later-life spousal loss. Several men perceived fewer opportunities for socialising. These findings corroborate previous non-Greek research suggesting that wives typically act as 'kin-keeper' in marriages, facilitating couple social interactions (Lopata, 1973b, Lopata, 1973a). Men may have smaller networks and therefore fewer opportunities for activity. In the absence of wives, older widowers may initiate less contact with family and friends, increasing their risk of social isolation (Chipperfield and Havens, 2001). In this study however, social participation in widowhood was somewhat diminished for *both* genders compared to their retrospective accounts of marriage. Despite this study having only investigated older Greeks, they could conceivably be more socially restrained than other groups due to the pervasive influence of cultural norms. This study supports Poole's (2005) finding that cultural isolation increases Greek migrants' dependence on familial support. Lock and Wakewish-Dunk (1990) reported that Greek migrant women conveyed unwanted feelings of dependence and isolation, similar to the present study.

Consistent with cultural group expectations, families were more central to support and social networks (and by extension, well-being) than friends or others; indeed, Greek children often anticipate caring for and supporting their older parents (Drew et al., 1998, Georgas et al., 1996, Tsolidis, 1995). Those without biological children, or who lack supportive, cohesive familial relationships may be subject to increased later-life isolation compared to those perceiving abundant familial support. Thus, this study indicated that exclusion was exacerbated by older age, ill health, migration and widowhood.

9.4 The widowhood experience and well-being among older Greek migrants

This study also asked the following questions: 'How have social determinants shaped their widowhood experience and well-being in older age?' and 'What is the Greek cultural experience or performance of widowhood within their Australian context in older age?'

The life-course accumulation of social determinants described in this study impacted and exacerbated the group's later-life widowhood experiences and well-being. Factors associated with ageing outside one's birthplace often had negative impacts upon health and well-being, ultimately increasing dependence in widowhood. To address research Objectives 2 and 3, the

sections below reflect upon findings related to interviewees' well-being, and nuanced widowhood experiences in Australia.

Though widowhood is shaped by social and cultural contexts (van den Hoonaard et al., 2013), gerontology in general and studies of widowhood have been largely culturally blind, bypassing widowed migrants living and ageing in host nations. Previous studies have tended to be confined to the country in question (see: Sheykhi (2006), Teo and Mehta (2001), Shih et al. (2010), Mehta (2002), Rodgers (2004), Krochalk et al. (2008), Laurie and Neimeyer (2008), Brison (1995), and Hsu et al. (2003)). Research exploring widowhood among specific migrant groups in host countries is limited (exceptions include Rosenbaum's (1991) consideration of older Greek Canadian widows' cultural care, health meanings and practices, an exploration of ethno-cultural diversity in later-life widowhood for Chinese Canadian widows by Martin-Matthews et al. (2013), and Lopata's (1977) earlier work on Polish widows in the US). Thus, while some widowhood research among different cultural groups or across cultures exists, no previous studies have examined widowhood and well-being among this migrant group in Australia, especially from a life-course and social determinants perspective. Understanding different cultural perspectives of widowhood is increasingly important given population ageing (van den Hoonaard et al., 2013), and migration flows meaning that individuals age and become widowed in 'foreign lands'. Perhaps most importantly, in exploring one specific migrant group, the present study examines existing widowhood literature with a cultural lens, noting similarities and differences between studies involving mainstream English-speaking populations and this group of older Greeks, who differ historically, socially, culturally, linguistically and religiously.

Reflecting wider non-Greek research, among this group, women were widowed at younger ages than their male counterparts, and due to their longer life expectancies will likely live out more of their days as widows than men will as widowers. As women in this study possessed lower educational attainment, and diminished English and driving capabilities compared to their male counterparts, these gender differences have potential implications for their later-life well-being. Furthermore, those in rural areas were less educated than their urban counterparts, and typically more geographically and socially isolated, highlighting the impact of residential location on later-life health and well-being.

9.4.1 'Older people suffer': Later-Life Health and Well-being

Overall, interviewees reported a range of health statuses. My field notes corroborated their self-reported health in noting some visible frailty or mobility issues. Where previous research has mainly focused on singular aspects rather than multiple factors simultaneously, this thesis furthers existing research by considering the intersection between the life-course, social determinants, ageing, migration, widowhood and health, to provide a holistic account of older widowed Greeks' well-being.

This study depicts the well-being of older widowed Greek migrants as complex, multi-faceted and cumulative, impacted by ethnicity, gender, residential location, socio-economic status (most notably previous employment and education), social support and inclusion and exclusion. This cross-sectional study echoes previous literature citing widowhood's largely detrimental effects on health and well-being (Bennett, 1997, Czerenda, 2010, Umberson et al., 1992, Wilcox et al., 2003). Daniilidou et al. (2004) notes that native Greeks express their symptoms more openly than those from other countries; similarly, present study interviewees discussed health and well-being freely and at length, openly conveying physical and psychological symptoms. The negative physical and psychological health consequences related by interviewees, including anxiety (Onrust and Cuijpers, 2006, Shear and Skritskaya, 2012), loneliness and depression (Kendler et al., 2008, Sasson and Umberson, 2014, Zisook et al., 1997) echoed previous widowhood literature (e.g. (Kowalski and Bondmass, 2008, Pinquart, 2003, Sorrell, 2012, Valdimarsdóttir et al., 2004, Wade and Pevalin, 2004)). '*Stenohoria*' was a frequently cited consequence of widowhood, primarily arising from being alone. While previous literature has talked at length about loneliness among widowed groups (Lopata, 1973d, Utz et al., 2014), '*stenohoria*' was a novel, culturally-bound concept uncovered in the current study which most interviewees felt was detrimental to their health. Perhaps having a term such as '*stenohoria*' to describe these unique feelings of stress, worry, and sadness facilitated the expression of negative emotions, which in turn somewhat destigmatised such feelings. Prior life-course experiences had influenced later-life health and for some, currently impacted daily functioning and opportunities for socialising. The cumulative toll of widowhood, older age, rural location and the group's 'outsider' migrant status was likely to have enhanced their loneliness, social isolation and ill health.

In contrast with studies suggesting that widowhood might become easier with time (Kennaugh et al., 2015), the present study revealed that most viewed their well-being and ageing rather negatively; this was despite acknowledging the importance of remaining healthy, active and independent in older age. The cumulative effect of life-course determinants such as socio-economic status (including childhood poverty), and disadvantageous work conditions was particularly evident with respect to the group's well-being.

Interviewees' perceived that an inter-relationship between ageing, health and widowhood affected socialising and support. Typically, those who are older and in poorer health socialise less, provide less assistance to others, and are more supported by children. Advanced age sees increased social, biological and psychological deficits (Baltes and Baltes, 1990). The findings support notions that concurrent age-related stressors are common to and exacerbate later-life widowhood. Though difficult to achieve in reality, some used coping strategies to keep busy or stay positive in order to combat stress. Theodora, Takis and Panos believed that being less independent or active would diminish health. Those who did not speak English or drive often compared their own lived experience to other widowed individuals who did possess language and driving skills, concluding that these resources facilitated coping. This indicates that individuals who were more functionally and emotionally independent were likely to have coped better with key life events and widowhood-related changes than their more dependent counterparts. This study indicated that widowhood increased most interviewees' instrumental support needs, noting the cumulative nature of daily stressors. Indeed, being widowed was disadvantageous for native Greeks' health and functional status (Koukoulis et al., 2002). Older age was related to dissatisfaction among native Greek women, especially among those less educated and in poorer health (Demoussis and Giannakopoulos, 2008). These findings may be applicable to women in the present study who were similarly of limited education and often, poor health.

9.4.1.1 Migrant Health: Benefits and Risks

Markides (2005) noted a 'healthy migrant effect' among Hispanic migrants to the US, partly due to migrant self-selection and passing health assessments. For approximately the first 20 years of migration and settlement, these migrants appear healthier than their US-born counterparts, however, after this time, their health status reflects that of the mainstream population. Although migrants display increased life expectancy (Uitenbroek and Verhoeff, 2002), they encounter more later-life disability and ill health due in part to detrimental life-course conditions (Singh and Miller, 2004). Kouris-Blazos (2002) asserts that first-generation Greek migrants to Australia display a morbidity-mortality paradox; although unhealthier, they live longer than the Australian-born. As this study shows, Greek migrants to Australia experience adverse health associated with occupational conditions and lower socio-economic status; however, they are also a cohort of survivors, including hardships like poverty, WWII and the Greek Civil War (Kouris-Blazos, 2002). Anikeeva et al.'s (2010) literature review purported that Mediterranean migrants had particularly favourable health outcomes, however, their health deteriorated with increased residence. This may explain the present group's

somewhat depreciated health statuses in older age, after many years in Australia. Interestingly, Greeks and Italians showed the greatest health advantage, due to the protective and supportive nature of their diets and residential clusters (Anikeeva et al., 2010). Important for the present study, mortality was highest among non-English speaking migrants, rendering English acquisition an important contributing factor (Anikeeva et al., 2010).

Conversely, extant literature cites cumulative detrimental migratory risk factors for southern Europeans, compared to the Australian-born (Lock and Wakewish-Dunk, 1990, Tsolidis, 1995). Angel et al. (2001) reported higher isolation and poorer health for less acculturated migrants, which may be applicable to the present group in light of their relative non-assimilation or mainstream integration. Southern European migrants may experience diminished broader societal integration, hostility, discrimination or indifference from Anglo peers (Moskos, 1989, Nesdale and Mak, 2003), which this study affirms, especially during earlier migration and settlement. The present study suggests that the widowhood experience further contributes to migrants' cumulative risk, representing a major later-life stressor. For Anglo-Australians, being female and specific living arrangements predicted psychological distress, but highest distress was among lone-living non-British migrants with poor English, depleted social networks, and low education and income (i.e. those most different from Anglo-Australians in terms of culture, religion, language and socio-economic status) (McCallum and Shadbolt, 1989), similar to the present study's interviewees. Thus, greater psychological distress is likely to be experienced by older, more socially disadvantaged individuals (McCallum and Shadbolt, 1989), arguably similar to the present group. Older Greeks (especially women, with poor health, and low socio-economic status), who have experienced stressful life events (including migration, widowhood, living alone and financial strain), were more likely to exhibit poorer health and psychopathology (Daniilidou et al., 2004). Kiropoulos et al. (2004) reported higher depression and anxiety for older Greek migrants (compared to an Anglo-Australian control group), stating that the influence of health, migrant status and socio-economic status best accounts for migrants' psychological morbidity. For Greek migrants, feeling depressed or lonely may also stem from possessing limited social ties beyond the immediate family (Xenophou, 1994), echoing the findings of the present study. Affirming present interviewee accounts, Greek women in Montreal show great spousal dependency, lack companionship and control, and possess virtually no opportunities to learn English, resulting in unwanted dependence, isolation and nostalgia (Lock and Wakewish-Dunk, 1990). Such findings demonstrate that older Greek migrants ageing outside of their country of origin, in predominantly English-speaking nations, perhaps share such later-life experiences and sentiments, despite years since migration. Similar to some present study interviews, Greek Australians felt that their ageing and illnesses created dependencies on families and friends (Swerissen et al., 2006), negatively impacting

personal control over their lives, health and relationships (Walker et al., 2005). Furthermore, Koukouli et al. (2002) reported worse functioning profiles for Greek widows, compared to married and unmarried individuals, which is applicable to the present study, in which some widows reported that they were not coping well. This supports findings of Greek widows' diminished self-rated health compared to British widows (Panagiotopoulos et al., 2013).

The majority of interviewees in the current study may not have been as vulnerable had they remained in their home country, subject to fewer later-life cumulative hardships, especially those pertaining to migrating, settling and 'ageing in a foreign land'. Similarly, Phillips (1975) described rural Italian migrant women in Australia as isolated and immobile, arguably more dependent on their husbands than they would have been in Italy. It is important to note that interviewees' descriptions of their health in this study support aforementioned notions that initial migrant health benefits upon arrival undoubtedly decline with time in the host country. In older age, when many individuals experience diminished health, these initial health benefits are all but lost. Present findings wholly counter assertions that there is no documented reason why Greeks and Italians should feel high distress given that they are of older, well-established migrant communities in Australia (Katz and Redmond, 2010). Indeed, many older Greeks in the present study reported that they felt depressive symptoms, loneliness or '*stenohoria*' in later life. As such, the present study supports previous findings suggesting that widowhood may be detrimental to Greeks' well-being (Georgiades, 2010, Panagiotopoulos et al., 2013), despite years in Australia.

