MY NERVES ARE BROKEN:

THE SOCIAL RELATIONS OF ILLNESS IN A GREEK-CANADIAN COMMUNITY

by

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The Social Relations of "Broken Nerves" in a Greek-Canadian Community

ABSTRACT

This thesis is an examination of the meaning of nevra (nerves) for Greek women in Montreal. Based on community and clinical interviews, I discuss the importance of the concepts of 'balance' and 'control' in Greek health beliefs, and elaborate on the concept of nevra. The terms anxiety, depression, and adaptation syndrome frequently applied to women experiencing nevra are found to be inadequate to account for the women's experience of the illness. To understand the meaning of nevra for Greek women in Montreal, one must closely examine the social relations of the women's existence: the conditions of factory work, the double-work day, and gender relations in the Greek community; in addition to Greek concepts of the link between household, health, and control of female body boundaries, and their implications for the expression of social distress. I propose the utility of Bourdieu's concept of 'habitus' to explain how social relations become "embodied".

RESUMÉ

Dans cette thèse j'examine la signification de nevra (nerfs), pour les femmes Grecques à Montréal. A partir d'entrevues faites dans la communauté elle-même et en clinique, j'analyze l'importance de l'idée d''équilibre' et de 'contrôle' dans la conception grecque de la santé, en donnant une attention particulière au concept de nevra. Les termes 'anxiété', 'dépression' et 'syndrome de l'adaptation' qui sont souvent utilisés dans le cas des femmes Grecques qui souffrent de nevra ne sont pas adéquats pour expliquer ce que vivent les femmes touchées par cette maladie. Pour comprendre ce que nevra veut dire pour les femmes Grecques il faut examiner soigneusement leurs relations sociales: les conditions de travail en usine, la double tâche et les relations entre les hommes et les femmes dans la communauté grecque; en plus de la conception que se font les femmes Grecques des liens entre le travail domestique, la santé et le contrôle des frontières corporelles féminines, ainsi que leurs implications pour l'expression de la détresse sociale. J'utilise le concept de 'habitus' de Bourdieu pour expliquer comment les relations sociales deviennent 'incorporées'.

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CHAPTER ONE - INTRODUCTION

> Because the body is the most potent metaphor of society, it is not surprising that disease is the most salient metaphor of structural crisis. All disease is disorder - metaphorically, literally, socially and politically (Turner 1984:114).

1.1 AIM OF THE THESIS

The position of "the body" at the interface of a number of on-going debates in the social sciences -- nature versus culture, desire versus reason, the individual versus society -- has led to a reexamination of this previously taken-for-granted subject. As noted in the above quote from Turner (1984), the body is coming to be recognized as an important metaphor of society, and links are being drawn between disorder of the body and social distress. Medical anthropologists have begun to explore the different perspectives from which the body may be viewed, for example: the link between individual, social, and political bodies (Scheper-Hughes and Lock 1987); the location of body and bodily symptom in space and time (Devisch 1985); and the body as a mediator between subjective experience and sociocultural context (Comaroff 1985b). More recently, the importance of the body as a medium of social distress, and the link between social relations and illness, have become the focus of a number of studies (Guarnaccia et al.:in press; Lock 1988a and 1988b; and Ong 1988).

The aim of this thesis is to add to this relatively new body of literature by examining the social relations of

nevra, a frequent health complaint among Greek women in Montreal. To arrive at an understanding of the meaning of nevra I will examine the relationship between the cultural construction of the illness experience, and the social relations of work and family life for the Greek women. I will discuss the meaning of the term nevra in its day to day usage and in a clinical setting, and examine why nevra is experienced as a sickness primarily by women. In this way I hope to contribute to a broader understanding of the concept and meaning of nerves, and the way in which social distress is expressed through the body.

1.2 A BRIEF SOCIO-ECONOMIC AND HISTORICAL PROFILE OF THE GREEKS IN MONTREAL

Greek immigration to Canada began in the 19th century as an offshoot of migration to the United States (Gavaki 1983:5). The presence of Greek immigrants in Montreal is reported as early as 1839 (Vlassis 1953:137-8). Migration remained sporadic throughout the 19th century but began to increase in the early 20th century as established migrants sponsored relatives and friends from their native areas (Gavaki 1983:6).

The earliest migrants were sailors from the Greek Islands, fur traders from Macedonia, and peasants from the Peloponnesus who were escaping the increasing poverty of their home areas, or political constraints of the Ottoman Empire (Chimbos 1980:24). They concentrated primarily in the urban centres of Montreal, Toronto and Vancouver in an

attempt to establish commercial ventures or work out of the ports. By 1931 there were 5,579 Greeks in Canada, 1,294 of whom lived in Quebec (Chimbos 1980:30).

This first wave of immigrants was responsible for the establishment of ethnic institutions such as the Greek Orthodox Church in Canada, and voluntary associations representing different villages and regions of Greece. The early migrants were concerned with preserving the Greek language and culture (Chimbos 1980:26) and maintaining contact with the patridha (homeland).

The second and largest wave of migration occurred after the second world war. It consisted mainly of rural and unskilled workers who left Greece between 1941-75. The destruction of Greece's national economy during World War II and the many years of political instability which followed left few opportunities for rural dwellers whose landbase was destroyed (Chimbos 1980:9-10). Changes in Canadian immigration policy in the 1950's and 1960's, reflecting a demand for "unskilled and semi-skilled workers in the service and manufacturing and maching sectors" (Arnopoulos 1979:4), provided an opportunity to migrate. In the late 1960's a number of highly educated and professional migrants came to Canada, many fleeing the repression of the military dictatorship (Chimbos 1980:10).

Today the Greek population of Canada totals 154,365, one-third of whom live in Quebec. The official estimate for Montreal is 35,000.[1] However, leaders of the Montreal Greek

community, suggest the actual number of Greeks in Montreal may be closer to 70,000 (Semenak 1988:A1).[2]

Upon moving to Canada most of the immigrants settled in the "Greek Ghetto" -- the lower Park Avenue-Park Extension Area -- a low-rent, low-income sector which has been the starting point for many waves of European migration in Montreal.[3] The majority of the Greek immigrants still reside in this area, but in the last decade a number have moved out to Laval, the South Shore and the West Island.

The socio-economic profile of the first-generation immigrants corresponds to what Gavaki calls "urban villagers" (1983:6). Almost one-third of those age 15 and older have only a primary school education and most (62%) are limited to the unskilled and semi-skilled job sector in garment factories, hospitals, restaurants and cleaning businesses (Gavaki 1983:6). Only 3% of those in the labour force hold managerial or administrative positions and another 6% are professionals (Gavaki 1983:6). The situation for women is even more limited with fewer women in management and professional occupations and more employed in the service and manufacturing sector. The average income in 1981 for Greek males was $11,779 and for females was $4,999 (Gavaki 1983:7).[4]

Leaders of the Greek community report that the economic situation of Greek immigrants has radically improved in recent years. They point to a number of successful Greek restaurant owners and merchants as proof of the community's

new found wealth (see Semenak 1988). However, studies indicate that in general the economic profile of Greeks in Montreal has not significantly changed in the past ten years. The Greeks still rank second lowest in average income earnings among twelve ethnic groups studied in Montreal (Gavaki 1983:7). Constantinides argues that recent economic trends have resulted in a worsened situation for many Greek immigrants because the type of jobs they hold are among the first affected by increased levels of unemployment (1983; 1984). It is against this background that my discussion of nevra and the social relations of illness for Greek women will be presented.

1.3 METHODOLOGY AND RESEARCH ORIENTATIONS

This thesis is based on both primary and secondary sources. Primary sources include original community and clinical interviews with members of the Greek community in Montreal conducted between 1982 and 1984. Data collection took place in three phases.

The first phase, the General Family Interviews, was a general ethnomedical survey conducted with 83 Greek families in Montreal (see Lock and Dunk 1986). In addition to general background information on the family, occupation, place of origin, and time of arrival in Montreal, information was gathered on traditional concepts of health and illness, the importance of the family and social support networks in dealing with health and social problems; and the

use of biomedical and alternative medical systems. Where possible both husband and wife were present, but where time conflicts arose the wife only was interviewed. This choice was made because other studies indicate that in the Greek family the woman is considered responsible for the family's health (Blum and Blum 1965). Interviews were conducted by a native Greek speaker, taperecorded and transcribed into English for analysis.

Contacts were initially made by a Greek social worker and proceeded with further contacts made through some of the families interviewed, Greek organizations, and interested community members. At least one of the adults (and in most cases both) was born in Greece and most families had children. While not a random sample, care was taken to ensure that the families chosen do typify the profile of Montreal's Greek community reported in other studies particularly with regard to area of origin in Greece, date of arrival in Canada, family size, occupation and income level, religious affiliation, area of residence in Montreal, and level of community activity (Constantinides 1983a; and Gavaki 1977) The only obvious gap in the sample is the absence of older immigrants -- those who arrived before World War II.

In analyzing the data from the General Family Interviews I was interested by the frequency with which nevra was mentioned as a health concern by the Greek respondents, and the direct links they drew between the

social relations of their work, home and family experiences and the causation of nerves. (These issues will be explored in detail in Chapter Three). At the same time, an extensive literature review I conducted on health and illness in Greece revealed no discussions of nevra as an illness construct. Wishing to explore this apparent paradox further, I decided to carry out a second phase of research to follow-up on the original findings.

