

The role of culture in the adjustment to widowhood: Comparing older Greek-Australian and British-Australian migrant women in South Australia

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The following paper is derived from a larger, Psychology Honours thesis conducted by the author (Georgia Panagiotopoulos) under the supervision of Prof. Mary Luszcz and Dr Ruth Walker in 2009. Widowhood affects many older women and is often associated with decreases in psychological and physical health. However, the influence of cultural background on the well-being of widowed women has been largely overlooked. The present study compared the widowhood experiences of two, culturally distinct groups of older women; British and Greek migrants to Australia. Participants were interviewed and completed questionnaires in either English or Greek. Factors thought to be protective for the well-being of widows, including continuing bonds to one's spouse, mourning rituals, religiosity and social support were measured. Well-being was measured using three indicators of current adjustment, including self-rated health, and symptoms of depression and loneliness. Greek widows possessed greater bonds, rituals, and religiosity than their British counterparts. However, these factors were not associated with greater well-being, as Greek widows reported worse health and increased symptoms of depression and loneliness. Further research is required to determine whether older Greek-Australian widows are more vulnerable to maladjustment following bereavement.

Widowhood

Spousal loss typically occurs in later life and is often associated with psychological and physical distress (Anderson & Dimond, 1995; Kaslow, 2004; Siegel & Kuykendall, 1990; Torges, Stewart & Nolen-Hoeksema, 2008; Wilcox et al., 2003). Demographic shifts and technological advances have resulted in greater longevity and an increased likelihood of experiencing widowhood (Aiken, 2001; Bonanno & Kaltman, 1999). Due to gender differences in mortality and the tendency for women to select husbands

older than themselves, women are more likely than men to experience widowhood (Bennett, 1997; Carr et al., 2006; Chambers, 2005).

Many factors influence grieving and subsequent adjustment to widowhood, including age and cultural background (Lucas, Clark, Georgellis & Diener, 2003; Parkes, 1988; Torges et al., 2008). As a function of age, older adults often experience declines in independent functioning, health, cognition, finances, social network size and opportunities for social interaction, and may therefore possess a lessened ability to adapt to widowhood (Bonanno & Kaltman, 1999; Carr, Neese & Wortman, 2006; Hegge & Fisher, 2000; Ong, Bergeman, Bisconti & Wallace, 2006; Smith & Baltes, 1998; Zisook & Shuchter, 1993). Successful adaptation appears less attainable for those who exhibited greater emotional and instrumental dependencies on their late spouses (Bonanno, Wortman & Nesse, 2004; Prigerson et al., 1995).

Influence of culture

Many factors linked to widowhood, such as the meaning of death, grief and mourning, differ profoundly across cultures (Cowles, 1996; Doka, 2002; Doran & Downing Hansen, 2006; Robben, 2004; Sheykhi, 2006). Understanding the migratory process is integral in understanding spousal loss for particular subgroups (Thompson, 2002). Individuals born overseas represent one-third of Australians over age 65, with most elderly Australians having migrated from the United Kingdom, Italy and Greece (Runci, O'Connor & Redman, 2005). However, the impact of culture background on widowhood remains vastly understudied in Australia, as older ethnic minorities are routinely excluded from psychological studies due to limited English proficiency (Kiropoulos, Klimidis & Minas, 2004).

Indeed, most bereavement studies are based on samples of Caucasian, Christian widows, resulting in culturally biased and ethnocentric understandings of what constitutes normal grief (Laurie & Neimeyer, 2008). However, ethnic minorities differ from Anglo-Australians in many ways, and may thus possess unique grief experiences and adjustment trajectories during widowhood. For example, if the migratory experience is marred with experiences of racism and communication difficulties, the transition to widowhood may prove even more difficult.

This study investigated factors known to influence well-being after spousal loss with reference to older Greek-Australian and British-Australian migrant women. These factors included continuing bonds to one's late spouse, mourning rituals, religiosity and social support. By comparing the widowhood experiences of two culturally distinct groups of women, who migrated at a similar time (post-World War II), the effects of migration were largely controlled. As the groups differed primarily as a function of cultural background, the unique effect of culture on well-being during widowhood could be examined.