9.4.1.2 'It's in God's hands': Fatalism and Health

Fatalism, particularly with respect to ageing, health and widowhood, was integral to this study of older Greek migrants. Indeed, Quine (1999) had previously reported on health-related fatalism among Greek, Arab and Italian migrants in Australia. This study confirms Migliorino's (2010) assertion that it is imperative to acknowledge migrants' strong beliefs in God's will and acceptance of fate, as this influences their wider lived experiences. Daniilidou et al. (2004) noted that Greeks viewed ill health as their fate or God's will, leading to acceptance and diminishing probabilities of seeking professional assistance. Similarly, older Mexican Americans are more 'health pessimistic' than older non-Hispanics, defining their health as poorer than it actually is (Markides, 2005), and perceiving poor health as God's will (Crist, 2002). Despite cultural group differences, interviewees in the present study expressed similar sentiments to older Mexican migrants, alluding to poor health and relaying notions that health and life experiences are dictated by God. For Greek Cypriots in the UK, fatalism and realism are similarly related to ill health and illness, with major contributors including poverty, stress,

loneliness, '*stenohoria*' and medical conditions (Papadopoulos, 1999, Papadopoulos, 2000), akin to the present study. These migrants believed that health affected their ability to work and to perform housework and social roles (Papadopoulos, 2000). These beliefs were conveyed in sentiments including 'God determines illness' and 'God looks after me' (Papadopoulos, 1999), which interviewees in the present study similarly noted. The present study adds the finding that the widowhood experience may further contribute to older Greek migrants' rather fatalistic later-life attitudes. There were strong spiritual dimensions to well-being for this group; most (especially women) maintained that God was crucial to well-being. Previous studies document Greek women's tendency to submit themselves to God to alleviate loneliness (Anderson and Dimond, 1995, Mystakidou et al., 2005). Among native Greeks, health conditions negatively correlated to happiness (Efklides et al., 2003), which is similar to the present study, in which ill health was viewed as the antithesis of happiness. Furthermore, in the present study, interviewees often expressed worry regarding their future health status, acknowledging that this may worsen with time. Selim (2012) reported that older Bangladeshi interviewees with poor health similarly worried about the future.

As depicted in Chapter 7, experiencing and 'doing' widowhood within a Greek cultural framework in Australia represents a largely non-normative way of life compared to the English-speaking majority, and thus may not be conducive to older widowed migrants' well-being, who spoke of much '*stenohoria*' and loneliness, often despite children's support. Among this group of older widowed Greek migrants in Australia, consistent with cultural, religious and personal expectations, widowhood was central to later-life and identity. It was not considered temporary. Rather, it was fatalistically viewed as a somewhat detrimental reality to be endured, impacting future happiness, health and well-being. This prevailing attitude was likely to be tied to interviewees' strong retention of '*Greekness*', which influenced many of their fundamental beliefs.

This study highlights the following barriers faced by widowed individuals in accessing services and supports: location, service cost and lack of English proficiency and health literacy. These barriers are corroborated by previous literature among other CALD groups (Caldas, 2004, Mitchell, 2008, Ward et al., 2005). Also affirming previous literature and anecdotal community evidence, most opposed residential aged care (Newman et al., 2012). For this reason, this group is likely to continue to reside independently into older age, where sufficient support enables this. One practical implication is that this group may underutilise current formal health and support systems, despite many requiring much assistance in older age (Cylwik, 2002, Marino et al., 2007). As depicted in this study, some older Greeks believed that accepting formal help rendered them weak, incapable and needy, in addition to their family failing fulfil

culturally dictated support expectations, resulting in a sense of familial disappointment or abandonment. Some of these issues are relevant to all Greek migrants (not necessarily to only those widowed), to other (especially non-English speaking) CALD groups, and arguably to all older individuals. Census data suggests that those in regional and remote Australia are more likely than those living in major cities to experience difficulties accessing government services and health practitioners (ABS, 2011g). Indeed, some rural interviewees alluded to encountering obstacles with such services over the life-course, but especially in older age.

9.4.2 ‘Widowhood is being alone’: Defining Widowhood

Widowhood intersects with various social determinants, hence the present study’s multifocal approach to consider such factors. As in the present study, widowhood has primarily been examined among older adults (Anderson and Dimond, 1995). Most existing literature portrays older, white, widowed individuals as disadvantaged compared to their married counterparts (Hagedoorn et al., 2006). This study confirmed previous research which found that widowhood impacts well-being negatively and may involve adverse physical and psychological health effects (e.g. increased depression and anxiety), heightened behaviours and outcomes of grief and bereavement, and decreased autonomy and control. While many widowhood studies focus on adjustment or coping (Bennett et al., 2005, Brison and Leavitt, 1995, Lindstrom, 1999), some studies consider the effect of determinants like support (Stroebe et al., 1996, Stroebe et al., 1999) and gender differences (Stroebe et al., 2001), although often not from a life-course perspective. Widowed individuals often cite that religion and keeping busy assists with adaptation (Patterson and Carpenter, 1994), which this study echoes. The present study mostly affirms that personal resources deemed important to functioning in widowhood include health status, functional ability, economic support, and existing and future supports. Amato and Partridge (1987) claim that widows who lost their husbands many years ago and had more adjustment time exhibited better well-being than those more recently bereaved. This appeared to ring true for some widowed Greeks in this group, who deemed the first two years of bereavement as being the hardest, after which they seemed to passively accept their daily lived reality. However, a novel finding of the present study is that widowhood represents a long-lasting status and enduring identity for these older Greeks.

Although this study supports the bulk of literature in painting a fairly negative picture of widowhood, it contradicts recent longitudinal evidence in studies of more individualist populations (such as Anglo American), reporting psychological resilience and positive gains and growth in post-bereavement functioning (Hahn et al., 2011). Hahn et al. (2011) reported

that older US widows demonstrated resilience years after spousal loss, replacing their spouse's support with assistance from children, friends, neighbours and religious groups. This is potentially due to the study participants possessing more individualistic family orientations (Bailey and Jagdish, 2007), which are believed to be beneficial for later-life coping and independence.

It is widely accepted that Greeks subscribe to a more collectivist family orientation. In keeping with this orientation, the present study showed that rather than viewing self-reported later-life happiness or satisfaction as more personal in nature, interviewees viewed these collectively, tied to their children and marriages. Viewing happiness within a collectivist framework was likely to have contributed to perceptions that happiness was harder to attain in widowhood, or comparatively absent among those who were now without a spouse than it conceivably is among their non-widowed counterparts, who remain supported by their spouses. Most previous studies among non-Greeks viewed widowhood as a personal, individual experience, overlooking the potential for it to be somewhat collective and familial.

Study findings support previous literature depicting loneliness, depression and isolation as somewhat inevitable consequences of widowhood (Carnelley et al., 1999, Lopata, 1977, Panagiotopoulos et al., 2013, Zisook and Shuchter, 1993). This study also affirms existing literature stating that widowed individuals typically experience somewhat negative changes to daily life and socialising, in addition to the fact that widowhood signals the end of a couple identity (Davidson, 2008, Jessup, 1998, Lopata, 1973a). This study also highlights the stigma of widowhood among Greeks; the Greek word for widow (*χήρα*), relates to the preposition *χωρίς*, meaning 'without' or 'apart from'. It also refers to celibate women, providing insights into culturally normative conceptions of a widowed status and role (Kim, 2006).

The present study also fills a gap in its inclusion of both widows and widowers, appreciating gender differentially affects well-being in widowhood. This study supports previous literature noting new differential hardships and responsibilities in widowhood which contrast with prior marriage benefits. Gender, informed by cultural and religious understandings, was highly influential on the ways in which interviewees 'did' or performed widowhood, and related traditions and rituals. Notions of patriarchy, masculinity and strictly defined gender roles resulted in a unique widowhood experience for these men. Previous studies show that Greeks may view their respective command of gendered social spaces as 'appropriate' (Costa, 2005), which may be applicable to this study in which widows discussed notions of appropriate behaviour for their counterparts. Similar to the present group of women, Turkish migrant

women feared gossip and social control (Mirdal, 2006), which, as this thesis describes, has implications for older Greeks' socialising in widowhood.

9.4.2.1 'We follow Greek culture and religion': Traditional Influences

Previous literature links strong religious frameworks or identification to positive well-being or adaptive coping mechanisms in widowhood. Czerenda (2010) noted the importance of belief in God for older Hindu widows, despite reporting loneliness, depression and loss of friends as consequences of widowhood. Similarly, most in the present study deemed religion to be important and influential over the life-course and in widowhood. Although the impact of religious or spiritual beliefs in widowhood have been considered (Becker et al., 2007, Walsh et al., 2002), studies rarely explore specific religions. Orthodox Christianity is rarely mentioned in bereavement literature, with the exception of Mantala-Bozos' (2003) consideration of tradition and culture in bereavement, detailing surviving spouses' intense continued relationships to deceased spouses. Orthodoxy provides the bereaved with permission to grieve and mourn, consistent with expectations that *'mnimosina'* (*μνημόσυνα*), which was depicted in this study, will be officiated forever (Mantala-Bozos, 2003). This group reported distinct ways in which they abided by mourning norms, traditions and customs according to the gendered Greek cultural performance of widowhood. For most in the present study, rituals such as wearing black and cemetery visits were constant reminders of spousal loss, often regardless of years widowed and were to be played out for the rest of their lives. Furthermore, among this group, continuing bonds to spouses were reflected in widespread cultural opposition to remarriage, the value placed upon the original marriage and spouse, and of the idea of marriage continuity in death.

Interviewees' cultural and religious beliefs, sustained after migration (Bakopanos and Gifford, 2001), dictated 'appropriate' displays of grief and strict socially sanctioned beliefs, customs, mourning rituals and continuing bonds. This study found that the meaning and representation of rituals and traditions to older Greeks do not appear to have changed significantly over time and distance from the homeland, supporting notions that traditions are upheld years post-migration. For native Greek women, performing rituals validates bereavement and pain, and affirms their devalued social status (Seremetakis, 1990). Rituals also reaffirm cultural solidarity and reincorporate the deceased into the social fabric of the survivor's life (Eisenbruch, 1984b), and were important to the continuity and centrality of a widowed identity in daily life. Akin to women in the present study, grief expression and endurance of the husbands' spirits were integral for Greek Canadian widows (Rosenbaum, 1990). Additionally, culturally dictated bereavement norms pertaining to way of life in older age affirmed 'Greekness', cultural group

acceptance and a sense of community loyalty and belonging (Smolicz, 1985), at a time during which they may have felt increasingly 'othered' and isolated within mainstream society.

It is possible that conducting regular and long-lasting rituals may result in frequent rumination of spousal loss, which in turn could lead to increased sadness, however, most in the present study spoke positively of conducting rituals and maintaining continued relationships. This supports extant theories on the potentially protective nature of continued bonds in widowhood (Field et al., 2005, Klass et al., 1996) by providing the bereaved with strictly defined roles to be enacted. Ritual performance conceivably represented a positive aspect of the widowhood experience in Greek culture, compared to other groups who lack ritual performance. Unlike others, widowed Greeks (especially women) are not typically encouraged to 'get on' with life following loss (Jalland, 2006). Clearly, continuing bonds are more normative among some, typically collectivist, cultural groups than others (Lalande and Bonanno, 2006). Many interviewees conveyed notions that widowhood was the same experience for all older Greeks. Adding weight to this idea, interviewees often distinguished their experiences from Anglo-Australians, citing cultural differences and the non-normative nature of their widowhood experience, including life-long, sustained relationships and bonds to the deceased. Such perceived non-normative experiences associated with the Greek cultural experience of widowhood may have compounded life-course experiences including older age, migrant status, limited English and 'ageing in a foreign land', ultimately contributing to interviewees' sense of 'otherness' and social exclusion from mainstream society.

9.4.2.2 *'It was written for me to be alone for the rest of my days': Viewing Widowhood Fatalistically*

A seemingly universal sentiment surrounding later-life widowhood, in being somewhat resigned to its inherent hardships, was evident among this group. Arguably, this stemmed from a deep-seated, strong, fatalistic or negative life outlook, heavily influenced by religion and culture. Previous studies of Western or Anglo groups have not explored such sentiments, likely due to fatalistic attitudes being less common among more individualist cultures. Ahmed and Jones (2008) found that middle aged Bangladeshi women in London frequently ascribed ill health to God's will, and similarly, Philippine women migrants reportedly adopt the cultural idiom of '*bahala na*', communicating that fate lies in God's hands (Barber, 2000). Deyo et al. (1985) reported that Mexican migrants in the US who spoke less English more strongly agreed with fatalistic health statements, a finding echoed by this study of largely non-proficient widowed Greeks.