In Phase Two of the project, nineteen of the original families were selected for a more indepth interview. In choosing the families an attempt was made to represent the range of responses and socio-demographic characteristics of the first respondents. The intensive family interview schedule (see Appendices C and D) was designed to elaborate on the issues raised in the General Family Interviews. In particular, I explored the concept of nevra, and its relation to other health concerns which were mentioned. Questions about disease causation followed Kleinman, Eisenberg and Good's Patient Explanatory Model (Kleinman, Eisenberg and Good 1978) to elicit information about folk models of the illnesses, personal experience of the illnesses and appropriate treatment in both the popular and biomedical settings. Additional information was collected on perceptions of health and illness in Greece and Canada. Work conditions and gender roles which were said to contribute to health problems in the first interviews were further discussed. Interviews were conducted in Greek with

the aid of a translator, taperecorded and transcribed into English for analysis. Although not a Greek speaker, I attended all of the interviews to provide a contact with the families and to answer any questions they had about the study.

Open-ended interviews were also conducted with five community workers and physicians working in the Greek community. Background information on the Greek community was obtained, and views on the health and social concerns of the community, and use of biomedical and alternative medical systems were solicited. As will be discussed in Chapter Three, while the families interviewed felt nevra should generally be dealt with in the home context, the health professionals reported that in the clinical setting they frequently encountered individuals, particularly women, experiencing nevra.

A third phase of research was then conducted to determine who experiences nevra as sickness (ie. as an illness requiring medical attention), whether it differs from descriptions given in the community studies, and how it is diagnosed and treated in a clinical setting. The clinical sample involved interviewing 25 individuals at a private Greek physician's office located in the heart of the Greek community, and another 15 individuals at the Community Clinic at the Royal Victoria Hospital. Since it is not possible in a thesis of this length to adequately address variations in experience related to different clinical

settings, I will focus my clinical discussion on the results of the 25 interviews at the private physician's office.

Interviews took place over a three-week period. People experiencing nevra, non-specific complaints and stomach problems were selected at random in the waiting room and asked to participate in the research. While a few declined due to time constraints, most participated willingly. In addition to general background information, the clinical interviews focused on the individual's explanatory model of illness[5], diagnosis and treatment by the physician, and perception of family response (see Appendix F - Clinical Interview Schedule). Interviews were conducted in Greek with the aid of translators (unless the patient was very comfortable speaking English), taperecorded and later transcribed for analysis.

Additional insights were provided by living in the two main Greek community loci (lower Park Avenue and Park Extension) for four years. I was able to observe, through day to day interaction, and as a member of a community development group, the types of support and services available to the Greek immigrants, and the dynamics of daily life.

Secondary sources for this thesis include a comparative review of French and English literature on: health, illness, and social relations in Greece; Greek immigrants in North America and Australia; immigrant women in North America; and cross-cultural material on nerves and nervios in the circum-

Mediterranean area, Latin America, the United States and Canada. As will be discussed in Chapter Two, there was little reference to nevra in the literature on Greece and no indication on the part of writers who read Greek that any information was available in Greek literature.

The main aim of the thesis is to evoke an understanding of the expression and experience of nevra for Greek immigrant women in Montreal. Thus, I have chosen to present the data collected using three combined formats to broaden the perspective: 1) while the analysis is primarily qualitative, some statistical summaries are used to more widely situate the concerns discussed; 2) lengthy quotations from the interviews illustrate the similarities and divergences of the responses and give a voice to the respondents; 3) finally, a number of case studies are presented to allow the reader to view the dynamics involved in the experience of nevra for particular individuals.

1.4 IMPORTANCE OF THE WORK

This thesis is designed to make a contribution to medical anthropology both theoretically and descriptively. The analysis of nevra among Greek women in Montreal is the first such study in any Greek population that I am aware of. The detailed discussions of nevra as an idiom of distress used in a daily context, and as a sickness in the clinical setting, contribute to the relatively limited body of cross-cultural literature on nerves. The emphasis placed on

understanding the social relations of work, home and family life for the Greek women, and how these are embodied in the experience and expression of nevra, complements current theoretical concerns raised in analyses of the anthropology of the body. In particular, the emphasis on balance and control of mind and body which is evident in the Greek respondents' concepts of health and illness, and the recognition that social distress has direct effects on the experience of self and body, supports the argument that medical anthropology theory must transcend the mind/body dichotomy of current biomedical thinking and seek ways to reincorporate body and mind in the analysis of health and illness.

Finally this thesis contributes to a relatively new, but growing body of literature on immigrant women and health in North America. It supports the contention of recent analyses that terms such as "adaptation syndrome" or "refusal to adapt" which are frequently applied to immigrant women facing work, language and other problems, are more often the result of institutional visions of reality rather than a reflection of the social relations experienced by the women. It is argued that the women's own perspectives must be taken into account to achieve an understanding of the dynamics involved in health and illness and to promote the development of constructive solutions to the problems they face.

1.5 PLAN OF THE THESIS

Chapter Two introduces the theoretical orientations of the thesis. A review of comparative literature on nerves and nervios in medical anthropology is presented and critiqued. I argue that while previous approaches to the study of nerves as sickness make an important contribution by incorporating the cultural aspects of illness construction and experience into their analyses, they fail to locate the social relations of disease which are a central focus of patient's explanatory models. I suggest that one of the reasons for this omission is reliance on the disease and illness dichotomy in medical anthropology theory which has resulted in the "reification" of disease -- making disease a 'thing-in-itself' which exists apart from the social relations in which it occurs (Taussig 1980). I propose that an appropriate level of analysis must consider both body and mind by examining the way in which the subjective bodily experience of health and illness can be a metaphor and metonym of social distress. I suggest that Bourdieu's model of "habitus" in which social relations are embodied through daily practice is useful in understanding the expression of distress through the body (Bourdieu 1977).

Chapter Three is a summary of the three phases of research in the Greek community. I discuss the respondents definitions of health and perceptions of illness in the Greek community. The concept of nevra is elaborated and the distinctions between nevra as an idiom of distress used in a

day to day context, and nevra as sickness are described. A number of case studies are presented to illustrate the experience of nevra.

In Chapter Four, comparative literature on nerves and illness in Greece and among Greek immigrants in Australia and North America is examined. I argue that the use of terms such as "adaptation syndrome" or "refusal to adapt" in describing the problems encountered by Greek immigrants is an example of the reification of disease in biomedicine. The social relations relating to the more frequent experience of nevra among women than men in Montreal are examined. The role of social and cultural factors in the construction of self and body are discussed and the effects of migration on work, family and gender roles and their implications for health are detailed. The importance of the household as the site of women's identity, understanding the female body, and maintenance of health is discussed.

Chapter Five is a summation of the arguments presented in the thesis. Comparisons are drawn between the experience of nevra for Greek women in Montreal and cross-cultural reports of nerves and nervios. I discuss the implications of the analysis of nevra in Montreal for theory in medical anthropology, and suggest directions for future research.

ENDNOTES - INTRODUCTION

1. At the time of writing the 1986 census statistics on ethnic origin were as yet unavailable from Statistics Canada. The information presented here is based on the 1981 census.

2. The difference in numbers is attributed to the limitations of the way in which the census is conducted. It is argued by many members of ethnic minorities that data on a number of people who are not fluent in English or French, or are illiterate in their own language is either missed out completely in the census or incorrectly represented. In addition, many people incorrectly report their first language as English or French for fear of stigmatization.

3. In 1951, 2.6% of the population of Park Extension was of Greek origin. By 1971 that number had risen to 42.2% reflecting the dramatic increase in Greek immigration after World War II (CLSC 1979:20). Gavaki reports that this number continued to rise into the late 1970's, at which time the Greeks made up 90% of the population of this area (Gavaki 1977).

4. See Constantinides 1983; 1984; and Gavaki 1977; 1979; 1983 for a detailed economic and social profile of the Greek community in Montreal; and Chimbos 1980 for a historical discussion of Greek migration to Canada.

5. An explanatory model of illness is a set of beliefs which contain "any or all of five issues: etiology; onset of symptoms; pathophysiology; course of sickness (severity and type of sick role); and treatment" (Kleinman 1978:87-88)

CHAPTER TWO - ORIENTATIONS: NERVES, SOCIAL RELATIONS AND THE BODY

2.1 INTRODUCTION

This chapter begins with a review of comparative literature on nerves/nervios in the circum-Mediterranean area and North America. Models used in the analysis of nerves will be discussed and critiqued. The role of medical anthropology theory in perpetuating a reification of disease will be discussed, and the need to reincorporate the social relations of illness into models of disease and illness will be stressed. I propose that by extending the sphere of analysis to include recent theoretical approaches which emphasize the expression of distress through the body a better understanding of the link between social relations and the meaning and experience of illness can be achieved. Bourdieu's concept of the embodiment of social relations through practice will be discussed as a particular model which will allow the incorporation of social relations into the examination of the meaning of disease.

2.2 APPROACHES TO NERVES/NERVIOS[1] IN ANTHROPOLOGY

References to "nerves" have appeared sporadically in literature on the circum-Mediterranean area, Mexico, Puerto Rico, the American south, North Carolina, Eastern Kentucky, Newfoundland, and studies of Latin American migrants to the United States (see for example Chapman 1971; DelVecchio

1980; Fabrega et al. 1967; Finkler 1980; Garrison 1977; Harwood 1977; Ragucci 1981; and Snow 1974). Nerves are generally described as a minor affliction, or as a symptom accompanying minor psychiatric disorders such the "ataques de nervios" reported among Puerto Rican immigrants.[2] However the analysis of nerves as an illness construct requiring further elucidation has only recently been undertaken.