Grief and continuing bonds

Grief is socially constructed; reactions to loss are shaped by culturally prescribed ways of mourning (Cowles, 1996; Robben, 2004). All societies possess norms regarding the appropriateness of grief display (Doka, 2002; Hooyman & Kramer, 2006; Hsu, Kahn & Hsu, 2003). In most cultures, rituals are performed to help the bereaved understand and manage grief, honour the deceased and emphasize shared affiliations (Houlbrooke, 1989; Lobar, Youngblut & Brooten, 2006; Williams, 2003). Such culturally sanctioned rituals may exert a protective effect on well-being, buffering against sadness, loneliness and despair. Ethnic minorities may choose, or feel obliged to follow predetermined templates for grieving.

In contrast, expressing grief is actively restricted or denied in most individualistic Western societies, where sorrow is branded a private and secluded affair (O’Gorman, 1998; Palgi & Abramovitch, 1984; Parkes, 1988). In Australia’s somewhat secular society, thoughts and feelings about the deceased may be avoided and the performance of mourning rituals virtually nonexistent (Aiken, 2001; Jalland, 2006). Bereaved Anglo-Australians are typically encouraged to “get over” their grief and relinquish ties to the deceased by employing emotional restraint, strength and courage (Hooyman & Kramer, 2006; Klass, Silverman & Nickman, 1996; O’Gorman, 1998; Stroebe, Gergen, Gergen & Stroebe, 1993).

However, amongst more collectivist Western societies, individuals often exhibit elaborate, frequent, intense and longer-lasting mourning rituals (Stroebe et al., 2001). Mass-migration of Orthodox and Catholic individuals from southern European countries, such as Greece and Italy, has promoted more diverse mourning behaviour in Australian society. For Greek migrants, there exist clear, normative expectations of the emotional and behavioural display of grief during bereavement. Openly expressing grief and maintaining a continued relationship to the deceased is thought to be beneficial for the surviving spouse (Jalland, 2006; Klass et al., 1996). Older Greek migrants may thus be reluctant to sever ties to the deceased (Rowland, 1982). For Greek widows, the widely accepted Anglo-Australian customs of “letting go” and “moving on” may be viewed as betraying the deceased (Thompson, 2002:9). Bereaved Europeans typically sustain continued, socially sanctioned relationships to their spouses which may be integral in aiding adaptation, by providing a sense of meaning and identity (Bonanno & Kaltman, 1999; Hooyman & Kramer, 2006; Klass et al., 1996; Stroebe et al., 1993). A continued relationship to one’s spouse is often sustained through memories, dreams or conversations, and the performance of rituals (Field, Nichols, Holen & Horowitz, 1999). Such continued bonds may facilitate adaptation by supporting and comforting the survivor (Carnelley et al., 2006; Field, Gal-Oz, & Bonanno, 2003). For Greek migrants, efforts to maintain these relationships are often lifelong, in stark contrast to Anglo ideals which brand ongoing bonds as pathological or abnormal (Carnelley et al., 2006; Klass et al., 1996). The pressure exerted on Anglo widows to relinquish their bonds to the deceased, combined with the decline of socially acceptable mourning rituals

in mainstream Australian society, may reduce one's ability to cope with widowhood, enhancing feelings of isolation (Jalland, 2006; Klass et al., 1996).

Mourning rituals

Mourning rituals were originally established to help individuals cope with bereavement (Mystakidou et al., 2003) by emphasizing kinship and solidarity and providing a meaningful and legitimate grieving process (Houlbrooke, 1989; Thompson, 2002). Rituals may help individuals understand and accept the finality of death, whilst also integrating the deceased into the survivor's life (Danforth & Tsiaras, 1982; Doka, 2002; Houlbrooke, 1989; Tarlow, 1999; Thompson, 2002).

For Anglo-Australians, mourning rituals are not normative. For Greek widows however, there exist strict customs dictating the performance of rituals. Perhaps the most conspicuous of customs is the wearing of dark mourning colours to signify the loss of, and respect for, one's late spouse. Greek widows typically abide by traditional and schematic funerary practices; frequent cemetery visits are a testament of the widow's sadness and continued relationship to the deceased (Caraveli-Chaves, 1980; Garland, 2001; Jalland, 2006; Sossou, 2002; Woodrick, 1995). Additionally, the Greek Orthodox faith specifies significant dates at which memorial services are to be conducted (Alexiou, Yatromanolakis & Roilos, 2002). Such ritual performance may comfort the surviving spouse, helping to alleviate the psychological distress associated with spousal loss (Danforth & Tsiaras, 1982; Tarlow, 1999).