Fatalism is negotiated with agency (Barber, 2000), placing the locus of control outside the individual to external factors (Bhugra, 2003). By examining the role of such attitudes in widowhood, this study highlights the passivity with which the majority of this group appeared to accept their daily lived reality, exerting little or no agency to change. For most in this group, later-life widowhood led to a diminished sense of future time perspective or happiness, and little or no enjoyment, and the belief that 'moving on' was rather unattainable in older age, due to the complex interaction between ageing, widowhood, health and well-being. Interviewees did not subscribe to notions of successful ageing or life satisfaction previously described in the ageing literature (Bonanno et al., 2005, Fry, 2001). Being alone was perceived as inherently inferior compared to being coupled; a concept which has been discussed in the mainstream widowhood literature. van den Hoonaard (1999) states that widows tend to communicate a lower status by characterising their social world as a 'couples' world', transitioning from a comfortable couple identity to an uncertain, marginal, single identity (van den Hoonaard, 1994). Hahn et al. (2011) also maintain that older widows internalise cultural identities as 'widows'; which was certainly evident in the present study.

One detrimental consequence of spousal loss identified in the current study included the rather fatalistic notion that life had 'finished' in widowhood. Interviewees primarily viewed widowhood as a bleak, pervasive, unchanging, long-lasting, all-encompassing reality to be 'endured'. For most interviewees, later-life widowhood was associated with a sense of powerlessness, acceptance and resignation. This culminated in a 'what can we do?' attitude, including a lack of agency and control, and diminished willingness or ability to change their daily lived reality. The fact that participants expressed these kinds of perceptions is somewhat novel and confronting, and seem at odds with concepts of successful ageing, where exerting control, and seeking active engagement is encouraged in later life. Perhaps this attitude to widowhood stems from cultural values which arise from marrying at a young age (typically by proxy), and a strong opposition to divorce. This could mean that social resources and individual characteristics which promote coping, adjustment and well-being are lacking in widowhood; particularly for women. These characteristics include autonomy, self-reliance and inner strength, developed earlier in the life-course. Unsurprisingly, the majority of widowed Greeks in this study experienced immense sadness after spousal loss. Contrary to Western groups (e.g. British Australians) who may be encouraged to explore areas for personal growth following bereavement (Kessler, 1987), Greeks express offence at notions that life may be enjoyable as a widow (Panagiotopoulos et al., 2013). Notions of personal growth following bereavement are stigmatised and are seen to contradict 'proper' mourning of the deceased; consistent with an emphasis on maintaining continued relationships, and an enduring spousal influence on identity (Panagiotopoulos et al., 2013). This provides one explanation as to why

none of the interviewees spoke positively about widowhood experiences, instead conveying largely negative impressions. The group possessed an innate understanding and acceptance of how widowhood should be 'done', informed by gendered, cultural frameworks. Conversely, it is plausible that elements of fatalism are adaptive for coping; for example, externalising events like widowhood to God's will helped some interviewees accept the finality of spousal loss, or were, as Theo described, related to hope.

9.4.2.3 Notions of 'One' Marriage, and Widowhood as Life-long

All interviewees placed much importance, weight, and value on the institution of marriage, and opposed remarriage due to gender roles, familial norms and personal, cultural and religious beliefs. Marriages to Greek spouses contributed to maintaining 'Greekness' in Australia, reflecting the high within-culture marriage among first-generation Greeks (ABS, 2000a, Georgiades, 2010). Corroborating previous literature was the fact that individuals retained their married identities as husband and wife in widowhood. This study found a strong sense of 'one and only' conceptions of love which have been detailed by Lopata (1970)'s non-Greek research, whereby widows may not wish to replace the deceased either literally or figuratively.

Social role performances and non-ideal behaviours differ cross-culturally. Previous literature indicates that wider ethnic groups act as constant surveillance networks (Dubisch, 1986, McInally, 2007). In traditional Greek society, honour is the core essence of feminine integrity, related to shame. Greeks may feel obliged to conform to traditional norms of conduct as respectable, well-socialised, honourable individuals (Safilios-Rothschild, 1969). Akin to Greek migrants in Australia, Turkish migrant women in Sweden act as carriers and bearers of group identity (Akpinar, 2003). There exist social ramifications for violating community boundaries of acceptable femininity; gossip and stigma sustain social control (Akpinar, 2003). Singleness is not prized in Greek culture (similar to Turkish culture). Rather, single women must act mindfully to mitigate shaming or disgracing families and ethnic communities (Akpinar, 2003), providing one justification for social declines among some groups in widowhood. Turkish women often internalise honour and shame codes, accepting the abuse of those women who deviate from norms (Akpinar, 2003), a finding conceivably applicable to Greek widows, who often spoke derogatorily or made explicit examples of their counterparts who did not follow normative cultural or religious convention. As this study indicated, identities in Greek society are not individual (Moxnes, 1993); pressure from the wider ethnic community coerces migrants to conform to particular feminine identities (Cederberg, 2012). Similar to Georgian migrant women (Lundkvist-Houndoumadi, 2010), this group of Greek women reported being

encouraged to be good, moral, loyal, self-sacrificing mothers and wives within their families and society.

One novel finding for this study is the fact that widowhood appears to be an all-encompassing experience among this group, pervasive in most aspects of life. Some of the more negative consequences reported by interviewees were seemingly borne out of widowhood itself (e.g. being alone and declines in social networks). Conversely, other negative ramifications had impacted individuals over their life-course (e.g. low English proficiency and not driving), but were *intensified* in widowhood especially for those dependent on their spouses. Lopata (1970) suggested that widows more dependent on their late spouses had a more 'disorganised' adjustment following widowhood, which for present study interviewees manifested in sadness, loneliness, '*stenohoria*' in widowhood and reliance on others. For this group, widowhood became an added pervasive hardship exacerbating other adversities stemming from 'ageing in a foreign land', with far-reaching implications for identity, health and well-being. Although later-life familial support and social relationships may influence this group's widowhood experience, a widowed status remained somewhat devalued for older Greeks. A previously unexplored area, widowhood represents a prominent aspect of daily life among this group. Williams et al. (2012) assert that widowhood is a firmly held cultural expectation and a defined social role among women, often lasting over 20 years and shaping later life.

However, widowhood appears subject to fewer clearly articulated expectations for men. Empirical evidence regarding Greek men's experiences of widowhood is lacking; however, this study contributes important knowledge outlining how, like Greek women, these widowers similarly valued notions of 'one and only' marriages and opposed re-marriage. Greek men retained similar continuing bonds as their female counterparts, and performed some culturally and religiously-dictated memorial services, even though such traditions have typically been perceived as 'women's work' (Dubisch, 1986). For this group, widowed between one and 32 years, traditional expectations and roles associated with widowhood within Greek culture were evident, especially among women due to widowhood rituals and roles being more clearly delineated for their gender. Lopata (1973c) purported that the less educated widows are, the harder the widowhood transition, which has implications with respect to coping or moving on for the present group due to low education and overall literacy.

Though most initial rituals associated with earlier bereavement had elapsed for those widowed many years (notwithstanding annual memorials), interviewees still seemed to identify with an enduring widowed status, much like those more recently widowed. For those with positive marital experiences, identifying with their prior identities of 'husband' or 'wife' was important

for self-worth and associated notions of pride in later life and widowhood. For women who married at very young ages, including Calliope, Vasiliki and Angeliki (married at 16 years old), and Stavroula and Ioanna (married at 19 years old), their identities were conceivably shaped by and largely tied to their spouses and marriages from early in life. These women had likely faced mammoth changes to their identities as older widowed women.

9.5 Contribution to Theory and Wider Relevance

Phillipson (2015) asserts focusing on minority ethnic groups sheds light on the complexity of the life-course and cultural and social diversity inherent in ageing. This thesis provides important and unique insights into the intersection of life-course experiences, migrant ageing, widowhood and well-being among widowed Greeks in urban and rural South Australia. It confirms existing evidence intrinsically linking migrant health to social determinants of health; particularly to unequal distribution of socio-economic status, education, housing, employment and exclusion (Dunn and Dyck, 2000). Migrant groups may be increasingly vulnerable compared to other population groups in terms of early life poverty, adverse health and community dependency. Older adults and individuals with pre-existing health conditions are the most vulnerable, like many in the present study. Importantly, as this study shows, barriers to services, supports and community participation (especially those relating to language and exclusion) are applicable to and have an effect upon longer established migrants well into older age. Furthermore, these barriers often remain relevant to such groups *regardless* of their length of time in the host country, as opposed to only affecting younger, new arrivals. Thus, this thesis contributes the vital finding that older migrants still often require many of the resources or supports required by recent arrivals, indicating that residence length is not a simple or valid proxy for migrant assimilation. However, this study depicts one form of later-life economic capital, resulting in later-life stability. This is evidenced by the fact that interviewees had toiled hard and accumulated wealth in Australia, resulting in home ownership among all interviewees.

This study also supports previous literature on ageing Greek migrants' informal support preferences (FECCA, 2015, Newman et al., 2012). Indeed, positive aspects for many included strong *bonding* capital and familial networks and associated supports, a facet of Greek culture highlighted in previous studies (Morse and Messimeri-Kianidis, 2002, Walker et al., 2013). While residing in ethnic enclaves may have been advantageous in terms of fostering support and protection during earlier phases of settlement, in older age, many interviewees no longer

had other Greek neighbours. Instead, their residential areas consisted of more heterogeneous groupings. Neighbourhood makeup manifests differently across urban and rural areas, and it is conceivable that neighbourhoods that are more densely populated by other Greeks may foster community closeness in older age. Several interviewees in this study resided in areas in which they were surrounded by other Greeks, which typically resulted in enhanced social interaction.

Existing theories regarding the widowhood experience generally lack inclusion of and relevance to specific migrant groups who are ageing in a country outside of their birthplace. This thesis contributes to this body of research by highlighting some ways in which social determinants of health over the life-course may shape the well-being of these migrants in older age. The present study demonstrates that there exist both similarities and differences pertaining to how widowhood is experienced among mainstream, English-speaking Anglo populations, and smaller, culturally and linguistically diverse migrant groups (Lopata, 1977, Lopata, 1987). Perhaps the most important contribution of this study to existing knowledge relates to the ways in which being widowed among these groups represents a more difficult experience than for those widowed in their country of origin. This suggests that in addition to the more universal factors which may affect the majority of widowed individuals regardless of ethnicity and migratory status (e.g. loneliness, depression and isolation), other cultural, religious, social and contextual factors may specifically render older widowed Greek migrants more vulnerable. In the current study, such factors include '*stenohoria*', Orthodox religion and widowhood-related traditions and rituals because these factors are non-normative within wider Australian society, and may therefore contribute to later-life exclusion and isolation.

From a life-course and social determinants of health approach, many interviewees experienced multiple hardships which have arguably impinged upon their ability to age more successfully in Australia. This study suggests that such implications for well-being often exist *regardless* of years widowed. Maintaining their cultural, religious and linguistic traditions (including those pertaining to widowhood), may further 'other' this group from the wider, English-speaking, Australian society in older age, making them subject to additional difficulties compared to their English-speaking counterparts. It is conceivable that the plethora of realities associated with 'ageing in a foreign land' would not impact daily life if this group had remained living in and had aged in their home country of Greece, where they would not be subject to these particular difficulties. Furthermore, their cultural and religious beliefs (including those associated with widowhood-related rituals and traditions) would represent that of their wider mainstream society, meaning that their status would not be 'other'. This sentiment was encapsulated by Dionysia, who poignantly stated of living and ageing in Australia: "What can

you do? The hardships don't end. If my mother had come here and I was born here, I would have learned [English]...gone to school...But now, we remain blind." Previous literature often cites diminished well-being among migrants ageing in host countries (Kirkcaldy et al., 2005, Mirsky, 2008, Ronellenfitsch and Razum, 2004, Wu and Schimmele, 2005). This study furthers such knowledge by suggesting that the developmental transition to widowhood may specifically heighten the detrimental implications of the group's prior life-course and ageing experiences, due to the influence of social determinants of health.

Dunn and Dyck (2000) assert that the influence of socio-economic factors and determinants such as ethnicity are not well understood in terms of their contribution to health variations across different migrant groups, or within groups. This study has contributed to this literature by adopting a novel approach to exploring the influence of key social determinants on later-life well-being and widowhood. Coupling a social determinants outlook with a life-course perspective considered how these determinants had ultimately shaped individuals' later-life widowhood experiences. Building on previous migrant health studies primarily exploring exclusion and support, this study's focus expands to include myriad additional yet highly related social determinants and influences, examining the cumulative interplay between factors. This study therefore offers a more holistic understanding of such themes and their influence on potential accumulated health inequities. It contributes to extant migrant health literature by considering the well-being of a specific ageing migrant group in Australia, most of whom have previously been excluded from research conducted in English.