One of the first efforts to seek a broader understanding of the concept of nerves was undertaken in the work of DelVecchio (1980) and Good (1977) in which the concept of "nerve distress" (narahatiye asab) in Provincial Iran is examined in relation to the authors' more central focus on "heart distress". By using a semantic illness network, a "network of words, situations, symptoms and feelings which are associated with an illness and give it meaning for the sufferer" (Good 1977:40) to unravel the concept of heart distress, the authors show that in popular[3] Islamic physiology concepts of the heart, blood, and nerves are intimately linked and thought to be profoundly affected by social stresses such as interpersonal problems and poverty (Good 1977).

The first systematic study of nerves (nervios) as an illness category was initiated by Low in Costa Rica in the 1970's. In a combined community and clinical study of two rural villages, Low found that nervios is a common complaint which covers a wide range of physical and emotional symptoms

including dizzyness, worry, grief and trembling (Bartlett and Low 1980:529). Viewed as a disturbance of the nervous system, nervios is considered by the Costa Ricans to be the opposite of tranquility (tranquilidad) which is achieved through a balance of self and the physical, social and psychological environment (Low 1981:25).

While there was a predominance of women in her sample, Low found no direct correlation between the incidence of nervios and sex, age or socio-economic status. It was experienced by men and women of all ages and social statuses (Bartlett and Low 1980:53). However she does note that informants' often attributed nervios to economic problems, sex role stresses and family problems. No traditional cure for nervios was evident. It was treated either by waiting for the attack to pass, or seeking medical assistance. Costa Rican physicians accept nervios as a valid symptom according to Low, "but usually read it as anxiety or depression and treat it with tranquilizers or anti-depressants" (Low 1981:36).

There are complex sets of meanings attached to nervios by Costa Ricans but generally it signifies a disturbance of bodily perception linked to family disruption, thus social constraints are symbolically expressed in body processes (Low 1981:37-39). Low concludes that nervios is a culture-specific complaint which allows Costa Ricans to communicate distress in a culturally-appropriate way to significant others such as the family or the physician. It provides the

physician a medium in which to explore topics such as family problems which would otherwise be considered taboo. Validation of the symptoms by the physician serves to reinforce family relationships and social equilibrium by encouraging adherence to cultural norms (Low 1981:41).

The next major contribution to the study of nerves came in the work of Davis (1982a; 1982b; 1983; 1984; 1985). Davis' study differed from Low's not only in examining the meaning of nerves in a radically different culture area -- a small Newfoundland outport -- but also by focussing on the communicative aspect of nerves in a day to day context.

While initially interested in the concept of menopause among women, Davis found that "menopause related experience is explained with the more general emic concepts of nerves and blood" (1982:212). The nerves are viewed as a physical entity (ie. strings) which have significant behavioural manifestations, and are often accompanied by headaches, fatigue and minor digestive complaints (Davis 1982a:274-275). Nerves can be inherited, or the result of a difficult life. The two most important factors in weakening the nerves in women are said to be "worry over a husband while he is out at sea and chronic stress of hard work and poverty" (Davis 1982a:213).

Davis found that nerves and worry are often viewed in a positive light by the outport women because they are seen as a contribution to the perpetuation of the family and community. Nerves and worry over the men at sea is seen to

be the "moral duty" of women (Davis 1984:275) and provides them an active role in the fishery by reinforcing their sense of belonging to the group. Through the exemplification of the stoic endurance of women, nerves can be used to enhance female status (Davis 1982a and 1982b). As Davis says,

> Newfoundland nerves are manifest in worry. They are important indicators of emotional and symbolic aspects of outport life and are important in the management of crisis and suffering (Davis 1985:1).

Davis finds that the expression of nerves can also reinforce the collective identity of the women because they are articulated in an everyday context.

Nerves are considered normal in the outport community; over 90% of the women over 35 have experienced them at some time. They are thought to be distinct from serious illness or mental illness (Davis 1985:9) and are not considered to require biomedical intervention. When chronic nerves result in a woman going to see a physician, nerves are intended, as in Low's Costa Rican case, to alert the physician to underlying social and emotional concerns. However, unlike the Costa Rican example, the translation of nerves into anxiety or depression and the prescription of "nerve pills" (tranquilizers) is generally thought to be inappropriate by the women. It is viewed as an indication of the physician's misinterpretation of local illness categories (Davis 1984:227).

In the early 1980's a number of new case studies of nerves among Puerto Ricans in New York City, Guatemalans,

Eastern Kentuckians and Newfoundlanders began to emerge, and Low undertook a reanalysis of her earlier work in light of the new data (Low 1985). Low found the term 'culture-bound syndrome,' which she had previously used to analyse the Costa Rican material, too narrow to describe the cultural variation exhibited in the new studies.

In comparing nerves and nervios among the diverse populations Low found some overlap in symptomatology and explanations of the cause of nerves among the groups. However the meanings attributed to the symptoms varied cross-culturally making a narrow definition of the concept, such as "culture-bound syndrome" implies, problematic. While headaches, fear, anger, and fatigue are symptomatic of nerves for all of the groups, and nerves are explained in terms of worry or sadness, the meaning of nerves is interpreted differently in each area. In some cases nerves are thought to be the expression of family problems or disruption, in others of poverty, and in others of anger (Low 1985:187).

Low concludes that the concept of "culturally interpreted illness" is more appropriate than culture bound syndrome when referring to nerves. She suggests that cultural interpretation takes place on three levels:

> Symptoms are culturally expressed through the body as a symbol system; symptoms are culturally received, sorted and identified within the theory of disease and cultural rules of etiology; and symptoms are given sociocultural meanings based on values and the social system (Low 1985:187-188).

The three levels of interpretation are, low points out,

particularly evident with symptoms which do not reflect a mind/body dichotomy, such as nerves (1985:188).

It is generally agreed by researchers studying nerves that positivistic approaches to disease (such as biomedicine) which aim to classify the symptoms of nerves according to existing Western categories such as anxiety and depression are inadequate (see Davis and Guarnaccia:in press). In addition to the more general question of applying disease labels cross-culturally, categories such as depression and anxiety syndrome are particularly problematic. Kleinman and Good note that depression is a complex biochemical and psychological process and conceptual problems with the term make it difficult to apply even in Western medicine (1985:2-3). They point out that evidence from cross-cultural research seems to indicate a tremendous variation in the symptoms and meaning of depression making it extremely difficult to determine whether the same illness is being discussed in all cases, or whether depression exists universally at all.

Early approaches to the study of nerves, with the exception of Davis' community study, were based on a symbolic interpretative approach. Such a model certainly improved on the positivism of biomedicine by incorporating the cultural-shaping of illnesses and illness meanings into the analysis of illness categories. However, they have tended to divert attention away from the social relations of illness by limiting the sphere of analysis to the

interaction between an individual patient and practitioner.

The primary emphases given to the cultural aspects of illness construction and the individual patient-practitioner encounter entailed in the symbolic interpretive model have recently come under criticism. Guarnaccia et al. (in press) argue that an appropriate level of analysis must include the macro-contexts of power as well as the micro-contexts of power. In examining ataques de nervios among Latinos in the U.S. Northeast, the authors show that the scope of analysis must include not only relationships among the individual and family members, but also larger issues such as political repression in the homecountry, experience of migration to the United States, and difficulties faced in the new country (in press:4).

Van Shaik also criticizes the use of symbolic interpretive approaches in her study of nerves in Eastern Kentucky. In particular, Van Shaik argues,

> Despite their greater sensitivity to the communicative aspects and the social context of popular illness terms, symbolic interpretations ... fail to situate their analysis within the relationships of inequality and domination that shape the social context (Van Shaik in press:9).

Instead, Van Shaik suggests the use of a critical hermeneutic approach in which "sources of domination and distortion in communication [such as that between patient and practitioner] are revealed" (Van Shaik in press:11). She is concerned to include, for example, the power relations inherent in the medical encounter, and more basic questions such as how some people come to be ill while

others do not. Applying this model to the analysis of nerves in Eastern Kentucky, Van Shaik argues that physician's translations of nerves as anxiety and depression mask the social origins of nerves such as poverty, environmental, and family problems which are evident in the informants statements.

2.3 THE REIFICATION OF DISEASE AND THE IMPORTANCE OF SOCIAL RELATIONS

Elsewhere I have argued, in a similar fashion to those authors cited above, that an emphasis on the cultural construction of nerves may obscure the social and material conditions and gender relations which are experienced by particular sub-groups in society and intimately linked to their experience of illness (Dunk in press). Part of the difficulty in extending the parameters of analysis to these broader social issues lies in the particular orientation medical anthropology theory has taken to the analysis of disease and illness. In an influential article, in the mid 1970's, Eisenberg (1977) drew a distinction between professional and popular ideas of sickness. He advocated the use of the term "disease" to refer to the biological abnormality treated by the physician, and the term "illness" to refer to the patient's experience of sickness. Eisenberg's disease/illness dichotomy was aimed at directing greater attention to the phenomenological aspects of the patient's illness with the hope of being able to universally classify the lived experience of illness (Eisenberg 1977).