Religiosity

Religious or spiritual beliefs are often employed by older adults as an adaptive coping mechanism during widowhood. Indeed, widowhood predicts increases in religious beliefs and church attendance, especially for women (Arcury et al., 2007; Becker et al., 2007; McCann Mortimer, Ward & Winefield, 2008). Religion and well-being are positively correlated among older adults; religiosity promotes greater mental, physical and self-rated health and enhances perceptions of social integration and quality of life (Arcury et al., 2007; McCann Mortimer et al., 2002). In the face of loss, religion may provide surviving spouses with comfort, support, courage and perspective (Becker et al., 2007; Wink & Scott, 2005). Members of ethnic minorities typically exhibit greater religiosity compared to Caucasian individuals who frequently score low on religiosity (Becker et al., 2007; Walsh et al., 2002). Affiliations to the Greek Orthodox Church may thus be a source of strength and comfort for Greek migrants (Rosenbaum, 1990).

Social support

As social support influences well-being, support from family and friends may be vital to the physical and mental health of widows, arguably decreasing the negative implications of bereavement (Ben-Sira, 1983; Bisconti, Bergeman & Boker, 2006; Ha,

2008; Kaunonen, Tarkka, Paunonen & Laippala, 1999; Koukouli et al., 2002). Widows typically live alone, which is associated with greater loneliness, depression, sadness and anxiety, in addition to impaired functional status, poorer overall health and increased social isolation (Anderson & Dimond, 1995; Parkes, 1988).

Cultural background affects household composition and social support (Bradbeer et al., 2003; Koukouli, Vlachonikolis & Philalithis, 2002; Rowland, 1982). Indeed, Greek-Australians are more likely than their Anglo counterparts to co-reside with family members (Kiroopoulos et al., 2004; Rowland, 1982). For elderly Greek widows, living with family is often deemed more socially acceptable than living alone (Hunter, 1989; Koukouli et al., 2002).

In general, widowed individuals report receiving more support from children, relatives and friends compared to their married counterparts (Guiaux, Van Tilburg & Van Groenou, 2007; Ha, 2008). For many Greek widows, family is arguably the most important social organization and represents a major source of help and support, promoting health, adjustment and social participation (Dowd et al., 1998; Eisler & Hersen, 2000; Rosenbaum, 1990). Anglo-Australian families are often regarded as less supportive and cohesive than the families of southern European migrants (Bottomley, 1974). Consequently, for Anglo widows, relationships with friends may be more satisfying than relationships with family (Chambers, 2005; Ha, 2008).

Hypotheses

It was hypothesized that the Greek samples would report greater continuing bonds to one's spouse, greater performance of mourning rituals, increased religiosity and more familial support than their British counterparts. It was predicted that these factors would be associated with greater well-being.

Method

Participants

Participants were 121 widowed migrant women (n=61 British, n=60 Greek) over age 60, identified through various community and religious organizations.

Materials

Phone interviews were conducted in English and Greek as required to gain demographic data. All questionnaires were translated to Modern Greek and measured self-rated health, depressive symptoms, loneliness, continuing bonds, the performance of mourning rituals, religiosity and social support (which included both emotional and instrumental support from family and friends).¹

¹ For further information pertaining to methodology and quantitative measures used, please contact the author via email (georgia.panagiotopoulos@flinders.edu.au).

Procedure

A variety of churches, social, cultural and leisure organizations were approached for assistance with participant recruitment. Subsequent to the researcher making presentations at these organisations, individuals fitting the selection criteria contacted the researcher independently to express their interest in participating in the study.

Results

Demographics

The two groups were similar with regards to age, years in Australia, years married, years widowed and number of children. All British women spoke English, whilst the majority of Greeks preferred speaking Modern Greek and reported poor English proficiency. Household composition differed cross culturally; more British resided alone or in retirement villages, whilst more Greeks lived with family. No British were currently employed, whereas several Greek participants were currently working. More British than Greek widows reported currently driving, greater educational attainment and greater financial stability. All Greek widows were of the Greek Orthodox faith, whilst British widows reported more varied, or no religious affiliation.

Cultural differences

Greek widows scored significantly lower on health than their British counterparts. Additionally, Greek widows scored significantly higher on symptoms of depression and loneliness compared to the British. Greek widows reported greater continuing bonds, mourning rituals, and religiosity than their British counterparts. All participants perceived a high degree of emotional support from both family and friends, however, Greeks perceived significantly greater instrumental support from family.

Contrary to hypotheses which predicted a protective effect of continuing bonds, mourning rituals and religiosity on the well-being of Greek widows, a series of moderated regressions showed that these interactions were not significant. However, as hypothesized and consistent with previous literature on the protective nature of social support, greater support from family was associated with increased well-being, for Greek widows only.