This study demonstrates that this group of older Greek individuals experience many of the issues common to ageing and widowhood more generally (i.e. regardless of cultural background), including age-related frailty and health issues, as well as the preference for informal support. However, capitalising on insider cultural group knowledge, it extends existing research by highlighting factors unique to this group of older adults and their widowhood experience. While it has presented, on the one hand, a number of additional hardships experienced by this group, one positive of their ageing experience relates to their social and familial resources and supports, or related cultural activities, which widowed Anglos or non-Greeks may lack. Thus, this support should be harnessed and encouraged among those who possess it, to foster later-life well-being.

9.6 Practical Implications of Findings

This research highlights numerous practical implications which could assist in enhancing older widowed migrants' health and well-being. As previously mentioned, researchers and existing literature have overlooked widowed migrants despite calls from Lopata in 1987 that minority gerontology must investigate such factors among distinct groups. Furthermore, this study has extended existing research and promoted inclusivity by conducting most interviews in Greek to include the voices of those possessing limited or no English.

Many among this group perceived diminished health and well-being in older age, as well as self-reported symptoms of depression, loneliness and '*stenohoria*'. This is consistent with research comparing older British-Australian migrant widows with Greek widows, the latter of whom reported more symptoms of depression and loneliness (Panagiotopoulos et al., 2013). It is important to note however that southern European migrants may not view depression and loneliness as issues which require treatment (Anderson and Dimond, 1995, Mystakidou et al., 2005). The same may also be said of '*stenohoria*', in that individuals may not regard or categorize these feelings or issues as ones which require reporting to professionals. Bakopanos and Gifford (2001) suggest that for many Greeks, disclosing psychological symptoms or seeking assistance may be stigmatised and perceived as denoting weakness. As Greek migrants constitute one of Australia's largest non-English speaking migrant groups (Poole, 2005), findings of the present study show that decades later, it remains necessary for communities to establish novel, inclusive services and resources for older adults who may be experiencing clinical depression. As this study suggests, those with less community ties or who reside in geographically isolated rural locations may face increased risk of becoming 'lost' to essential providers and services. Conversely, individuals residing in urban communities may possess slightly more anonymity due to the nature of their residential location compared to smaller, arguably more tightly-knit rural communities. On a more positive note, the majority of interviewees displayed strong *bonding* social capital within their families and Greek communities, which for most translated to tangible support. Housing stability and the economic inclusion it afforded were additional resources belonging to this group.

For effective health policy, life-course influences and issues currently important to older widowed Greek migrants must be acknowledged. These include the desire to reside independently in the community in older age, yet remain close to and supported by immediate family. The group's overwhelming lack of social inclusion in wider Australian fields has practical implications, including missing opportunities for interaction, feeling isolated from English-speakers, and remaining within the confines of their own cultural community. This is a particular issue for older CALD migrants who might lack cohesive family support or who are geographically isolated from their family members. Particularly for these individuals, service

providers must continue to develop more culturally and linguistically specific community-based groups aimed at promoting and providing social interaction and contact with other widowed Greeks. This may assist individuals who are home-bound, without transport, frail or geographically isolated, to counter diminished social contact due to network losses, health and mobility declines, and the inappropriate nature of certain types of socialising in widowhood. While these do already exist in some Australian states with larger populations of older Greeks (i.e. Victoria), these findings demonstrate the importance of such programs being perceived by older Greeks as appropriate for those who are widowed. This could help to counter the stigma or discomfort which this study showed arises from widowed individuals socialising with coupled individuals or those of the opposite gender, or in inappropriate social spaces. Centrally-located, inclusive and supportive community spaces could be created by service providers or local councils with higher populations of older Greeks. This could foster increased social interaction among older widowed Greeks who lack supports, or to simply contribute to pre-existing support. Furthermore, positive coping strategies among this group should be encouraged in an effort to counteract the negative effects of spousal loss.

Potential barriers to continued social engagement among older widowed Greeks require particular attention, including transportation to community-based events, and companionship for housebound individuals. This study confirmed that many older Greeks (especially women) do not drive. Thus, reliable and affordable community transportation options to places reflecting the group's specific interests or needs (especially for those in rural areas with decreased public transport availability), could enable continued social engagement and ultimately improve health. Places of interest or necessity outlined in this study include local churches, cemeteries, general practitioners, shops or other locations of cultural or social significance.

Consistent with the gendered division of labour in traditional marriages and the resulting daily hardships encountered in widowhood when the spouse fulfilling these roles is no longer alive, services should acknowledge the specific needs of older widowed men and women (e.g. cooking, managing finances, etc.). Culture-specific, community-based environments may facilitate attendance. Enabling older widowed adults to learn the skills and roles previously held by their spouses may promote autonomy, independence and perhaps even personal growth in widowhood. Such groups currently exist for older mainstream English-speakers in Australia, however, due to language and cultural barriers, may be inaccessible for older Greeks.

This study shows that families are often key in ameliorating the negative effects of widowhood. At a structural level, policies are needed which assist informal caregivers or supports (usually adult daughters) to provide on-going support for their widowed parents. It is well known that there are considerable time constraints and other barriers which restrict adult children from providing care and access to services (Walker et al., 2013). Familial support, however abundant or limited it may be across families, needs to be facilitated and enhanced as much as possible in order to encourage a more preventive framework for aged care, in which support is utilised before a health crisis arises. The assumption that 'they look after their own' needs to be replaced with government policies which address novel ways to assist families to provide the support which older parents need and prefer.

It is well known that older adults often only seek formal health services or supports such as medical practitioners, hospitals and residential aged care during a crisis or after health issues have become unmanageable. This becomes even more of a problem for older non-English speaking widows and widowers where a lack of preventive health care may result in this group being large consumers of health care resources unless issues of access or lack of familial support are addressed. One method may be to encourage wellness or support teams from among groups of older migrants themselves. For example, older widowed individuals may be best positioned to provide culturally appropriate support or to act as 'buddies' to their widowed peers. Harnessing younger generations or other trusted members of a social network may be another option to create 'circles of support' around the older person who lacks immediate support from their adult children. Used within the broader disability field, circles of support involve a group of people who together help promote and support the goals, interests and needs of an individual. Associated with this idea, enhanced communication and interaction between formal and informal supports may enable more comprehensive support of older Greek migrants in daily life. Health or medical professionals working with adult children or others could enhance understanding of health-related issues and decrease client miscommunication, in cases where both parties agree to such arrangements (notwithstanding confidentiality and informal translating concerns). Interviewee accounts indicate that this may already be happening to some extent (e.g. general practitioners providing interviewees' children with their parent's health information, as Calliope described).

The findings of this study such as strict opposition to remarriage and the importance of continuing bonds and identities tied to deceased spouses could also be utilised by health practitioners and service providers to ensure that they convey professional bereavement and grief-related advice as well as more general advice in a culturally and religiously specific and sensitive manner, according to factors associated with widowhood in Greek culture.

There exist complex challenges for ageing migrants widowed in a 'foreign land', especially among those not proficient in the host country's dominant language (van den Hoonaard et al., 2013). This study suggests that despite residing in Australia for a considerable length of time, the majority of older widowed Greeks remained relatively non-assimilated or integrated to mainstream English-speaking society. Furthermore, due to poor English proficiency and spousal dependencies, Greek widows especially are often the only non-assimilated family member, enhancing perceptions of isolation (Krupinski, 1984). Widowhood-related ramifications (such as '*stenohoria*' and loneliness) may thus be pervasive among this group (Brown et al., 1996). '*Stenohoria*' may even be somewhat integral in contributing to a well-rounded and inclusive conceptualisation of well-being, as it appears to provide a more nuanced component to the positive aspects associated with ageing in developed countries. In developing health policies and striving towards equity, policies outside the health system (including immigration, labour and housing) should ideally be recognised, consistent with life-course perspective, to encourage cross-sectorial action facilitating universal access and delivery of culturally and linguistically competent services to Australia's ageing migrants.

The present study asserts that cultural and religious factors shape and influence ageing and later-life widowhood for first-generation Greek migrants, dictating subsequent implications for their well-being. Years ago, Lopata (1987) purported that mainstream society may not understand culture-specific understandings about widowhood, rendering explorations like the present study important and timely given the ageing of this cohort of first-generation Greeks. Study findings, although specific to one migrant group, may be relevant to more newly arrived migrant groups to Australia who may settle in similar ways to Greek migrants (e.g. retaining within-group social ties and cultural, linguistic and religious traditions). Future migrant cohorts in Australia may encounter similar ageing experiences to this group, despite newer cohorts having increased linguistic support and opportunities for social interaction upon arrival. Should this be the case, future groups may conceivably require similar later-life supports to promote well-being and social inclusion. Societal responses should be multidisciplinary (i.e. inclusive of psychology, public health, population health, demography, law, economics, etc.) and involve stake-holder collaboration from all relevant sectors (e.g. migration, housing, education) to be effective, reduce adverse outcomes, and improve migrant health. This study confirms the necessity of linguistic support for maintaining health and well-being as migrants age in a foreign land.

9.7 Study Limitations

While this thesis contributes new knowledge of the lived widowhood experience of a group of older Greek migrants in South Australia, findings should be interpreted in light of several limitations.

One limitation of this study is that it is cross-sectional in nature, with data collected at one point in time (Blaikie, 2010), reflecting interviewees' subjective perceptions (Flick et al., 2004) and personal accounts of widowhood. As I was interested in life-course experiences, I relied upon retrospective recall. One methodological limitation inherent in studies involving retrospective data is that memories may be hazy, distorted and unreliable, representing imperfect recollections of events and experiences (Job, 1983). Current lived experiences may influence or overlap past event recollection and meanings assigned to experiences (Flick, 2009, Kitamura et al., 2002). This may have implications for claim rigour, accuracy, and reliability; however, the goal of qualitative research is to provide a sense of what constitutes individuals' often dynamic and subjective realities (Hernandez-Plaza et al., 2004, Mays and Pope, 2000, Oakley, 1999a) in order to enable a deeper understanding of research questions.

Some caution should be exerted when extrapolating study findings based on a small group of first-generation individuals to their wider Greek-Australian cohort. Findings depict the experiences of a group of older widowed Greeks in two specific areas of South Australia, and are not statistically representative of all older Greek migrants, nor was it wholly generalisable to other population groups across time or context (Davies and Dodd, 2002, Flick, 2009, Oakley, 1999a). Rather, consistent with qualitative research aims more generally, it is meaningful for the specific population group in which the research has been conducted (Baum, 2016). General deductions drawn from the data may be somewhat transferable between different settings (Flick, 2009), applicable to other settings or generalised to the larger population (Johnson and Waterfield, 2004) where sufficient detail has been obtained from interviewees to extend judgments (Meyrick, 2006). Thus, conducting similar in-depth inquiries in other Australian states and territories would provide useful comparisons. Conversely, this study's focus on two distinct social contexts enables an in-depth examination of this experience among specific groups. Furthermore, a reflexive methodological approach informed the study, giving precedence to situating knowledge within individual life contexts, noting that interpretations are inherently context-bound and partial. Nevertheless, while the findings are limited in their geographical context and do not reflect the views of this entire cultural community, they do represent the views and experiences of this particular group, who, in terms of various social determinants and demographics, were representative of many older, first-generation Greek-

Australians. The study's design renders inapplicable any potential cross-cultural comparisons, as I focus solely on individuals representing one cultural group: first-generation Greek migrants to Australia. Furthermore, though some interviewees were quite frail and socially isolated, it is possible that others were unable to be included due to being comparatively more unwell, distant or innately harder to locate. Nevertheless, the present study makes a unique contribution to research of older Greek migrants' widowhood experiences, and may also contribute to future research on other migrant groups, whereby it may provide insights into the processes of marginal groups dealing with widowhood. Such insights may conceivably assist future understandings of these complex processes for other, similarly marginal groups.

The current study's focus on one distinct cultural group restricts applicability to other groups. Findings are not reflective of other, diverse migrant groups in Australia; however, some findings may be applicable to other groups of older European migrants in Australia. For example, Italians of similar ages typically migrated at the same time as their Greek counterparts, share a similar Christian religion and traditional gendered expectations (e.g. like Greek women, older Italian widows wear black) (Eisenbruch, 1984b). Nevertheless, attempting to apply mainstream research, or even research specific to minority groups, to individuals of different cultural backgrounds is fraught with difficulties, and undoubtedly neglects specific groups' unique experiences and nuances (Matsumoto and Juang, 2004).