Kleinman proposed a scheme where disease and illness retain the original meanings given by Eisenberg, but a third term "sickness" is added. Sickness, in this model, is "a blanket term to label events involving disease and/or illness" (Young 1982:265). While intended to overcome the disease/illness dichotomy, Frankenberg (1980) and Young (1982) argue that the two approaches are quite similar. As Young says,

> Specifically, both views take the individual as their object and the arena of significant events. The point is that the disease-illness view does not require writers to give an account of the ways in which social relations shape and distribute sickness (Young 1982:269).

Young proposes an alternative model in which the social relations of illness are incorporated into the analysis. As in Kleinman's model, the terms disease and illness retain their original meaning, but "sickness" is defined as:

> [T]he process by which worrisome behavioral and biological signs, particularly ones originating in disease are given socially recognizable meanings .... Sickness is, then, a process for socializing disease and illness (Young 1982:270).

Young's three-part model makes a significant improvement to Eisenberg's by recognizing the importance of the social production of disease and illness.

Taussig makes a similar argument for the incorporation of the social relations of illness into analyses. He believes that the dichotomy of disease and illness has resulted in the "reification" of disease. Drawing on Lukacs' notion that in a commodity based economy "a relation between people takes on the character of a thing and thus

acquires a 'phantom objectivity'" (Lukacs, quoted in Taussig 1980:3), Taussig says that Western medical practice has contributed to the 'phantom-objectivity of disease' by disguising the social relations embodied in illness.

> [T]hings such as the signs and symptoms of disease, as much as the technology of healing, are not "things-in-themselves", are not only biological and physical, but are also signs of social relations disguised as natural things ... (Taussig 1980:3, original emphasis).

In presenting the case study of a woman suffering from a severe muscle disorder, Taussig shows the distinctions between the physician's biomedical explanation for the illness (the reified disease) and the patient's perception. For the health care professionals the disease exists as a biological entity, and failure to resolve it lies in the patient's lack of compliance with professional advice. Yet for the patient, the cause of the disease is located in the nexus of her social relations -- her poverty, family difficulties, and religious and moral concerns.

In the process of labelling a disease, the physician selects out certain criteria for classification, thereby rejecting others. Because of the emphasis on biological versus social signs in biomedicine, the physician through the process of symptom selection and labelling participates in the construction of a clinical reality in which the disease appears to exist as a thing in itself. By contrast, the patient's explanations do not separate social dimensions from the experience of illness. In the case study discussed the woman's representation links her disease directly to her

experiences of poverty and oppression and family problems.

> [T]he causes she imputes as well as her understanding of the disease stand as iconic metaphors and metonyms of one another, all mapped into the disease as the arch-metaphor standing for that oppression (Taussig 1980:6).

For the patient, the cause and experience of the illness are both metaphor and metonym[4] of the disease itself and shape and reshape her experience of it through time.

2.4 THE EMBODIMENT OF SOCIAL RELATIONS

The use of the body to symbolically express distress has been well documented by anthropologists (see discussion in Scheper-Hughes and Lock 1987). The way in which distress is expressed is culturally constructed and can, as Lock points out, vary "from a dramatized performance or ritual, to the employment of altered states of consciousness, to direct verbalization of the problem, through to more subtle forms in which the corporeal body rebels" (Lock 1987:10-11). Among the diverse cross-cultural examples described in recent case studies are: anorexia nervosa and bulimia as individual forms of protest against the consumer self promoted in Western society (Turner 1984:180); school refusal syndrome and somatization among Japanese housewives as reactions to the restriction of children and women's roles in the Japanese family and society (Lock 1986; 1987; 1988a; 1988b); the collective healing rites of Zionist Tsidi in South African as a response to oppression by White society (Comaroff 1985a; 1985b); and attacks of spirit

possession among young female Malaysian factory workers in response to the pressures of the work situation (Ong 1988). In each of these examples, bodily affliction is seen as a metaphor of the unequal power relations experienced by its sufferers.

While not explicitly a theory of the body, the work of Bourdieu (1977) makes an important contribution toward understanding how social relations become embodied and why social distress is expressed through the body. Bourdieu's theory of practice is an examination of how social principles are generated. The driving force of practice is, according to Bourdieu, not a set of rules or norms, but rather "habitus" - "systems of transposable dispositions" (Bourdieu 1977:72). These dispositions are "structured structures predisposed to function ... as principles of the generation and structuring of practices and representations" (Bourdieu 1977:72). One of the effects of habitus is to turn history into nature. Because the embodiment takes place in the course of daily practice it is not a consciously acquired phenomenon but appears as part of a commonsense world which is reinforced by the actions of others who share that habitus. Bourdieu terms this apparent naturalness doxa. The homogeneity of habitus, for example, causes practices of others to be immediately understandable in an unconscious way (Bourdieu 1977:80).

Habitus is produced in day to day living starting with our earliest experiences. The relationship of body and

space is learned through practice and informs us of the embodiment of other structures in the world. Using as an example the Kabyle of Algeria, Bourdieu shows how through daily practice the house becomes a central location for generating schemes about self, family and society. The Kabyle house is set up in accordance with a series of oppositions: fire/water, cooked/raw, high/low, light/shade, day/night and male/female (Bourdieu 1977:90). These divisions which are found in the organization of space and activities in the house correspond to the organization of Kabyle villages and society as a whole. Children learn about the embodiment of their world through practice, thus for example,

> The child constructs its sexual identity at the same time as it constructs its image of the division of work between the sexes out of the same socially defined set of inseparable biological and social indices (Bourdieu 1977:93).

The Kabyle child learns to "read" the house and the world through his/her body and these practices come to have an objective meaning which is not conscious.

Habitus structures not only the group's representation of the world, but also the group itself which is ordered in relation to its representation (Bourdieu 1977:163). For the Kabyle this is evident in the case of gender relations. The organization of men's and women's existence as separate in time and place, ie. women are in the public places when the men are elsewhere, functions to both separate and rank the relationship. The "fuzzy logic" of practice allows both the

integration and the diversity of the division of labour in this example (Bourdieu 1977:163).

2.5 CONCLUSION

Bourdieu's theory of habitus inscribed through bodily practice may offer a means of examining how the embodiment of social relations and their expression as disease takes place. While earlier approaches to nerves made a valuable contribution by expanding the realm of discourse from positivist biomedical disease classifications to include the cultural construction of illness forms and the dynamics of the patient-practitioner encounter, they failed to explore the importance of social relations evident in the accounts of the sufferers themselves. One of the reasons for this gap has been the "reification" of the concept of disease which resulted from the distinction drawn between disease and illness in medical anthropology theory. While intended to emphasize the phenomenological aspects of the illness experience, this schema has perpetuated a dichotomy between mind and body which is not reflected in the experiences of the sick for whom the disease is both a metaphor and metonym of social relations.

Turning now to the example of nevra in Montreal I will present and discuss the meaning of nevra for Greek women and why it is that women suffer more frequently than men from nevra as sickness. I will elaborate on the social relations involved in nevra as represented by the respondents

themselves and explore, through Bourdieu's concept of habitus, how these social relations become embodied in nevra.

ENDNOTES - CHAPTER TWO

1. The terms nerves, nervios, and nevra are used synonymously throughout the text as they appear to be very similar in meaning.

2. The literature on ataques de nervios is only briefly touched on here. The acute episodes of ataques de nervios, often involving uncontrolled shaking, temporary paralysis, and loss of consciousness, bear little resemblance to respondents descriptions of nevra in Montreal. For a detailed analysis of ataques de nervios see Crapanzano and Garrison, eds. 1977; Guarnaccia et al. in press; Harwood 1977a; 1977b; and 1981).

3. The term "popular medicine" refers to the medicine of lay people and the home, as distinct from the official biomedical system.

4. Metonomy is defined in The Concise Oxford Dictionary as "substitution of the name of an attribute for that of the thing meant" (Fowler and Fowler 1964:764). In the particular example quoted by Taussig, the name of the disease comes to stand for the causes and experiences of the disease, thus the term metonym is particularly applicable. This usage of the term in relation to sickness is followed throughout the thesis.

CHAPTER THREE - HEALTH, ILLNESS, AND THE CONCEPT OF NEVRA AMONG GREEKS IN MONTREAL

3.1 INTRODUCTION

This chapter is primarily descriptive in nature. The results of the three phases of research -- the General Family Interviews, the Intensive Family Interviews, and the Clinical Interviews -- will be presented and summarized. Concerns about health and illness in the Greek community, and the concept of nevra are elaborated. Distinctions between nevra as an idiom of distress experienced in a day to day context (as described in the family interviews) and nevra as sickness (as described in the clinical interviews) will be drawn. Detailed statements from the informants, and case studies from the clinical sample are used to illustrate the experience of nevra. The chapter concludes with a discussion of health professionals' responses to nevra and a summation of the research results.

3.2 THE GENERAL FAMILY INTERVIEWS

1. Characteristics of the Study Group

As previously noted, 83 families participated in the first phase of the study which consisted of general family interviews. At least one, and generally both of the adults were born in Greece. The women range from 24 to 50 years of age with a mean age of 35. The men are between 28 and 55 years of age, with a mean age of 38. On average the men are 4 years older than their wives. Only one of the families does not have any children. The remainder range from one to

four children with an average of 2 children per family.

Fourteen percent of the families have an extended-family member living with them such as the wife or husband's parents or a sibling. Ninety-three percent have relatives on either the husband's or the wife's side of the family living in Montreal and 42% have at least one relative of both the husband and the wife here.