Discussion

Clear cultural differences were evident with regards to levels of continuing bonds, mourning rituals, religiosity and instrumental support from family, in addition to vast differences across all indicators of well-being (health, depression and loneliness).

Differences in well-being

The finding that Greek widows reported poorer health and more symptoms of depression and loneliness supports extant literature on the detrimental consequences of the migratory experience for southern Europeans. Koukouli and colleagues (2002) reported worse functioning profiles for Greek widows, whilst Angel and colleagues (2001) reported higher rates of isolation and poorer health for less acculturated migrants. Similarly, older Greek individuals (especially women of poorer health and low socioeconomic status, educational attainment and financial stability), who have experienced stressful life events (such as migration and living alone), were more likely than others to report poorer health and increased depression and anxiety (Mouzas 1996, as cited in Efthimiou, 2008; Daniilidou, Gregory, Kyriopoulos & Zavras, 2004). Kiropoulos and colleagues (2004) reported higher depression and anxiety for elderly Greek-Australian migrants (compared to an Anglo control group), stating that psychological morbidity in immigrants is best accounted for by considering the influence of health, socioeconomic factors and the unique effect of one's immigrant status.

A myriad of factors may influence the diminished health of Greek migrants, including unfamiliarity with Australian morals, values, climate, diet, language and behavioural patterns (Hartley, 1995; Krupinski, 1984; Lock & Wakewish-Dunk, 1990). Indeed, the cumulative effect of the detrimental consequences associated with the migratory process, such as diminished integration into the wider Australian community, a vast cultural distance between old-world traditions and Anglo culture, decreased access to appropriate, culturally-sensitive healthcare and resources, and the propensity for southern European migrants to experience hostility, discrimination or indifference at the hands of Anglo peers may place Greek women at increased risk of ill health (Moskos, 1989; Nesdale & Mak, 2003). In contrast, British migrants, who do not face communication difficulties and typically possess the cultural traditions and religious beliefs characteristic of mainstream Australian society, are not subject to these potentially detrimental consequences of the migratory experience (Lopata, 1987).

For Greek migrants, increased symptoms of depression and loneliness may also stem from possessing limited social ties beyond the immediate family and decreased opportunities to gain membership to mainstream, English-speaking clubs and associations (Xenophou, 1994). This study confirmed the diminished driving ability of older Greek widows compared to British peers. As driving is crucial in fostering mobility and promoting social connectedness, a diminished driving ability may enhance perceptions of loneliness (Birren & Schaie, 2006).

Additionally, in the current study, Greek widows were significantly more likely than the British to lament their loss, often stating life was "not the same", or more profoundly, "not worth living" without their spouse. Whilst many British widows detailed feelings of personal growth following bereavement, most Greek respondents expressed offence at the notion that life may be enjoyable during widowhood.

Differences in continuing bonds and mourning rituals

The finding that Greek widows possessed greater continuing bonds to late spouses and greater performance of mourning rituals compared to the British is consistent with sociological evidence holding that most southern European migrants sustain their cultural beliefs and customs after migrating (Bakopanos & Gifford, 2001). For Greek widows, possessing continued relationships to late spouses and conducting post-loss rituals undoubtedly stems from stronger religious ties and socially sanctioned beliefs about the mourning process. As these beliefs and practices are more normative for Greek widows than for Anglo widows, these findings are not surprising.

Whether bonds to one's late spouse are acknowledged may be greatly affected by perceptions of social acceptability amongst one's ingroup. In the Orthodox faith, which all Greeks in this study reported affiliation with maintaining continued relationships and performing memorial services for the deceased is wholly acceptable. Unlike Anglo peers, Greek widows are not typically encouraged to get on with life following spousal loss (Jalland, 2006). In light of the social connotations of exhibiting intense grief, British widows may have felt self-conscious about disclosing potential continuing bonds to late spouses. Indeed, in the current study, significantly more British than Greek widows believed continued relationships were atypical of their cultural group.

For Greek widows, keeping mementos, conducting memorial services and naming grandchildren after their grandparents are some of the legitimate ways in which continued relationships may be sustained (Danforth & Tsiaras, 1982). However, the current study's findings do not support contemporary theories asserting the advantageous effects of maintaining bonds and rituals, as no statistically significant correlations were found between these variables and any measures of well-being. On the contrary, greater ritual performance was associated with increased symptoms of depression and loneliness among the Greek sample. It is plausible that conducting frequent and long-lasting rituals may be viewed as active rumination of spousal loss, which may lead to increased sadness for Greek widows.