Methodologically, most of the study participants were unfamiliar with research and some expressed concerns regarding answer correctness or validity, despite researcher assurances that all answers were equally correct and valuable, representing their unique lived experiences. van den Hoonaard (2005) documented older widows' anxieties about successful research contribution, stating that older women often believed their answers were trivial. Nevertheless, this unfamiliarity did not appear to influence older Greeks' involvement in this study, or their willingness to convey their experiences.

Among this group, social desirability due to ingrained cultural norms was likely to have influenced responses. It is plausible that older widowed Greeks may have felt somewhat inclined or obligated to present a culturally normative (i.e. rather negative), portrayal of later-life widowhood to me as a relatively young Greek-background, Greek-speaking researcher, due to socially normative perceptions of appropriateness. If this was indeed the case, it may have led to similar findings across interviewees with respect to how widowhood was collectively 'done' or 'performed' within their cultural group.

Furthermore, being a partial insider in terms of my cultural and religious background, in addition to my strong emotional and familial connection to this topic, may have potentially led me to confirm my initial assumptions (i.e. a somewhat negative cultural view of widowhood). However, I did attempt to 'bracket' or suspend (Corben, 1999) my own judgements when interviewing individuals, in an attempt to objectively analyse this topic (as much as possible using reflexive methodology). As such, I believe my findings represent interviewees' subjective, lived realities, and result in a nuanced depiction of later-life widowhood among this group.

Another limitation inherent in migrant studies is the subject's cultural sensitivity, especially when investigating topics as personal, emotionally laden and inherently sensitive as widowhood (Graves, 2009). Societal expectations, cultural norms and individual differences often preclude participation in sensitive research (Alty and Rodham 1998). Notwithstanding, most interviewees willingly shared their experiences despite it being emotionally taxing at times. Furthermore, it is plausible that older Greeks (especially men) were reluctant to openly discuss all subjects with a young female researcher. However, only one widower said he believed that notions of masculinity represented a barrier to widowers discussing bereavement and expressing their pain. No interviewee seemed uncomfortable discussing health and well-being. Additionally, as a young female, I did not feel comfortable in discussing certain topics with interviewees (especially with widowers) due to perceived cultural appropriateness of such enquiries (e.g. themes including sexuality), unless suggested by interviewees themselves.

Pertaining to methodology, I acknowledge that my simultaneous translation and transcribing of interview data from Greek to English was filtered through the lens of my own life-course experiences, language proficiency and personal, social, cultural and contextual positionality. Adopting a critical, reflexive approach to research made my own personal biases clear.

Furthermore, concerns of confidentiality and/or anonymity are often heightened among smaller ethnic communities. Recording interviews may have influenced interviewees' statements, or willingness to share more sensitive information (Flick, 2009).

9.8 Future Research Directions

Several areas are suggested which could inform future research, particularly pertaining to cross-cultural and within-culture (Greek-specific) research.

Following this investigation of widowhood and well-being to identify significant cultural factors among Greek migrants to Australia, future research may consider this topic among Australia's different and distinct (including older and established, and newer and emerging), migrant groups. This would allow investigations and comparisons of potential cross-cultural differences in widowhood among migrants living and ageing in Australia as a host country, addressing the current lack of in-depth studies in this area. Studies could investigate to what extent the differential and cumulative effects of age and migration, life-course experiences and social determinants account for shared widowhood and well-being experiences across specific groups currently 'ageing in foreign lands'.

Furthermore, comparisons of widowed versus coupled migrants could determine to what extent widowhood itself diminishes a sense of future time perspective, successful ageing and happiness.

Additionally, as the present study focused specifically on Greek migrants to Australia, future studies may compare and contrast the experiences of widowed Greek *migrants* to *native* Greeks (and within-group studies of other cultures). This would encourage explorations of potential cultural differences in widowhood in the context of respective host and home countries in which individuals live and age. Such studies may provide insights regarding the differential influence of factors associated with ethnicity, migratory processes and social inclusion and exclusion.

The present study could be replicated in other rural and urban Australian areas to illuminate potential within-group differences or similarities regarding widowhood and well-being among other groups of Greeks residing in different locations, to consider the impact of settlement and housing, as the present study represented only two South Australian locations.

The present study did not purposefully recruit individuals widowed for any distinct length of time, as it focused more generally on life-course and social determinant influences on widowhood and well-being, as opposed to widowhood length. Thus, building on present study findings, future studies may take the amount of time widowed directly into account to actively compare those widowed for shorter and longer durations, to more clearly elucidate the daily widowhood experience among older Greek migrants as a function of time widowed, and potential later-life adaptation or resilience.

To further these cross-sectional findings and explore within-group heterogeneity, future studies may examine widowhood among the same group of older migrants longitudinally, from early

to later bereavement, to paint a fuller picture of their lived widowhood experience, and how this may change with respect to increased widowhood duration and age.

Building on the present study investigating widowhood among first-generation migrants, future studies may explore widowhood among younger second-generation Greek Australians, to compare and contrast the experiences of younger Greeks with their older counterparts. This could explore differences pertaining to determinants like ethnicity (including inter-generational cultural, religious and linguistic maintenance), upward social mobility (including English proficiency, and educational and occupational attainment), and inclusion to mainstream English-speaking Australian society, and the ensuing impact on widowhood and well-being among different generational cohorts within a specific culture.

Future studies may also build upon present study findings to investigate further informal familial support received by widowed Greek migrants compared to coupled, older Greek migrants. This could further serve to elucidate support expectations, needs and provision among migrants residing independently in Australian communities. Such explorations could specifically investigate whether potential changes and heightened dependency is an explicit consequence of widowhood, as opposed to being older but coupled.

The findings noted that reciprocity informs the provision of informal social support. Thus, studies may specifically examine reciprocity among older first-generation Greek migrants and their second-generation children, or third-generation grandchildren, to gain a richer understanding of intergenerational support exchange and norms among older migrants and subsequent generations.

Crucial to the success and merit of future research is the inclusion of culturally and linguistically diverse individuals, contributing in their own languages where preferred, to encourage full participation of those less proficient in English or less acculturated to wider Australian society.

9.9 Final Conclusions

This thesis contributes to the limited existing research regarding migrant ageing, widowhood and well-being, by enhancing understandings of widowhood and well-being among one particular migrant group to Australia. The study's novel methodological approach and inclusion of those lacking English resulted in additional scope compared to most previous migrant studies, many of which only include those proficient in English. In answering the research aims

and objectives, this study concludes that the widowhood experience and well-being of older Greek migrants is heavily influenced by prior life-course experiences and broader social determinants of health, their cumulative nature resulting in heightened disadvantage for some individuals. This thesis proposes that becoming widowed in a 'foreign land' adds another layer of complexity to migrant ageing and the life-course experiences of being 'othered' and relatively socially excluded. Furthermore, widowhood may create a context for later-life vulnerability among those who have experienced prior life-course disadvantage or adversity (e.g. poverty, limited English, strenuous work conditions, vast spousal dependency and relative mainstream social exclusion or isolation). For these Greek widows and widowers, widowhood was not something they simply forgot about or easily moved on from; it remained pervasive in all aspects of life, often *regardless* of years since spousal loss. Perhaps the combination of widowhood, strong bonded capital and limited capacity for bridging capital outside the Greek community may render these individuals with no conceivable 'way out'. Gender led to both similarities and differences in widowhood experiences, especially regarding culturally normative bereavement traditions and rituals, resulting in seemingly appropriate notions of 'doing' or 'performing' widowhood. Furthermore, the inclusion of urban and rural individuals contributed to both shared and diverse understandings of widowhood and health and well-being on the basis of residential location. Appreciating individual differences within groups is crucial as it acknowledges that individuals of similar socio-cultural and contextual backgrounds may still experience events like widowhood differently.

This study provides an innovative basis for future studies investigating widowhood among older migrants, by harnessing and overcoming cultural and linguistic barriers rendering such studies either more difficult or cost-intensive. Furthermore, findings regarding what this group of older widowed individuals deemed important to later-life happiness, quality of life, health and well-being can inform familial, community and governmental practices. There exist substantial cultural differences in the lived widowhood experience; as such, this study demonstrates the benefits of listening to the voices of migrants in their native language, to grasp the nuances inherent in their experiences, and to enhance later-life support and well-being. Bringing together aspects of life-course, ageing and migration in a holistic manner, this study highlights notions that cultural background and social determinants indeed colour the myriad ways in which migrants 'ageing in a foreign land' may experience widowhood and well-being in older age.

10 APPENDICES

Note: Modern Greek translations of study information are available on request.

10.1 Appendix A: Interviewee Information Sheet



Ms. Georgia Panagiotopoulos
Southgate Institute for Health, Society & Equity
Rm 241 Health Sciences Building
Flinders University
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001

Tel:
Email:

INFORMATION SHEET

Title: The well-being of older widowed Greek migrants in South Australia

Investigators:

Ms. Georgia Panagiotopoulos
Southgate Institute for Health, Society & Equity
Flinders University
Ph:

Description of the study:

This study is entitled 'The well-being of older Greek widows and widowers in South Australia'. This project will investigate the life and widowhood experiences of older widowed Greeks in rural and urban areas. This project is supported by Flinders University Southgate Institute for Health, Society & Equity, Faculty of Health Sciences.

Purpose of the study:

This project aims to find out more about the health and well-being, migration and settlement experiences, daily living and leisure activities, social support and participation, and ageing and widowhood experiences of older Greek migrant widows and widowers.

What will I be asked to do?

You are invited to attend a one-on-one interview with a Greek-speaking student (Ms. Georgia Panagiotopoulos), in either English or Greek. Ms. Panagiotopoulos will ask you a few questions about your life and widowhood experiences. The interview will take between 1-2 hours and will be held at your home or another location convenient to you. The interview will be recorded using a digital voice recorder to help with looking at the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and then destroyed once the results have been finalised. This is voluntary.

What benefit will I gain from being involved in this study?

Sharing your experiences may help to improve the experiences of other Greek widows and widowers. You will also receive a \$20 gift-card to thank you for your participation.

Will I be identifiable by being involved in this study?

We do not need your name and you will remain anonymous. Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the

investigator (Ms Georgia Panagiotopoulos) will have access to. Your comments will not be linked directly to you.

Are there any risks or discomforts if I am involved?

The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the investigator.

How do I agree to participate?

Participation is entirely voluntary. You may refuse to answer any questions and you are free to withdraw from the interview at any time without effect or consequences. The investigator will explain the conditions of consent; if you agree to participate, please provide your verbal consent to the investigator.

How will I receive feedback?

Outcomes from the project will be summarised and given to you by the investigator if you would like to see them.

Contact the researcher:

Phone (office hours)

Email

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 5481). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

10.2 Appendix B: Interviewee Letter of Invitation



Ms. Georgia Panagiotopoulos
Southgate Institute for Health, Society & Equity
Rm 241 Health Sciences Building
Flinders University
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001
Tel
Email

LETTER OF INTRODUCTION

Dear

My name is Professor Michael Tsianikas of the Modern Greek Section at Flinders University. This letter is to introduce Ms Georgia Panagiotopoulos who is a PhD student in the Southgate Institute for Health, Society and Equity at our University. She will produce her student card, which carries a photograph, as proof of identity.

She is undertaking research leading to the production of a thesis or other publications on the subject of the life and widowhood experiences of older Greek migrants in South Australia. She would like to talk to individuals who are first generation Greek migrants to Australia (male and female), aged 65 years and older, widowed, and who reside in either Adelaide or the Riverland.

She would be most grateful if you would volunteer to assist in this project, by granting an interview which covers certain aspects of this topic. No more than one to two hours on one occasion would be required. The interview will be conducted in the Greek language, and will take place at your house, at a time that suits you. You will receive a \$20 gift-card for your participation, and, if you wish, a summary of the findings of the study upon its completion.

There are no right or wrong answers to interview questions. Your participation is entirely anonymous. Be assured that any information provided will be treated in the strictest confidence and no participant will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions. Georgia will seek your consent to tape record the interview and to use the recording or transcript in preparing the thesis, report or other publications, on condition that your name or identity is not revealed.

If this interview brings up any issues you would like to discuss, we suggest you contact your doctor, or call the 24-hour Lifeline telephone counseling service (131 114) or the Centacare Family Relationships Counselling Service (8210 8200). These services are free of charge.

Any enquiries you may have concerning this project should be directed to me by telephone on _____, or by email, _____. Alternatively, you can contact Georgia on _____, or by email, _____. We believe this research will be of value to older Greek migrants in South Australia, and we thank you for your attention and assistance.