The respondents represent all of the major regions in Greece with the majority coming from Central Greece and Thessaly (35.2%), and the Peloponnesus (24.7%). The other areas of origin in order of frequency are: Crete (19.1%), the Ionian Islands (8%), the Aegian Islands (5%), Northern Greece (4.3%), and Cyprus (1.2%). (Two of the respondents were born in Montreal). Most are from small towns or villages of less than 10,000 people (57.8%) with almost 30% coming from villages of under 1,000 people. Twenty-six percent are from small towns or cities of between 1,000 and 50,000 in population. Only 17% are from metropolitan centres with a population over 50,000.

All of the adults immigrated to Canada between 1953 and 1979. Eighteen percent arrived between 1956-60, and 18.6% arrived between 1961-65. The largest single period of migration for the respondents was 1966-70 during which time 34.8% arrived. Nineteen percent came to Canada between 1971-75 and only 5% after 1976. The patterns of migration for men and women are generally similar, however, more women than men migrated before 1960, (27 % of the

women, as opposed to 18% of the men.[1]

The most frequent occupations for the men are in the service and manufacturing sector (58%) such as factory, bakery, and restaurant workers. Ten percent are semi-skilled workers and only 6% are professionals. An additional 22% are business owner/workers such as in the restaurant industry and cleaning businesses. Many of these are joint ventures with the co-owners working 12-14 hour days, 6 days a week. Four percent of the men are students.

Fifty-seven percent of the women in the survey initially identified themselves as housewives, although it later became clear that a number of these women are doing "homework" (piecework for the garment trade) out of their own homes. Women with young children frequently "mis"represented themselve in this respect. An additional 32.5% are employed in the service and manufacturing sector as sewing machine operators (20%), saleswomen (8.5%), and waitresses, cleaners and bakery workers (3.5%). Only 2.4% of the women are business owner/workers, and 1.2% are professionals. In addition, 1.2% are secretaries and 4.8% are students.

Ninety-two percent of the families are members of the Greek Orthodox church. Other religious affiliations mentioned, in order of frequency, are Protestant (2.4%), and evangelical Christian and born-again Christian (1.2% each). Four percent of the respondents are atheists.

2. Concepts of Health in the Greek Community

When asked "Do you think it is important to look after your health?", all of the respondents agreed that it is. Varying definitions of health are given, but they can be broadly classed into three main categories: half (51.2%) say that health is necessary to lead a normal, happy life, and allows one to contribute to both family and society.

> Health is normal behaviour. A healthy person can contribute very much to his family and further to the society (garment worker, age 30, arrived in 1970)[2].

> If I am healthy I can work, I can enjoy myself and I am not a burden for others (housewife, age 35, arrived in 1968).

> Health is a condition where a person can do everything without causing problems to his family, friends and himself. He can work, enjoy life and be happy (secretary, age 36, arrived in 1968).

> Good health gives you a feeling of good spirits. When a person is healthy he is happier and can do better work and this leads to a normal, creative life (housewife, age 42, arrived in 1975).

An emphasis on moderation in lifestyle and maintaining a balance is also evident in a number of these comments.

> Health is when you pay attention to yourself -- get enough rest, eat well and stay clean (building cleaner, age 38, arrived in 1971).

> Health is not worrying too much and not eating too much (housewife, age 33, arrived in 1968).

> I think mostly that health has to do with the psychology of a person, having a good diet, harmony in life (not consuming too much drink or cigarettes), having a clean house and eating healthy food (housewife, age 26, arrived in 1972).

The second most frequent response is that health is the most important thing in life -- a gift (39%) -- as the

following responses indicate:

> Health is the most important thing in a man's life. Having good health is like being rich (garment worker, age 35, arrived in 1966).
>
> Health is a feeling of well-being, and this is the most valuable thing (housewife, age 36, arrived in 1966).
>
> Health means much more than not being sick. It gives you a feeling of good spirit. When you are healthy you say that you feel great!. You are happier and you do better work (teacher, age 25, arrived in 1975).
>
> Health is the best thing, to be satisfied is to be healthy and calm (unemployed garment worker, age 50, arrived in 1954).

Only 9.8% of the respondents define health as merely the absence of disease or illness.

> Health is not having physical or psychological problems (housewife, age 25, arrived in 1960).
>
> Health is a state where no sickness is known (housewife, age 25, arrived in 1977).

One person feels that health is a utopia which can never be achieved because of poor environmental conditions in Canada:

> We don't create the state of "health". And even if we were the ones to create it, we couldn't do it here because we reside in polluted environments and cities and we work in factories where all the necessary health provisions are nonexistent. I can't recall myself as a healthy person since I began to live and work in these conditions. Health is a utopia for me (garment worker, age 30, arrived in 1970).

The measures suggested by respondents to encourage good health include the following: regular medical and dental check-ups, exercise, eating a balanced diet (not too many "heavy" foods, such as Greek sauces), maintaining personal

and household cleanliness; and relaxing, being calm, and trying not to work too hard.

3. Perceptions of Illness in the Greek Community

When asked "What stops you from being healthy most often?", almost half of the respondents (44.1%) said distress, fatigue, worrying, anxiety and nevra (nerves).

> Nevra, distress and overwork (housewife, age 31, arrived in 1965).
>
> Stress which causes nevra and overwork (housewife, age 36, arrived in 1969).
>
> Distress and weather changes (housewife, age 25, arrived in 1970).
>
> Nevra: the children upset you, family problems and the economic situation (housewife, age 28, arrived in 1971).
>
> Stress, overwork and nevra (which arises from working too much, family problems and problems at my place or work (garment worker, age 25, arrived in 1977).
>
> Worries which result in nevra. Overwork with the house, the kids, and nostalgia for my country and parents (housewife, age 28, arrived in 1970).

Another one-third (28.3%) cite economic difficulties in Canada as a contributing factor to poor health.

Other factors negatively affecting health are: poor lifestyle (6.9%); family problems (6.2%); diet (3.4%); nostalgia for Greece (2.8%); weather (2.1%); lack of exercise (2.1%); environmental pollution (1.4%); and monotony (.7%). One respondent (.7%) blames bacteria for health problems and contrasts this with what she labels her parents more "traditional" view of illness:

> Our parents tell us that the biggest obstacle to good health is anxiety or stress. However we in life today know that it is bacteria and we must rely on doctors to find the source (housewife, age 40, arrived in 1961).

About one-third of the respondents (30.1%) know someone who is ill quite often. These illnesses are attributed by almost half of the respondents (42.3%) to nevra, distress, depression and nervous breakdowns. Other reasons frequently given are: migraines or headaches (19.2%); heart or circulatory problems (11.5%); and pneumonia (7.7%).

Headaches are the single-most frequent complaint people have after a difficult day (60.2%). This is followed by nevra, distress, and depression (19.3%), fatigue (4.8%), back and body aches (6.0%), stomach aches (3.6%) and allergies (1.2%). Only 4.8% said they have no complaints.

When asked "What are the major health problems in the Greek community?", a frequently cited response is "nevra, distress and tension, especially for women" (21.8%). Nevra is attributed to stress, conditions of work in the garment factories, gender roles, and family problems as indicated in the following statements:

> Nevra. Very many people are using pills for nevra. What causes nevra? Too much work, stress, family problems, and anxiety about whether to return to Greece (salesclerk, age 30, arrived in 1959).

> Nevra, among women especially. When I say nevra I mean this continuous alertness -- that is, getting up at 6:00 a.m., making breakfast, bringing the children to the babysitter, then going to work, and working quickly to make as many pieces of clothing as you can, while having the forelady on top of you urging you to work faster and faster. At 6:00 p.m. you come back to the house, cook dinner, wash clothes, iron them, clean the house

> and all that. After that is the stress of life generally -- how to make your life and living conditions better, and how to become in a way successful (garment worker, age 40, arrived in 1965).
>
> From what I hear, nevra. When I say that I mean distress, hard work, and nostalgia for our country (garment worker, age 41, arrived in 1963).
>
> Nevra among women especially (garment worker, age 40, arrived in 1965).

Twenty-one percent cite stomach problems for both men and women as a major concern, while others mention too much work (8.2%), cancer and heart problems (7.3% each), thalassemia,[3] and arthritis (3.5% each), headaches (2.7%), hypertension (1.8%), family problems and nostalgia for Greece (.9% each).

> A major health problem is the constant struggle for economic security. It is a constant burden that affects our well-being (unemployed garment worker, age 50, arrived in 1954).
>
> The major health problems in the Greek community are stomach problems, stress, overwork and high blood pressure (garment worker, age 30, arrived in 1966).
>
> We have problems of adapting to the climate and overwork (housewife, age 31, arrived in 1965).
>
> Stomach problems are our biggest problem (housewife, age 27, arrived in 1969).

Twenty-one percent of the respondents say they do not know what the major health problems in the Greek community are.

When asked what causes nevra, stress and tension, over one-third (36.7%) attributed these problems to overwork.

> What causes nevra? Problems, worries and too much work (salesclerk, age 30, arrived in 1959).
>
> Fatigue and overwork are the causes. (cleaner, age 38, arrived in 1971).

> Nevra is caused by overwork. We must take care of our families and we are away from our own country. (garment worker, age 31, arrived in 1966).
>
> Many mothers I have heard suffer from nerves, because of worries from their children and the responsibility of their families. It is because of the anxiety they suffer from. That is why they have all of these problems (garment worker, age 36, arrived in 1968).