Differences in religiosity

The finding that Greek widows displayed greater religiosity than the British is consistent with previous literature outlining the tendency for southern Europeans to preserve religious beliefs after migrating to unfamiliar host countries (Lambert, 1987). Older women, first-generation migrants, widows and individuals with low educational attainment are more likely to be religious, often using beliefs to aid understanding and acceptance of death (Birren & Schaie, 2006; Chliaoutakis et al., 2002; Scourby, 1980). However, the current study does not affirm the advantageous effect of religion on well-being. It is plausible that the religiosity questionnaire used in the present study was not sensitive enough to expose the distinct dimensions that may have been protective for the well-being of the current sample. Interestingly, many Greek participants

verbally stated their belief in God was crucial in protecting against loneliness. Previous studies have also documented the tendency for Greek women to submit themselves to God in the hope of alleviating loneliness (Anderson, 1985; Mystakidou et al., 2005).

Differences in support

“Familism” is central to Greek culture (Drew, Emerek & Mahon, 1998:53), with the traditional nuclear family typically described as collectivist, cohesive, intimate and supportive in nature (Bakopanos & Gifford, 2001; Hartley, 1995; Poole, 2005). Greek family networks are typically closer than Anglo networks (Myrodis, 2005). However, the current study found no statistically significant differences on emotional support from family, with both groups perceiving similarly high levels of support. This finding is not surprising for Greek widows, who typically boast much familial support. Additionally, widowhood often predicts increases in support (Guiaux et al., 2007; Ha, 2008). Thus, it is plausible that high levels of family emotional support are indicative of post-loss upsurges in support for British widows who typically possess more individualistic family orientations than Greek widows (Krupinski, 1984).

For Greek widows only, emotional support from all providers was significantly correlated to all indicators of well-being. Affirming previous research citing the inherent collectivism of Greek migrants and the family as the primary support provider, results also suggest emotional support is more fundamental to the well-being of Greek widows than British widows (Mystakidou et al., 2005; Rosenthal & Bornholt, 1988). High levels of support from family predicted larger declines in loneliness for Greek widows, compared to British widows.

A potential explanation for this finding is that British widows arguably do not expect as much familial support compared to Greek widows. Additionally, British widows may not perceive support from family as crucial to the maintenance of their well-being. Furthermore, compared to Greek widows, the British are arguably less retrained in the social realm and may subsequently receive support from external providers, arguably decreasing their reliance on family for support provision. Conversely, cultural isolation may increase Greek migrants’ dependencies on children for support (Poole, 2005). Indeed, Lock and Wakewish-Dunk (1990) outlined the tendency for Greek migrant women to convey unwanted feelings of dependence and isolation. Furthermore, an increased reliance upon informal support systems (e.g. family), may diminish the probability of seeking assistance from formal providers (e.g. healthcare professionals) (Angel, Buckley & Sakamoto, 2001).

In the current study, Greek widows perceived more instrumental support than the British. Family instrumental support was significantly correlated to loneliness for the Greek sample, supporting the notion that Greek families provide much assistance to older widows, arguably helping to alleviate loneliness. This finding affirms the notion that families are primary welfare providers for many Greek widows. Indeed, many Greek children anticipate caring for and providing support to their parents in later

years, in accordance with familial and ingroup expectations (Drew et al., 1998; Georgas et al., 1996; Hartley, 1995; Triandis, 1989). As many older, relatively unassimilated Greek widows are often dependent on spouses for decision making, economic planning and communication with the wider community, spousal loss may predict increases in support provision from children who may help parents with day-to-day activities (e.g. grocery shopping and appointments with professions) (Krupinski, 1984; Lock & Wakewish-Dunk, 1990; Lopata, 1987). For Greek widows, family members are often the chief means of achieving social mobility (Drew et al., 1998). Conversely, British widows may benefit from increased social interaction and support from other providers (such as friends), arguably decreasing reliance on family for help with daily tasks and diminishing the probability of familial support impacting on perceptions of loneliness. Indeed, British widows perceived slightly greater emotional support from friends and this was significantly correlated to more indicators of well-being than familial support.

Limitations

There exist several limitations to this study. Firstly, culture is inherently confounded with language; observed differences in well-being are almost certainly impacted by English proficiency over and above the unique influence of cultural background.