Yours sincerely
Professor Michael Tsianikas
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 5481). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

10.3 Appendix C: Consent Form

CONSENT FORM FOR PARTICIPATION IN RESEARCH (by interview)

I
being over the age of 18 years hereby consent to participate as requested in the Letter of Introduction and Information Sheet for the research project on the life experiences of older widowed Greek migrants.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet for future reference.
5. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording be stopped at any time.
 - I may withdraw at any time from the research without disadvantage.
6. I have had the opportunity to discuss taking part in this research with a family member or friend.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

NB: Two signed copies should be obtained.

10.4 Appendix D: Study Advertisement

WE NEED YOUR HELP!

We're looking for participants for a study on the life experiences of older widowed Greeks

Are you a first-generation Greek migrant?

Are you aged 65+?

Are you widowed?

Do you live in either Adelaide or the Riverland?

Georgia Panagiotopoulos, a Greek-speaking PhD student, would love to talk to you.

The interview, in Greek or English, will take approximately 1-2 hours on one occasion, at a time and location convenient to you.

You will receive a \$20 gift-card in appreciation of your participation.

Contact

Georgia Panagiotopoulos

Southgate Institute for Health, Society & Equity, Flinders University

Phone: (office hours)

Email:

10.5 Appendix E: Letter to Recruiting Organisations



Ms. Georgia Panagiotopoulos
Southgate Institute for Health, Society & Equity
Rm 241 Health Sciences Building
Flinders University
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001
Tel
Email

LETTER OF INTRODUCTION

Re: Participants sought for study on the lives of older widowed Greek migrants

Dear

My name is Georgia Panagiotopoulos and I am a Greek-speaking PhD student at Flinders University. I will produce my student card, which carries a photograph, as proof of identity. Supervising my project are Professor Fran Baum, Dr. Lareen Newman, Dr. Ruth Walker and Professor Michael Tsianikas of Flinders University.

I am conducting a study on the lives of older widowed Greek migrants, to address the lack of empirical research in this area. I am interested in speaking to individuals who are first-generation Greek migrants (male and female), widowed, over the age of 65 years, and who live in either Adelaide or the Riverland. I believe this research will be of value to, and may have important implications for, South Australia's ageing Greek migrant population.

I would be very grateful if you could assist this project by helping me to recruit suitable participants to take part in interviews. I am aiming to conduct interviews with approximately 40 individuals across Adelaide and the Riverland. Interviews, in either Greek or English, should take no longer than 1-2 hours on one occasion. They will be held at time and location convenient for the participant (e.g. their home).

Please feel free to distribute the enclosed advertisement for the study (which lists my contact details) to potential participants. Any information provided by participants will be treated in the strictest of confidence. No participant will be individually identifiable in any resulting reports or publications and participants are entirely free to discontinue participation at any time or to decline to answer particular questions.

Please do not hesitate to call me on _____ during office hours. Please leave a message if you are calling after hours, and I will return your call as soon as possible. Alternatively, you can email _____. I will phone you in several days to confirm whether you are able to assist me in recruiting participants.

Thank you for your time.

Yours sincerely,
Ms. Georgia Panagiotopoulos
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 5481). For more information regarding ethical approval of the project the Secretary of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

10.6 Appendix F: Return Letter for Recruiting Organisations

Ms. Georgia Panagiotopoulos
Southgate Institute for Health, Society & Equity
Rm 241 Health Sciences Building
Flinders University
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001

Tel
Email

Dear Ms. Panagiotopoulos,

Re: Participants sought for study on the lives of older widowed Greek migrants

I am writing to confirm that I am happy to assist in this project by providing access for you to recruit participants for interviews through our organisation.

We understand that people must be free to decide whether or not to participate (i.e. free of coercion), that participants' names and identity will not be revealed, that any information provided by participants will be treated in the strictest confidence, and that participants are free to discontinue their participation at any time or to decline to answer particular questions. We also understand that participants will be offered a one-page summary of the findings at the completion of the project.

Yours sincerely,

10.7 Appendix G: Ethics Approval

Flinders University

SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

Research Services Office, Union Building, Flinders University
GPO Box 2100, ADELAIDE SA 5001
Phone: (08) 8201 3116
Email: human.researchethics@flinders.edu.au

FINAL APPROVAL NOTICE

Principal Researcher: Miss Georgia Panagiotopoulos

Email:

Address:

Project Title: The impact of select social determinants of health on the well-being of older Greek widows and widowers in rural and urban South Australia

Project No.: **5481** Final Approval

Date: 21 December 2011

Approval Expiry Date: **31 December 2014**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment:

Additional Information Required

1. Please ensure that copies of letters requesting and granting permission to conduct the research from key contacts and stakeholders and community groups are forwarded to the Committee *on receipt* (Conditional Approval Notice – item 5).

Complaints

If any complaints are received or ethical issues arise during the course of the project, researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au.

Adverse Events or Incidents

Researchers should notify the Ethics Committee immediately of any serious or unexpected adverse effects on participants or unforeseen events that may affect the ethical acceptability of the project.

Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such matters include:

- proposed changes to the research protocol
- proposed changes to participant recruitment methods
- amendments to participant documentation and/or research tools
- amendment of expected project completion date
- changes to the research team (additions and removals)

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form which is available from <http://www.flinders.edu.au/research/infofor-researchers/ethics/committees/social-and-behavioural-research-ethics-committee/>

modifying-an-approved-project.cfm. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Annual Progress / Final Reports

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress report must be submitted each year on the **21 December** (approval anniversary date) for the duration of the ethics approval.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either:

- a final report; or
- an extension of time requests (using the Modification Request Form) and an annual report.

A copy of the report pro forma is available from <http://www.flinders.edu.au/research/info-forresearchers/ethics/committees/social-and-behavioural-research-ethics-committee/annualprogress-and-final-reports.cfm>. *Please retain this notice for reference when completing annual progress or final reports.*

Your first report is due on **21 December 2012** or on completion of the project, whichever is the earliest.

Andrea Mather
Executive Officer
Social and Behavioural Research Ethics Committee
21 December 2011

c.c Prof Fran Baum
Dr Lareen Newman
Dr Ruth Walker
A/Prof Michael Tsianikas

10.8 Appendix H: Qualitative Interview Themes

Socio-demographics including cultural background / ethnicity, age, residential location, age at migration, years in Australia, age at marriage, years married, age at widowhood, years widowed, number of children, education, English proficiency, Greek proficiency, religious affiliation, driving status, income/financial status, etc.

Life-course experiences including childhood and life experiences, education and work in Greece, their reasons for leaving Greece and migrating to Australia, migratory experiences, who they migrated with, notions of settling and living in Australia, who they co-resided with, initial and current impressions of Australia, marriage and marital experiences, occupational history in Australia, community life in Australia, potential experiences of racism, and whether they believe they have achieved their goals or are satisfied with life in Australia, visiting Greece, acculturation in Greek and Australian communities.

Ageing including notions of happiness, successful ageing, quality of life, life satisfaction, perceptions of ageing in Australia vs. Greece.

Health including general well-being, perceived emotional well-being (e.g. depression, loneliness), and physical health status (e.g. functional status and mobility), activities of daily living (including work, volunteering, household duties, recreational/leisure activities).

Widowhood including its meaning, spousal dependency in marriage, coping strategies, daily difficulties / responsibilities, remarriage, socializing in widowhood, cultural and religious prescriptions / conventions / customs / traditions, the gendered performance of widowhood, continuing bonds to late spouses, age-related gender roles, perceived cultural differences (Greek vs. Anglo-Australians or non-Greeks), notions of personal growth, notions of post-loss identity.

Social support, social capital, and social participation, including network size, immediate and extended family in Australia and Greece (and proximity and frequency of contact to these individuals), familial and non-familial support, formal and informal support services, who they typically socialize with (currently and prior to widowhood), perceptions / experiences of social exclusion and inclusion within their Greek and Australian communities.

10.9 Appendix I: Qualitative Interview Schedule

As you know, I am specifically interested in individuals who are first generation Greek migrants to Australia (both male and female), aged 65 years and older, and widowed. I will ask you questions about various life experiences, and I am mostly interested in your experiences since you have become widowed. Some of the themes we will talk about include experiences of migration, health, widowhood, daily life and leisure, social support and participation, and ageing. There are no right or wrong answers to these questions – I am interested in hearing about your life experiences in your own words.

SOCIO-DEMOGRAPHICS

I will begin by asking you some questions about yourself.

- Gender
- Marital status
- How old are you? / What year were you born?
- In which country were you born?
- What is your ancestry?
- What year did you arrive in Australia? / How old were you when you arrived in Australia?
- Do you have Australian citizenship?
- How old were you when you got married?
- How long were you married?
- How long have you been widowed? / How old were you when your spouse passed away?
- Do you have children? If so, how many?
- Where exactly are you from in Greece, Cyprus, etc.?
- Who do you live with?

Education, language, and proficiency

- What is the highest level of schooling you completed in Greece?
- How well you speak/write/read Greek now?
- Which language do you speak most at home?
- How well you speak/write/read English now? Where/how did you learn? Did you have formal English lessons in Australia or Greece?
- Do you speak any other languages?

Driving status

- Did you have a driver's license in Greece or Australia?

Religion

- What is your religion?
- How important is religion to you?
- How often do you go to church?
- Are you involved with any church groups?
- Does anyone from the church visit you regularly?

LIFE HISTORY

Migration

Tell me a little about Greece.

- What did you and your parents do there?
- Why did you leave?

Tell me about migrating to Australia.

- Who did you come with?
- Why did you choose Australia?
- Where did you first settle and live?
- Do you have relatives/friends in Australia?

Marriage

Tell me about your marriage.

- Were you married in Greece or Australia?
- Was it a proxy marriage? If so, who arranged it? Did you have much of a say in this?

Current and previous occupational status

- What did you do for work in Australia?
- Where did you work the longest?
- What were the work conditions like?
- Did you enjoy your work?
- Which languages did your co-workers speak? / Did you work with other Greeks, other migrants, Anglo-Australians, etc?
- Did your spouse work? If yes, what kind of work?

Life in Australia

Tell me a little about your life in Australia.

- What were your initial impressions of Australia? What are your impressions of Australia now? / Have they changed?
- Who did you socialize with when you first came? How about now?
- Do you socialize with any Australians?
- Do you feel like you have achieved your goals in Australia?

Racism

- Did you ever experience any forms of racism in Australia? If so, please give some examples.

Family / Relatives

- Do you have many relatives in Australia?
- Do they live close by? Do you talk to/see them much?
- How about relatives in Greece? Do you communicate often?

Visiting Greece

- Have you visited Greece since you moved to Australia? If so, how many times?
- Did you ever have plans to move back to Greece? / Would you consider moving back now?

WIDOWHOOD

Now I would like to hear about your experiences since your spouse passed away. Some of these questions may touch on personal areas of your life - I completely understand if you prefer not to answer some questions.

Bereavement Rituals/Customs/Traditions

Let's begin by discussing some of the Greek cultural traditions and customs following bereavement.

- Which traditions/rituals, etc. are important to you following bereavement?
- Were you / are you currently involved in mourning rituals or practices?
- Was your spouse buried? If so, was the cemetery in Australia or Greece?
- Did you conduct memorial services on the 3rd, 9th, 40th days, 3 and 6 months, and annually thereafter? If so, who organized these events/traditions/practices for you?
- Did you/others make koliva at the funeral?

- Did you/do you wear black? If so, why do you wear black? How do you think people would react if you did not wear black, or ceased to wear black?
- Do you celebrate or commemorate special occasions, like birthdays, namedays, date of passing, wedding anniversary, etc? If so, which?
- Why are these cultural traditions performed?
- What do the rituals mean to you personally? / How do they make you feel?
- Do you believe these customs make you remember your spouse more?
- How do your children/relatives feel about these traditions and practices?

Relationship to spouse

Tell me about your relationship with your spouse before they passed away.

- What do you miss most since your spouse passed away? / Do you miss having your spouse near since they passed away?
- Has it been hard to sleep alone since becoming widowed?

Family roles

Please describe your role and your spouse's role within your family

- What were your responsibilities as a husband/wife?
- Have these roles changed in widowhood? / Have you taken on tasks your spouse used to perform, or has someone else taken these on, or do these things just not get done now?

Meaning

I am interested in the way you view widowhood.

- Can you tell me what it means to you / define this word for me?
- What does it mean to be widowed in the Greek community?