Other causal factors mentioned are nostalgia for Greece (26.7%), family problems and the new environment (13.3% each), and the climate (6.7%).

> Fatigue and nevra are due to too much work and nostalgia for our country (housewife, age 36, arrived in 1972).
>
> Stress and nostalgia for our country are the problems (housewife, age 33, arrived in 1968).
>
> The Greek community suffers most from family problems, some more, some less. Their children with whom they don't communicate cause them distress when they get involved with bad company. There is disharmony in the home, overwork and not enough interest in the home (housewife, age 36, arrived in 1966).

Three percent are not sure what the causes are.

Stomach problems are primarily attributed to distress, worries, and depression (41.9%); smoking and drinking; poor diets including spicy foods and heavy sauces (each 23.1%); overwork (2.6%); and poor circulation and stomach acid (each .9%). A small number (7.7%) were not able to suggest what the causes are.

4. Summary of the General Family Interviews

The concept of health elaborated by the Greek respondents is physiological in nature. Health is viewed as

a positive state which is achieved through the balance of mind, body and emotions. This is distinct from ontological approaches such as the biomedical system in which health is viewed as the absence of disease. The respondents emphasized the importance of balance and moderation in work, diet, and control of the emotions to maintain health.

Nevra, distress, fatigue and headaches are frequent illness complaints mentioned by the informants, and are perceived by them to be significant problems in the Greek community as a whole. Nevra is attributed variously to overwork, economic difficulties, worries created by these difficulties, family problems, gender roles and nostalgia for Greece. Nevra is thought to be experienced more frequently by women than men because of women's home responsibilities in addition to work and the pressures of their jobs. These issues will be further elaborated in the discussion of the Intensive Family Interviews below.

3.3 THE INTENSIVE FAMILY INTERVIEWS

1. Comparative Experiences of Family Health

Almost half of the respondents (42.1%) feel that in general their family was healthier in Greece than it is here in Canada. This is attributed by the respondents to the difference between Canadian and Greek climates ("you are healthiest in the place you were born" was a frequent comment), and to concerns about the difficult lifestyle in Canada (working too hard) and less pollution and cleaner

food in Greece.

> I personally feel that a person, the constitution, will feel better in the place he was born. This is the healthiest place for him. For myself, I think it is better in Greece, for my children, maybe it is here (housewife, age 33, arrived in 1966).
>
> To be honest, I don't like it here. I feel that when I go back there I'm better, healthier, although now it is a bit of a problem going there with the child. I think it is healthier there due to the Greek climate, we have the same regular routine, and we all speak our language. Here it is very difficult (housewife, age 40, arrived in 1960).
>
> I think wherever the best climate is. Here (Canada) because people work too hard there is more anxos (anxiety), to gather money and return to Greece. In Greece people stay there, they have less anxos. Here younger people have heart problems at 40 or 42 years of age. They are healthier where there is less anxos (housewife, age 32, arrived in 1976).
>
> People are healthier in Greece because of the climate. When I came here I suffered all over, in the legs, my back, everywhere. In 1979 I returned to Greece for two to three weeks and when I was there I had no problems (garment worker, age 35, arrived in 1966).

One-third of the respondents (31.6%) said that their family is healthier in Canada. These people cite the better Canadian medical system[4], and prosperity in Canada as reasons for their improved health.

> In my opinion my family is better off here, especially the children because in Greece the lines were long and doctors didn't pay too much attention. In Greece you had to have money to provide for the family and there was not much information for new mothers. We have a lot of opportunities here to learn (salesclerk, age 35, arrived in 1962).
>
> Well it has to be here because here people have what they want, they don't worry for anything. Whatever they want, they buy or can have. In

> Greece if you want something you can't necessarily buy it, whereas here you can. All these worries cause illness (garment worker, age 42, arrived in 1973).
>
> It's better here because the doctors, the machines and the hospitals are better (garment worker, age 45, arrived in 1966).

Five percent feel that their family's health is the same in both countries, while another 10.5% say that each country offers some advantages and disadvantages.

When asked whether the health of women, men and children is generally better in Greece or Canada a number of interesting distinctions arose. Respondents are split on where children are healthier with 36.8% answering Greece and Canada alike.

> For the children as well, the better country is Greece . . .because of the climate (housewife, age 33, arrived in 1966).
>
> It is cleaner there [Greece] and they can play outside (housewife, age 36, arrived in 1964).
>
> For children it is better here (salesclerk, age 35, arrived in 1962).

Ten percent feel that children's health is the same in both countries.

Half of the respondents (47%) say that men are healthier in Greece, while 26.3% believe they are healthier in Canada. The remaining one-quarter are not sure where men are healthier. However two-thirds of the respondents (63.2%) state that women are healthier in Greece, while only 10.5% feel that they are healthier in Canada. Again one-quarter are not sure where women are healthier. The primary reasons mentioned for the differences in women's health are

the pressures of work in Canada, the double-work day experienced by women, nostalgia for Greece, and difficulties in adapting to the climate in Montreal.

> For the men, let me tell you, it's better here (housewife, age 36, arrived in 1964).

> Men are healthier here. I think men adapt better than women. Men don't have the same longing within them as me to go back to Greece (housewife, age 42, arrived in 1975).

> Women are less healthy here. Maybe it's the weather or we work harder here so we are less healthy. It's not the country, but the weather. We work for a different reason. It's the same thing for men. People work too hard here. In Greece the body has an afternoon break to relax (salesclerk, age 35, arrived in 1961).

A respondent who felt that men are healthier in Greece said,

> Because most Greeks have more freedom in Greece, I think the men have more difficulty in adapting than the women. In Greece they [the men] are more open, here they're more restrained (closed), like they're holding back (housewife, age 26, arrived in 1972).

2. Elaboration of the Concept of Nevra

The symptoms of nevra are said by the respondents to vary in an everyday context, but are usually described as a feeling of 'loss of control', of being grabbed by one's nerves which 'burst' or 'break out' resulting in behaviour not usually characteristic of the person. A person with nevra is said to scream or shout and sometimes throw things or hit the children. The behaviourial changes described are often said to be accompanied by headaches, dizzyness, and a feeling of melancholy[5]. The expression commonly used by sufferers is "I've had it up to here (gesturing to the top

of the head) my nerves are broken!"

> When I get nevra I am a wild beast. Best no one should talk to me when I am feeling this because I can't cope. I may burst out crying, or I get melancholic, or I might talk it out. I'll talk and talk and talk until it is over (housewife, age 35, arrived in 1968).
>
> When I get nerves I get various symptoms. My nose gets blocked and I can't catch my breath, I have trouble breathing (garment worker, age 30, arrived in 1972).
>
> When you are nervous you are very, very different -- you are not yourself. Your head hurts, your very being is tense. You scream and shout. (housewife, age 42, arrived in 1975).
>
> Most of the Greek women I know are complaining that they have nevra. This is the Greek curse. ...I feel the same way. I have headaches and I don't feel good. I scream and shout (garment worker, age 42, arrived in 1964).
>
> When I have nevra I feel like killing a person, in a manner of speaking. It helps if I shout or scream. To be truthful when I have nevra I cry a lot (housewife, age 27, arrived in 1980).
>
> I feel as though I am boiling inside. I want to hit the small ones so I must leave the children when I have nevra (housewife, age 32, arrived in 1976).
>
> A person with nevra is like a crazy person. They don't even know what they say or what they are doing. A person who is nervous can do the greatest evil, not because they want to, but because their nevra makes them act like they are crazy. That is why someone who has nevra has to get away so as not to 'burst out' or 'break out' (housewife, age 36, arrived in 1972).

Nevra is attributed by the respondents to the variety of difficulties faced by immigrants in North America. Economic concerns are frequently mentioned, as are language problems, poor conditions of work, the anxos (anxiety) created by piecework in the factories, gender roles and

women's double-work day, family problems, the weather, and in general, the distress (stenoxoria)[6] of their life in Canada. A few respondents said that certain individuals were more susceptible to nevra because of their weak krasis (character or constitution).

> It depends on the individual. There are some women that are bothered by being shut up in the house, just like some men are bothered by monotony on the job (housewife, age 26, arrived in 1972).
>
> The Greek comes to a foreign land and he has this anxos (anxiety) to return to the patridha (homeland). With the family, they can't manage and this anxos stays within them and they always suffer. We constantly hear it -- "the anxos has us" (housewife, age 33, arrived in 1966).
>
> It's stenoxoria. The local ways of life, the unemployment and when you don't have that with which to overcome it. Sometimes it's the children. Sometimes everything is at fault (housewife, age 36, arrived in 1964).
>
> I believe that all Greeks suffer more from this illness because they attempt to get money and return to Greece. This creates nevra in the family situation and they have anxos from the work in the factory (housewife, age 38, arrived in 1968).
>
> I think nevra is caused by the type of lifestyle in which we live. Life is too fast, too quick, we are always rushing about. Even if I don't work and I stay home I always have this stress. We all do. In Greece it is different because we relax in the afternoons, we nap (housewife, age 40, arrived in 1960).
>
> Nevra comes from worries, trouble and poverty and from the pressure to work quickly at the factory (male, restaurant worker, age 46, arrived in 1973).
>
> Nevra is usually set off by your husband or your children. When you tell them something and they don't listen to you it makes you nervous (housewife, age 27, arrived in 1980).
>
> I think that nevra is an illness that everyone is

> accustomed to today. Without a doubt, when you don't lead a normal life, when you are constantly tired, in the house and sorrowed (stenoxoria)... All these things cause nevra. And monotony ... when you stay inside the house constantly, and you lead a life of the same things all the time, you get nevra. Or when you have to work all of the time, and you have to be there on time, or you have trouble with your job ... all these things. Life today is just nevra (housewife, age 36, arrived in 1972).