Secondly, compared to Greek widows, the British often possess greater opportunities for social interaction outside the immediate family. Due to cultural and linguistic barriers, Greek migrants are inherently less integrated into Australian society. Greek migrants may socialize primarily within the religious sphere, whereas British migrants often possess membership to mainstream clubs and associations established specifically for older adults (or exclusively for older widows, e.g. Legacy). Whilst the researcher attempted to obtain equivalent, representative samples, more British were identified through leisure groups and more Greeks through religious groups.

Another limitation inherent in studies of migrant groups is the cultural sensitivity of subject matter. For example, some Greek participants were cautious of questions related to psychological health. Indeed, this cohort of Greek migrants may be more accustomed to somatising symptoms indicative of psychological distress, as suffering from psychological symptoms often has negative connotations (Manderson & Kokanovic, 2009). Similarly, it was ascertained during phone interviews that Greek widows often viewed such symptoms as their “fate”, or God’s will, diminishing the probability of seeking assistance from professionals (Daniilidou et al., 2004:211).

Furthermore, affirming extant research documenting the educational attainment of older Greek migrants, nearly half of the Greek sample were not formally educated, arguably increasing unfamiliarity with psychological questionnaires and rating scales (Hodge, O’Dea, English & Giles, 2004; Marmanidis, Holme & Hafner, 1994). Whilst this may be an issue for older women in general, it is arguably amplified when examining minority group members who are routinely excluded from research due to limited English proficiency (van den Hoonaard, 2005).

Additionally, many Greek widows in the current study expressed concerns about confidentiality and anonymity, despite assurances from the researcher, which may have decreased the reliability of responses. Past literature has outlined the tentativeness of Greeks in disclosing information to those outside their immediate network, even if the researcher is of the same cultural background (Mystakidou et al., 2005; Triandis & Vassiliou, 1972).

The current study's focus on two distinct cultural groups arguably precludes its applicability to other migrant groups. However, attempting to apply mainstream psychological research (or even research on other minority groups) to individuals of different cultural backgrounds is fraught with difficulties and undoubtedly neglects the unique experiences and nuances of specific migrant groups (Matsumoto & Juang, 2004). In light of the dearth of psychological research sampling older Greek migrants in Australia, specialized research is warranted.

Practical implications

The finding that older Greek widows reported significantly worse health and more symptoms of depression and loneliness compared to British widows has important clinical implications and is concerning given the lack of culturally and linguistically appropriate resources available in South Australia. Mainstream programs aimed at promoting well-being in the general community often fail to reach migrant women who are typically less likely than others to utilize resources due to cultural and linguistic barriers, confidentiality concerns, economic obstacles, shame, mistrust, stigma, attribution of ill health to external causes and lack of awareness of the availability of resources (Angel et al. 2001; Brown, Lee & Oyomopito, 1996; Matlin, 2004; Matsumoto & Juang, 2004; Runci et al., 2005). Furthermore, southern European migrants may not view depression and loneliness as issues that need be reported to healthcare professionals (Anderson, 1985; Mystakidou et al., 2005). For many Greek individuals, disclosing psychological symptoms or seeking assistance for such issues may be perceived as denoting weakness, arguably placing one's entire family at risk of stigmatisation (Bakopanos & Gifford, 2001).

Conclusion

Studies sampling older adults from culturally and linguistically diverse backgrounds in Australia are scarce. However, there exist countless ways in which Greek migrants differ compared to other groups, arguably due to their propensity to maintain old-world cultural identifications and traditions (Bakopanos & Gifford, 2001; Hartley, 1995; Karpathakis, 1999). Consequently, there are clear cultural differences regarding the meaning of widowhood and its subsequent implications for these widows. By overcoming cultural and linguistic barriers, the current study represents an innovative basis for future studies investigating well-being among older migrant widows.

Despite residing in Australia for a considerable length of time, the vast majority of older Greek widows remain relatively non-assimilated. Furthermore, due to factors such as poor English proficiency and dependencies on spouses, Greek widows are often the only non-assimilated member of the family, arguably enhancing perceptions of isolation (Krupinski, 1984). For these women, the ramifications of widowhood are arguably intensified. Indeed, Scourby (1984) stated that Greek migrants do not crave solitude like Anglo individuals may; rather, being alone is considered a hardship. As Greeks constitute one of the largest non-English speaking migrant groups in Australia, there is an undeniable need for the establishment of novel, culturally and linguistically appropriate resources targeting this sample (Hartley, 1995; Poole, 2005).

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