Timing of loss

- When did you lose your spouse? (e.g. earlier in life/later in life).
- Did the death occur at the same time as any other major life events?
- What advice would you give to someone who was newly widowed?

Coping / Daily difficulties / Responsibilities

I am interesting in hearing what life has been like for you since you became widowed.

- How has widowhood impacted your life? / Has your life changed?
- How are you coping now? / Do you ever feel stressed, lonely, or depressed?
- What are some of the most challenging or difficult things about being widowed? / Do you have any specific daily difficulties? If so, what could make these easier/help you to cope?
- Do you believe men and women encounter the same or different difficulties in widowhood?

Personal growth

- Are there any ways in which your life has becoming easier since widowhood?

Often when someone loses their spouse, they need to learn new things that their spouse used to do for them.

- Is there anything new that you have had to learn after your spouse passed away? If so, has learning new roles or responsibilities been a good experience? / Have you grown as a person or become more independent as a result of these changes?
- Do you believe you can be happy in widowhood?

Remarriage

Some cultural groups are more open than others to the idea of remarriage after widowhood.

- What are your thoughts on remarriage?
- Do you know of any Greeks who have remarried?

- Do you believe it's right for people to get remarried after their spouse passes away?
- Would you consider getting remarried?
- What do you perceive as the benefits or downsides to remarriage?
- Would you be worried about the reactions of your family or the wider Greek community if you were interested in remarriage?

Socializing

Some groups are more open than others to the idea of socializing after widowhood.

- What do you think about people socializing after widowhood?
- Do you think you socialize more or less than other Greek widows or widowers?
- Do you think you socialize more or less than other Australian widows or widowers?
- Would you be worried about the reactions of your family or your reputation within the wider Greek community if you socialized more?

Continuing bonds

Some people may feel very close to their spouse after they pass away, whilst others may not.

- Can you tell me a bit about how you feel?
- What makes you feel close to, or reminds you, of your spouse?
- Do you enjoy reminiscing with others about your spouse? Do you feel comforted or distressed by these thoughts?
- Do you talk to your spouse?
- Have you kept your spouses' belongings?

Religion/Fatalistic beliefs

Tell me a bit about your religion.

- Has religion helped you during widowhood? If so, how?

Some people think everything that happens in life is God's will, and that it happens for a reason. Others believe God has no control over our lives.

- What do you think?
- Do you believe your life has been planned out by God? If so, does this belief help you cope with being widowed?
- How much control do you believe you have over your own life?

Post-loss identity

- Do you feel as though widowhood has changed you, the way you view yourself as a person, or the way other people view you?
- Has your identity changed since you have been widowed? Is it different now compared to before?
- Do you consider yourself to be alone or do you still feel as though you are part of a couple?
- How do others respond to you being widowed? Has it changed your relationship to your family or others?
- Do you find it difficult to be a widow or widower within groups of people who are usually coupled? If yes, please give some examples (e.g. has this ever made you not want to go out?).

Cultural differences

- Do you know many Australians who are widowed?
- Do you believe there are cultural differences between the widowhood experience among Greeks and Australians? If so, what are the main differences?
- Do you think one group may cope better than the other?
- Do you think one group may lament or think about the loss more than the other? Do you believe it is good or bad to think about the loss?

- Would the experience of being widowed be the same or different if you lived in Greece compared to Australia?

Safety

Some widowed people say they feel less safe after losing their spouse.

- What do you think?
- Do you feel safe in your house at night?

Health

The next few questions concern the way you feel about health and life.

Please rate your overall emotional and physical health at the present time.

- How is your health compared to others your age?
- Do you have any health problems? If so, are they serious, and how much do they affect your life?

Support Services

- Regarding more formal services and supports, does anyone come into your home to help you? If so, who organized this?
- Do you find it easy or difficult to access doctors and hospitals and other services you need?
- Do you need help with self-care activities?
- What are your thoughts on residential aged care?

Overall life satisfaction

- How satisfied are you with your life in general?
- Do you feel hopeful for the future?

Daily living and leisure activities

Let's talk about your everyday activities.

- Are you involved in any paid work, volunteering or childcare? If so, where and how often? How did you get involved? / How important is this work/volunteering to you?

Tell me about your household and home maintenance duties.

- Are these tasks difficult? Does anyone help you?
- What do you do in your spare time, or to relax?

Neighborhood

Please tell me about your neighborhood, and your neighbours.

- Do you visit your neighbours or do they visit you? If so, how often?
- Do you feel safe in your community/neighbourhood? / Has this changed since becoming widowed?
- What are some positives and negatives of living in an urban/rural area?

Community integration

- Are you involved in your community? If so, how / what kinds of things do you do?

Tell me a bit about your social life within both the Greek and Australian communities.

- Do you feel part of, and welcome in, both the Greek and Australian communities?
- Do you participate in Greek or Australian organizations/activities?
- Which nationality do you most identify with?

Social participation

Tell me a little bit about your social participation.

- Where do you go?
- How often do you leave the house?
- How often do you call people on the phone?

Social support

Let's talk about your family (especially your children if you have children).

- What do your children do? Where they live? Are you close to them? Is it easy or hard to get to their house?
- Do you have grandchildren?
- Would you ever live with your children? If so, have you discussed this option with them?
- Do you think children have particular responsibilities to their parents? If so, what are these responsibilities? Do you think children or grandchildren should look after their parents in old age? / Should older people be able to depend on their adult children/grandchildren for the help they need? / Do you believe such responsibilities are heightened in Greek culture?
- Do you think parents have particular responsibilities to their children? If so, what are these responsibilities? / What are your obligations to your family? Do you look after grandchildren or cook for family? Does your family rely on you?
- If you do not have children, is there anyone else you're close to?

- Of everyone you know, who are you closest to? / Has this changed since you have become widowed?
- Do you have a particular person who helps you more than others?

Tell me about the support you receive. What kind of support is it?

- Who supports you when you need advice or feel like taking, when you need help in the house or garden, or when you're sick, etc.
- Are you are satisfied with this support? Is it enough, or d you believe people should be helping you more? Do you feel loved and cared for?

Economic capital

Now to briefly touch on your housing and income.

- Do you own your home or are you renting?
- Do you intend to move house in the future?
- Do you own a car? Has this changed in widowhood?
- What is your main source of income at the moment? Has this changed in widowhood?
- How are you coping financially? Has this changed in widowhood?

Ageing

Tell me a bit about your experiences of growing older.

- What is your idea or definition of successful/healthy/happy ageing? What things do you associate with successful ageing? / What do you believe are essential components of an ideal life in old age? What would make you satisfied in old age?
- Do you think ageing in Australia is different to ageing in Greece? Where would you prefer to age? / In which country would it be easier to age?

Final Thoughts

- Is there anything else you would like to share with me that relates to widowhood, or any of the topics we have discussed?

10.10 Appendix J: A Note on Transcription

- Interviewees were assigned pseudonyms to maintain confidentiality and anonymity. Pseudonyms feature against direct quotes within the thesis (primarily in findings chapters)
- 'Interviewer' indicates where the researcher has spoken; 'Interviewee' signals where an interviewee has spoken
- *Italics text* indicates the speaker's emphasis
- (*sic*) indicates the quoted words have been transcribed exactly as spoken or spelled by a speaker, often erroneously (i.e. the errors have been repeated intentionally within the transcript)
- (in English) indicates where a speaker has used an English term/words/phrase within their otherwise Greek verbal explanation
- Quotation marks within quotes indicate where a speaker has quoted another individual, or themselves
- Select terms retained in Greek were typed using the Greek alphabet, then as they sound phonetically in 'Greeklish' (Greek words using Latin alphabet). Greek text/words/concepts have been italicized for distinction and to enhance readability
- Bold word in parenthesis, e.g. **(word)**, indicate the researcher's observation/description of interviewees' non-verbal behavior/response (e.g. **(laughs) (cries)**)
- '...' indicates the researcher has edited the transcript in order to enhance the essence of a quotation by omitting irrelevant words/text
- [] indicates the researchers' insertion of clarifying words
- *() indicates the researchers' explanatory note to enhance text clarity. Additional * are placed at end of word/phrase requiring explanation
- [--] indicates a speaker's voice has trailed off or is inaudible
- [...] indicates a speaker's pause. Two or more sets of these periods indicate a proportionately longer pause

10.11 Appendix K: Themes and Nodes – Select Examples (NVivo Excerpts)

Example 1

Nodes\\Children

Nodes\\Children - Bringing Up

Nodes\\Children - Closeness

Nodes\\Children - Future

Nodes\\Children - Happiness

Nodes\\Children - Living Arrangements

Nodes\\Children - Marriages

Nodes\\Children - Migration

Nodes\\Children - Number

Nodes\\Children - Professions

Nodes\\Children - Proximity

Nodes\\Children - Reciprocity

Nodes\\Children - Responsibility

Nodes\\Children - Socialising

Nodes\\Children - Strained Relations

Nodes\\Children - Support

Nodes\\Children - Travel

Nodes\\Children - Widowhood

Example 2

Nodes\\Support - Childcare

Nodes\\Support - Doctors

Nodes\\Support - Household-Outdoor Maintenance

Nodes\\Support - Housing

Nodes\\Support - Mobility

Nodes\\Support - Shopping

Nodes\\Support - Spousal

Nodes\\Support - Translating

Nodes\\Support - Transport

Nodes\\Support Emotional

Nodes\\Support Expectations

Nodes\\Support Given - Cooking

Nodes\\Support Given - Financial

Nodes\\Support Given - Housework

Nodes\\Support in Widowhood

Nodes\\Support Received - Cooking

Nodes\\Support Received - Financial

Nodes\\Support Received - Housework

Example 3

Nodes\\Lived Experience

Nodes\\Living Arrangements

Nodes\\Location

Nodes\\Loneliness

Nodes\\Loneliness - Coping

Nodes\\Loneliness - General

Nodes\\Loneliness - Spousal

Nodes\\Loss of Strength

Nodes\\Love

Nodes\\Mainstream Society

Nodes\\Manual Labour

Nodes\\Marriage

Nodes\\Masculinity

Nodes\\Melancholy

Nodes\\Memorial Services

Example 4

Nodes\\Responsibility

Nodes\\Retirement

Nodes\\Return Migration

Nodes\\Rituals

Nodes\\Riverland

Nodes\\Role

Nodes\\Routine

Nodes\\Rural

Nodes\\Safety

Nodes\\Sanctification

Nodes\\Satisfaction

Example 5

Nodes\\Socializing - Negatives

Nodes\\Socializing - Positives

Nodes\\Socializing - Visiting

Nodes\\Socializing w Australians

Nodes\\Socializing w Family

Nodes\\Socializing w Greeks

Example 6

Nodes\\Sponsorship

Nodes\\Spouse Age

Nodes\\Spouse Characteristics

Nodes\\Staying in Australia

Nodes\\Staying Positive

Nodes\\Stenohoria

Nodes\\Stenohoria - Daily Life

Nodes\\Stenohoria - Health

Nodes\\Stenohoria - Migration

Nodes\\Stenohoria - Widowhood

Nodes\\Strained Relations

Nodes\\Strength

Nodes\\Stress

Example 7

Nodes\\Growing Accustomed

Nodes\\Growth

Nodes\\Happiness

Nodes\\Hardship

Nodes\\Hardship - Greece

Nodes\\Hardship - Migratory

Nodes\\Hardship - Widowhood

Nodes\\Health

Nodes\\Health - Consequences

Nodes\\Health Comparisons

Nodes\\Health Measures

Nodes\\Healthy

Nodes\\Heaviness

Nodes\\Helping

Nodes\\Helpless to Change

Example 8

Nodes\\What Can We Do

Nodes\\What Can We Do - Age

Nodes\\What Can We Do - Daily Difficulties

Nodes\\What Can We Do - Health

Nodes\\What Can We Do - Keeping Possessions

Nodes\\What Can We Do - Responsibilities

Nodes\\What Can We Do - Socialising

Nodes\\What Can We Do - Widowhood

Nodes\\Widow

Nodes\\Widowed Comparisons

Nodes\\Widower

Nodes\\Widowhood

Nodes\\Widowhood - Definition

Nodes\\Widowhood - Health

Nodes\\Widowhood - Negative

Nodes\\Widowhood - Safety

Nodes\\Wife

10.12 Appendix L: Interviewees' Social Capital / Support Summaries

(Including name, age, years widowed, living arrangements, no. of and proximity to children, supports, social capital type)

Nikita, 83, lives with her sister and nephew, in a rural area with no neighbours. She has been widowed for 18 years, and has two children (one in her rural area, the other in an urban area). She socialises only with her immediate family, and receives instrumental familial support, reflecting bonding social capital. She appears to be lacking bridging capital.