While men, women and children can all experience nevra, women are thought to experience it much more frequently. This is generally attributed by the respondents to women's family responsibilities and their work both inside and outside the home.

> In the afternoon, when the woman comes home from work there is the house, the need to cook, and the children in the middle. All these things will cause her stenoxoria and to nevriasi [to become nervous] (housewife, age 33, arrived in 1966).

> There are men who have it, but I believe women have it more because it is they who have to deal with the children, with the family. Everything is connected with the woman: the cooking, the washing, and so on (garment worker, age 30, arrived in 1972).

> I think it is the women who stay inside the house, who don't go outside to work. They can't cope with the anxos and the children. They don't have a proper job and when they're locked inside the house they get nervous (housewife, age 32, arrived in 1976).

> The men pretend they have nevra, but what is it that can give them nevra? They have one responsibility, and that is to bring home money. At least with those that I know. A woman has so many things (housewife, age 35, arrived in 1968).

> I suppose men get nevra, but not as much as the women. The woman has more responsibilities in the Greek family and more troubles. The men wear the pants for real life in the Greek house in every way so that makes life easier for them (garment worker, age 42, arrived in 1964).

> Women are much more nervous because they have many more responsibilities: the house; if they work they have that plus the boss; if they are home, the household responsibilities; the children; and for the Greeks the woman does everything. The man doesn't towel the dishes, the broom, nothing. The woman does everything (housewife, age 27, arrived in 1980).

One respondent feels that women are more susceptible to nevra because they have a "more sensitive metabolism" than men (housewife, age 40, arrived in 1960).

Those respondents who say that men have more nevra attribute this to the more "spontaneous character" of men, and problems men have in adapting to the Canadian lifestyle.

> I think it depends on the type of life of each individual, but from what I hear, men have more nevra. A woman can stay at home with the children and has more patience with them. A man can only endure them for one or two hours, and the littlest thing on his job will make him nervous (housewife, age 37, arrived in 1970).

If one's parents have nevra it is thought by some that the children may inherit it from them.

> I knew a young girl who when she reached 14 inherited her mother's nevra. Her mother suffered a mental breakdown when she was very young too. Even here I knew such a woman who was ill from nerves who got married and gave birth to a child -- well at 12 years old it was fraught with nevra. The doctors said it was a bundle of nervous tics (garment worker, age 35, arrived in 1966).

One woman who suffers from nevra can remember her mother having frequent attacks and says "the whole of Athens could hear her shouting when she did" (housewife, age 27, arrived in 1980).

While some people do not think that nevra exists in Greece (according to one respondent there is nothing to

worry about in the villages), others say that it does occur there but is much more common in Canada, particularly among women. This is again attributed by the respondents to the hectic pace of life in Canada and the pressures of work in the factories.

> We were born in Greece and that is where we grew up. We came here as adults. Naturally we had gotten used to a different way of life and we were used to freedom. All of us Europeans suffer more here. It must be the way people live their life here, even the doctor tells you this (garment worker, age 30, arrived in 1972).
>
> People get more nevra here because they worry about money (male, restaurant worker, age 46, arrived in 1973).
>
> People get nevra more in Canada because they came with nothing and they are trying to get ahead (housewife, age 35, arrived in 1968).
>
> They have nevra in Greece and they have them here, but here in Montreal life is much narrower [more constrained]. I hear a lot of women in Montreal are using pills for nevra, more here than in Greece (garment worker, age 35, arrived in 1966).
>
> There is more pressure here .... I come from a city of about 40,000 in Greece and they don't have the pressure we have here. My aunt works in a factory in my city and she says the work is hard, but not like here. You know here you have someone on top of your head all of the time pressuring you to work more (garment worker, age 42, arrived in 1964).

One respondent says that men are more susceptible to nerves in Greece than women:

> To be truthful, in Greece men also have nevra. Men tend to be very spontaneous. I noticed that when we lived there men were always more quick to boil, to become nervous. But here men stay at home more than they do in Greece. It is women who have nevra more in Canada (housewife, age 40, arrived in 1960).
>
> In general, attacks of nevra are thought to be

temporary and do not prevent the sufferer from going to work or carrying on with their regular daily routine. Most people feel that nevra will pass if those around the sufferer are sensitive to his or her needs. The appropriate means of dealing with an attack of nevra depends on what causes the attack and how serious it is. In general respondents say that it should be dealt by the sufferer, or by the family. Whoever is nearby should help out. If an attack is precipitated by an event at home, the family should help out with the work around the house, or whatever is required to alleviate the problem.

> Generally, whoever is in the family should help. It might not be the father or mother -- whoever is close by the person can help them. When it is not possible for others to help him or her, then by themselves I think they can escape it (housewife, age 26, arrived in 1972).
>
> The closest person should help -- it's a family affair (housewife, age 33, arrived in 1966).
>
> Those who are well have to help with their patience and understanding (housewife, age 35, arrived in 1968).
>
> They have to help themselves. They shouldn't worry and should let incidents pass which make them nervous. They shouldn't let it bother them that their child has broken a dish or whatever (garment worker, age 42, arrived in 1973).
>
> You have to take control of yourself. When I come and find my house a mess this makes me angry and nervous and naturally my husband has to help me out with the work when I'm full of nevra (garment worker, age 35, arrived in 1966).

Several people mentioned that the best means of dealing with nevra is to lie down and try and restore "tranquility" or to "draw the nerves back inside". Others prefer to go

out and visit a friend or relative for a few hours, to do needlework or clean the house, and for a few "having a good cry" seems to help.

> Some people who have nevra can be led to clean the entire house, and this makes them feel better. Some people do needlework to quiet their nerves. My mother used to get on the loom and you could hear her banging on the spindles as she worked off her nevra. I don't like to do anything when I have nevra. I just sit on a chair (housewife, age 27, arrived in 1980).

> It depends on the nevra. Sometimes from too much work or monotony you need a vacation, to go somewhere and see other people (housewife, age 36, arrived in 1972).

> Generally I go and lie down for awhile. I lay my head down for a few hours and I don't want to see anything in front of me (housewife, age 35, arrived in 1968).

> If you are really in a bad state you go outside until it passes. Go outside for a walk or you visit someone and talk for awhile (garment worker, age 30, arrived in 1972).

Most respondents do not think it appropriate to see a doctor unless the attacks of nevra are very severe or chronic. In these cases, medical attention is considered to be warranted, but most people remain skeptical about the efficacy of medication in curing nevra.

> I don't believe that I have to go to the doctor. It is an illness that I can overcome alone. It is not an illness for me, but something tiring, something that does not leave a person, but in the end slowly, slowly, wastes them (housewife, age 26, arrived in 1972).

> They should not go to the doctor for nevra. The best drug for nevra is to sing and throw it out. You must have a lot of nerves to go to a doctor, and they must affect things that you would not normally be doing (garment worker, age 45, arrived in 1966).

> If you are really in a bad state, and can't cope for any reason or if you have the nevra which doesn't allow you to sleep then you need help. The doctor will give you some kind of pills (garment worker, age 30, arrived in 1972).
>
> The doctor can't do anything for you (housewife, age 42, 1975).
>
> If your nerves are very heavy then you should see the doctor. From what I hear they have pills for that (housewife, age 35, arrived in 1968).
>
> You have to reach a high stage before you go to the doctor, but when you reach this level I don't know of something to calm the nerves. The doctor will give you drugs but I don't think this will help (male, cleaner, age 36, arrived in 1974).
>
> I believe even with medical help the nevra can't be treated. It is one of the difficult illnesses (housewife, age 38, arrived in 1968).

One woman said going to the doctor is inappropriate because medication is prescribed too frequently and does not resolve the basic problems. She knows many women who are taking pills and do not even know what they are taking. Another person feels that anyone with nevra should go to the doctor who can "make a therapy to hold your nerves inside" (housewife, age 36, arrived in 1964).

One woman describes herself as having been a chronic nevra sufferer. For years she had taken pills for her nerves which she says were caused by the pressures of life in North America. Her doctors told her she would have to take pills for the rest of her life. Her solution was to become a born-again Christian and to give up her medication. Since she knows many other Greek women in Montreal who were having a similar experience with nevra, she has had an extra phone line installed in her home to do informal counselling

with other women. She describes her solution to the problem of nevra as follows:

> Your nervous system gets weak from poverty and the sickness around you. Now I believe in God, and He will help and give me strength. If people don't trust in God they need someone to listen to them. I am a good listener, but after awhile they must turn to God, especially the women who are more nervous. Women have more pressure from the family and society and we try to be perfect. We expect too much from ourselves.
>
> People must learn to control the problems themselves. . .. Doctors can't help because they have their own nerves. A nervous person needs someone to talk to all of the time but a doctor gives you 2 or 3 minutes at the most... Most of the women who call me have problems with their nerves and are being prescribed a lot of medication. I tell them to give up on the medication and pray to God as an alternative (salesclerk, age 35, arrived in 1961).

Respondents said that going to a psychiatrist or psychologist is also inappropriate. Several people note that in Greece you would be thought of as crazy if people found out you had visited such a doctor because mental illness is thought to reflect badly on the family's reputation (see Blum and Blum 1965 for a further discussion of this issue).