Angeliki, 65, lives alone in a rural area and has many Greek neighbours. She has been widowed for five years, and has three children (none of whom live nearby). She has their emotional but not instrumental support (reflecting some degree of bonding capital). She feels she is not very supported but rather independent, and speaks English (demonstrating some bridging capital).

Sotiris, aged 88, lives alone in an urban area, and has been widowed for one year. He has four children who reside within close proximity, reflecting bonding capital, while appearing to lack bridging social capital.

Fotis, 80, lives with his son in an urban area, and has been widowed for one year. Fotis has five children living within close proximity. He socialises with, and is supported by his family, whom he in turn supports. He is involved in the Greek community, demonstrating bonding social capital, though he appears to lack bridging capital.

Takis, aged 70, lives alone in an urban area, and has a couple of Greek neighbours. Takis has been widowed for 11 years. He has one son, and is supported by his family, demonstrating bonding capital while appearing to lack bridging social capital.

Penelope, 71, lives alone in an urban area. She has been widowed for 13 years, and has three children, all of whom live on her street and support her. She reciprocates their support, demonstrating bonding social capital. Contrary to most other women, she speaks some English, and somewhat identifies as Australian. Interestingly, she has some community involvement outside of the Greek community, displaying a certain degree of bridging capital.

Calliope, 70, lives alone in an urban area. She has been widowed for one year, and has some Greek neighbours. She has two children, one of whom lives nearby. She is supported by her family, demonstrating bonding social capital. She has no involvement in her wider community, lacking bridging capital.

Katerina, aged 77, lives alone in an urban area, and has been widowed for 32 years. She has four children, some of whom live in her city and support her, illustrating bonding capital. She has some interaction with her Australian neighbours, demonstrating some bridging capital.

Theodora, 74, lives alone in an urban area. She has been widowed for six years. Theodora has two children (only one of whom she is close to and is supported by), showcasing some bonding social capital. She appears to be lacking bridging capital.

Evangelia, 75, lives alone in an urban area. She has been widowed for 18 years, and has two children whom she lives close to. She is supported by her children, displaying bonding social capital, though she appears to be lacking bridging capital.

Nitsa, aged 80, lives with relatives in an urban area. She has been widowed for eight years. She has no biological children, but is supported by other family and relatives, displaying bonding social capital. She appears to be lacking bridging capital.

Despina, 78, lives alone in an urban area. She has been widowed for 16 years, and has one child, who lives interstate. She seems to be lacking both bonding and bridging social capital in older age.

Vasiliki, 84, lives alone in an urban area. She has been widowed for three years, and has five children, four of whom live nearby. She is supported by her children, displaying bonding social capital, whilst lacking bridging social capital.

Ioulia, aged 81, lives with her daughter in an urban area. She has been widowed for approximately 10 years, and has two children, whom she lives within close proximity to. She is supported by daughter, demonstrating bonding capital. She appears to be lacking bridging social capital.

Tania, 85, lives alone in an urban area. She has been widowed for seven years, and has some Greek neighbours. She has three children whom she lives close to. However, she is not close to all of her children (somewhat lacking bonding capital). She also appears to be lacking bridging social capital.

Ioanna, 84, lives alone in an urban area. She has been widowed for 12 years. There are no Greeks in her neighbourhood. She has three children, only one of whom she has a positive relationship with. Her other two children live far away and do not keep in contact with her. She is supported by only one child, displaying some bonding capital, while appearing to lack bridging social capital.

Thanos, 84, lives alone in an urban area, and has been widowed for 12 years. He has some Greeks in his neighbourhood. Thanos has two children, who provide support, demonstrating bonding social capital. He appears to be lacking bridging capital.

Panos, aged 75, lives with his daughter in an urban area. He has been widowed for three years. He has many Greeks in his neighbourhood. Of his three children, two live close-by, and support him, indicating bonding social capital. He appears to be lacking bridging capital.

Savvas, 85, lives alone in an urban area. He has been widowed for four years, and has three children, one of whom lives close-by. Savvas is supported by family, demonstrating bonding social capital, while simultaneously appearing to lack bridging capital.

Yiannis, 85, lives alone in an urban area. He has been widowed for six years, and has other Greeks in his neighbourhood. He has three children. They live close-by, and provide him with support, demonstrating bonding social capital. He appears to be lacking bridging social capital in older age.

Aliki, aged 76, lives alone in an urban area, and has been widowed for two years. She has three children, who live close-by and support her. She supports her children, demonstrating bonding social capital, while lacking bridging capital.

Dimitra, 77, lives alone in a rural area, and has been widowed for five years. She has two children, one of whom lives in the same rural area, showcasing some bonding social capital. She appears to be lacking bridging social capital.

Litsa, 80, lives alone in the township of rural area. She has several other Greeks in her neighbourhood, and has been widowed for 15 years. Litsa has four children, two of whom

reside in her rural area, and support her, indicating some bonding social capital. She appears to be lacking bridging capital.

Petros, aged 82, lives alone in the township of rural area. He has been widowed for nine years, and has four children. Two of his children live in the same rural area. His family provide him with much support, demonstrating bonding social capital. He appears to be lacking bridging capital.

Dionysia, 73 years, lives with her son on isolated property in a rural area. She has been widowed for five years. Of her three children, only one lives in the same rural area. She feels she is lacking familial support due to distance, resulting in somewhat diminished bonding capital. She also appears to be lacking bridging capital.

Constantina, 79, resides alone in the township of a rural area. She has been widowed for 16 years. Constantina has four children, one of whom lives in the same rural town, and provides some support, demonstrating bonding capital. She appears to be lacking bridging social capital.

Kyriakos, 86, lives alone on a fairly isolated rural property. He has been widowed for four years. Kyriakos has three living children, some of whom reside nearby in the same rural town, providing instrumental support, indicating he has bonding social capital, while lacking bridging capital in older age.

Andreas, aged 86, lives alone in a rural area. He has been widowed for 21 years, and has three children, all of whom live three hours away in an urban area. He simultaneously lacks both bonding and bridging social capital.

Theo, 88, lives alone in the township of a rural area, and has been widowed for three years. He speaks English, and has four children, one of whom lives in the same rural area and supports him, showcasing some bonding social capital. Theo has some Australian contacts, and is of a non-Orthodox faith (arguably possessing more bridging social capital than most other interviewees).

Pavlos, 70, lives alone on an isolated property in a rural area. He has been widowed for 12 years, and has two children, both of whom reside three hours away in an urban area. He somewhat lacks both bonding and bridging social capital.

Stavroula, aged 67, lives alone in the township of a rural area. Stavroula has been widowed for 20 years, and has two children, one of whom lives in her rural area and provides her with support, displaying bonding social capital. She speaks some English but still appears to lack bridging social capital.

Manolis, 80, lives alone in a rural area. He has been widowed for two years, and has two sons who also reside in the same rural area and provide support, displaying bonding social capital. Despite speaking broken English, he still appears to lack bridging social capital.

Alexandros, 79, lives alone on a relatively isolated property in a rural area. Alexandros has been widowed for six years. He has two children, one of whom lives in the same rural area and provides much support, showcasing bonding social capital. He appears to be lacking bridging capital.

Anastasis, 76, lives alone on a relatively isolated rural property, and has been widowed for 20 years. He has two living children, both of whom live in an urban area, meaning he somewhat lacks bonding social capital. He also appears to be lacking bridging capital.

Aris, 90, lives alone in the township of a rural area. Aris has been widowed for two years, and has four children, two of whom reside in his rural area. They provide him with support, demonstrating bonding social capital. He lacks bridging capital.

Gina, aged 77, lives alone in the township of a rural area. She has been widowed for three years, and has four children, two of whom reside in the same rural area and provide her with much support, displaying bonding social capital. She appears to be lacking bridging capital.

Tassia, 76, lives alone in a rural area. She has been widowed for six years, and has two children, one of whom lives in the same rural area and provides support, showcasing bonding social capital. She appears to be lacking bridging capital.

Margarita, 85, resides with son and widowed sister, on a relatively isolated rural property. She has been widowed for two years, and has two children, both of whom reside in the same rural town, who provide much support, resulting in bonding capital. She lacks bridging social capital.

Stamatis, aged 80, lives alone in an urban area, and has been widowed for 11 years. He has two children, both of whom reside in the same urban area, and provide support, showcasing bonding social capital. Conversely, he lacks bridging capital.

10.13 Appendix M: Academic Development arising from PhD

Honours and Awards

- Esther Bright Travel Scholarship. Soroptimist International of Adelaide Inc. (July 2013)
- Gary Andrews Student Award. Australian Association of Gerontology, Adelaide (September 2012)
- Health Science Cluster Funding / Faculty grant (2011)
- Flinders University Research Scholarship (FURS) (2011-2013)

Award Nominations

Channel 9 Young Achiever Awards – Rural Health (2016)

Professional Associations, Reference Groups, and Networks

Deputy Student Representative. Australian Association of Gerontology, South Australian division, Adelaide (January 2013 – Present).

Refugee and Migration Research Network Member (2013 – Present).

Reference Group Member. Greek Welfare Centre (September 2012 – November 2015).

Academic Conference Committees

2017 Ageing in a Foreign Land Biennial Conference: Academic Advisory Committee. Department of Modern Greek, Flinders University, Adelaide (December 2015 – Present).

2015 Ageing in a Foreign Land Biennial Conference: Academic Advisory Committee. Department of Modern Greek, Flinders University, Adelaide (March 2014 – June 2015).

2014 National Conference: Planning/Scientific Committee. Emerging Researchers in Ageing (ERA) Adelaide (February 2014 – November 2014).

2014 National Conference Planning Committee, Australian Association of Gerontology (SA Division), Adelaide (January 2014 – November 2014).

2013 Ageing in a Foreign Land Biennial Conference: Academic and Organising Committee Flinders University, Adelaide (October 2012 – July 2013).

Conference Presentations

'Exploring notions of ageing in a foreign land among older Greek migrants', Third Biennial International Conference on Ageing in a Foreign Land, Flinders University, Adelaide, June 26 2015.

'Exploring social networks, isolation and exclusion among older Greek migrants in widowhood', Australian Association of Gerontology, National Conference, Adelaide, November 27 2014.

'Lay understandings of widowhood and well-being among older Greeks', Australian Association of Gerontology, 46th National Conference 'Greying Expectations', November 27 2013.

'Exploring notions of family and support among older, widowed Greek migrants in South Australia', Australian Association of Gerontology, SA 2013 Conference - Big Ideas on Ageing, Adelaide, October 21 2013.

'Well-being in widowhood - Greek widows and widowers in SA', 2nd International Conference on Ageing in a Foreign Land, Adelaide, June 27 2013.

'Doing widowhood – The voices of older Greek-Australians and the cultural experience of widowhood', 10th International Conference on Greek Research, Adelaide, June 27 2013.

'Survival stories: well-being of older widowed Greek migrants in rural South Australia', 12th National Rural Health Conference, Adelaide, April 7 2013.

'Exploring the widowhood experience and well-being of older Greek widows and widowers in SA', Australian Association of Gerontology, SA Ageing Odyssey Conference, Adelaide, September 14 2012.

Seminars, Forums, and Panels

About Time: The Greek Migration Experience (Invited guest speaker), OEEGA, Adelaide, May 18 2014.

Harmony Day - Greeks in South Australia (Invited guest speaker), City of Unley, Adelaide, March 2014.

'Exploring the widowhood experience and well-being of older Greek migrants in urban and rural South Australia' (Invited guest speaker), Soroptimist International of Adelaide Inc., December 1 2013.

'Exploring the impact of social determinants of health on the well-being of older Greek widows and widowers in rural and urban SA', AAG New Faces New Research Student/ECR Seminar, Adelaide, 2012.

'Challenges of Ageing Migrants Forum', Panel Guest and Presenter, City of Unley, Adelaide, November 2011.

Poetry

A selection of my diasporic poetry, including 'Fieldwork'; 'Andartes are coming, run my child'; 'Rolling pins flatten dreams'. Hypallage, Multicultural Writers Association of Australia, May 8 2013.

Biography and poem 'Rolling Pins Flatten Dreams', PICAC Connections Edition 6, November 2013.

'Rolling Pins Flatten Dreams', FECCA, The National CALD Ageing Network newsletter, July/August 2013.

'Rolling Pins Flatten Dreams', Enliven (Enhancing Social Health), July 2013.

'Rolling Pins Flatten Dreams', YOURLifeChoices AgeWave Australia E-newsletter, July 2013.

Mother's dream, Trove Poet's Corner, University of Western Australia, May 10 2013.

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