3. Summary of the Intensive Family Interviews

Respondents varied in their perceptions of whether their families were healthier in Greece or in Canada, but most people felt they were healthier in Greece. This was attributed to the better climate in Greece, and the slower pace of life. Respondents were split on the relative health of men and children in Greece and Canada, but two-thirds

felt that women were healthier in Greece. This was primarily attributed to work conditions in Canada, the double-work experienced by women and difficulties adapting to the climate.

The difficulties of life in North America, including economic concerns, language problems, and pressured work situations are thought to be the causes of nevra, which respondents report is most often experienced by women. The symtoms of nevra vary in the respondents' statements, but involve a sense of "loss of control", where the nerves are said to "burst out" or "break out". This results in what is considered inappropriate behaviour for women such as screaming and shouting and sometimes hitting the children. Nevra may be accompanied by headaches, dizzyness and/or feelings of melancholy.

Respondents report that attacks of nevra are generally temporary and should be dealt with by the sufferer or with support of the immediate family. Solutions are situational, depending on the cause of the attack, but generally involve trying to restore a sense of balance or tranquility and "drawing the nerves back inside". Medical attention is generally not sought as most respondents feel that it has nothing to offer the sufferer.

To illustrate the use of nevra in a day-to-day context, the following profile of a woman suffering periodically from nevra is presented.[7] This will be contrasted with the experience of women with nevra as sickness in the following

section of this chapter.

4. Case Study No. 1

Despina is 28 years old, is married and has two small children. She came to Canada from a small village in Greece as a child. She received a Grade 10 education in Montreal and then went to work as a sewing machine operator in a garment factory where she met her husband. After the birth of her first child, Despina did not go back to the factory but was employed part-time doing homework for the garment industry. She has not worked since her second child was born.

Despina would like to go back to work even on a part-time basis but cannot afford the cost of daycare. "Now with the kids I would like to work too. My first son is very miserable. He doesn't keep himself quiet for a minute and I get tired. If my mother wasn't working she could take care of my sons so I could work outside. To work part-time would be nice. To get out just a few hours from the house." Despina would even consider doing some "homework" as an alternative to work outside the home, but she lives in an area which is zoned residential and her landlord has threatened to report her to the city officials if she does commercial work in her home.

While she enjoys spending time with her sons she gets frustrated by the monotony of housework and her isolation in the house. Her apartment has no yard for the children to play in. She takes them to the park in the summer, but says they are stuck indoors all winter. Her husband works 49 hours a week as a leather-cutter so their only opportunity to get out together is on Sunday. In addition they are feeling economic pressure. Despina's husband was out of work for six months in the past year and though he is currently employed the piecework system makes financial planning difficult as his salary varies substantially from week to week. "My husband likes the job but they don't pay much because it is piecework. To make a leather vest completely with the lining inside and everything he gets $1.50 so he pushes himself but he can't make 4 or 5 an hour. It makes it worse because if he gets used to one style and can maybe make 3 or 4 an hour well then they give him another style. So it's like he's beginning again. So one week his salary goes to $213, sometimes $234 and sometimes if they give him a different style he gets $174

like last week."

> Despina gets nevra when she is having problems with her children or husband or is frustrated about being housebound. She says she feels like screaming and shouting and loses control. "I feel like I want to be alone for a few minutes. Sometimes when my husband is home, when I've got my nerves I just leave them and go on the balcony in the summer. In the winter sometimes I just say "goodbye" and I go to my sister's house and spend an hour or go visit my mother. If I am home alone I just turn on the radio, don't listen to anything and relax. That's it. There is nothing you can do."
>
> Despina feels lucky that her husband is so responsive in these situations and contrasts this with the experience of her sisters and friends: "I have my husband and he helps me a lot. Sometimes when I ask him to stay home with my kids, one of them or both so I can go outside and spend a little time with my sister or my mother, he doesn't mind. I can go. It makes me feel happy sometimes because usually when I talk with my sister or with my mother they say that only happens to one in a hundred people that the father will stay with the kids to let the mother go outside. Because my sisters are married too and when they tell their husbands to babysit for a few minutes so they can go outside, the husbands say 'No way. You take the kid with you.'" Getting out to visit, or having a few minutes alone is all she needs to alleviate an attack. As she says: "after I go out, for some reason it is okay and I feel happy."

Despina is an example of someone experiencing nevra as a normal expression of distress. She attributes nevra to her isolation in the house and the monotony of housework and childcare. The pressures of her family's economic concerns are heightened by the fact that she is unable to work while her children are at home. Despina does not seek medical assistance for her nevra because it occurs infrequently and she is able to manage it with the assistance of her family. An attack of nevra for her is a way of communicating her

distress and is alleviated by the supportive response of her husband and family. Her husband's assistance with the housework and childcare allows her the opportunity to get out of the house. Visits with her mother and sisters provide an important context in which to express her distress. As long as her family is able to cope financially Despina feels able to deal with her own problems.

3.4 NEVRA AS SICKNESS

I will now turn to a discussion of the Clinical Interview results. The concept of nevra as sickness will be elaborated and a number of case studies from the Clinical Setting will be presented and discussed.

1. Characteristics of the Study Group

The sample includes 21 women and four men. The women are between 29 and 60 years of age, with an average age of 43. The men range from 33 to 55 years of age. All but one of the respondents are married (two are widows, one is currently separated from her husband) and all but four have children. The average number of children per family is two. All of the respondents emigrated from Greece between 1948 and 1974. Roughly two-thirds are from rural areas and the remaining one-third lived in cities like Athens and Sparta.

The women are primarily employed in the garment trade. Eight of the women are currently doing factory work and

four others are laid-off from their factory jobs but continue to seek employment. These latter women are skeptical about their ability to work again as they are all in their late forties or early fifties and find themselves being replaced by younger workers. One woman currently does piecework in her home (several of the others have done this in the past) and another does domestic work for other people. Two of the women are employed part-time (one as a hairdresser and the other as a saleswoman) and two others are retired. Only one of the women has a semi-professional job. She is employed on a multi-cultural grant to sew traditional Greek costumes for one of the Greek cultural organizations. She is paid a monthly salary and has a flexible work day. Two of the men are unemployed (one previously a pizza delivery man and the other a cook), the third is a salesman, and the fourth is a restaurant worker.

2. Results of the Clinical Interviews

In the clinical sample nevra is a frequent complaint (22 of the 25 respondents) either alone, or more commonly as part of a complex of symptoms including headaches, neck, shoulder and/or back pain, and dizzyness. Two people (one male and one female) are primarily concerned with stomach ulcers, but have also suffered from nevra. Another respondent is concerned about attacks of dizzyness and suspects they might be linked to high blood pressure.

While a few of the respondents could offer no

explanation for their nevra, most gave reasons similar to those discussed in the General and Intensive Family Interviews: problems with their husbands/families; pressures of the piecework system; the climate of Montreal (perceived as cold and humid compared with Greece) resulting in families being "closeted" in the house all winter; stresses of the competing role of homemaker and homeworker for the woman doing piecework at home; and the pressure of life in general as an immigrant, "to get established and make a better life for one's children".

There is some variation in the experiences of the respondents, but those experiencing nevra are primarily women (21 of the 22 respondents with nevra) and three particular profiles emerge. The most frequent profile (about three-quarters of the respondents with nevra) is the factory worker (usually a sewing machine operator) who is experiencing stress at work because of the piecework system, the added pressures of the double-work day, and the monotony of what the women called "work-home, work-home" with no time for leisure. The woman doing homework has similar complaints and, in addition, feels unable to separate out her piece-work from her home life. These difficulties are, for some of the women, also aggravated by family problems.

The second most common profile is that of the older unemployed garment worker or unskilled worker. The difficulty in finding replacement work places a tremendous economic strain on these families. Four of the women and

two of the men fall into this category. The third profile (characteristic of only two of the respondents I interviewed) is dubbed 'The Restaurant Owner's Wife's Syndrome' by one of the physicians interviewed (see discussion below). Both of these women are middle-aged housewives who are experiencing isolation as a result of the new found prosperity of their families. Having improved their financial situation, these families have moved out of the Greek "ghetto" into the suburbs where no one speaks Greek. Both women's husbands are restaurant co-owner/workers who work long shifts, seven days a week leaving little opportunity for the family to get out together.

To illustrate nevra as sickness, I will now present four case studies of respondents interviewed. A general discussion of nevra as sickness will follow.

3. Case Study No. 2

Yiannoula is 60 years of age. She was born and educated in Athens and came to Canada 28 years ago. She is married and has one son. Her husband was a mechanic for the railroad and has recently retired. Yiannoula worked as a sewing machine operator since coming to Canada has recently been laid off.

Yiannoula has been having problems with nevra and headaches for several years. She says she feels tired all of the time and gets upset very easily. She feels like she is always out of control. She attributes her health problems to the pressures of her job: "the factory, that is the problem. That is the big problem, for that everybody is sick and has the pressure. You work seven hours like a horse. I say like a horse, because if I speak with you at work I lose money,

because it's paid by pieces. Every minute the packet [bundle of clothes to be sewn] is no good, you lose money. You understand, the pressure?" In addition to the pressure of the work itself she talks about problems with the organization of the job: "I used to make good money. I made $500 each week... because I am fast in the factory. I made 1,400 pair of pants and skirts each day... but the bosses decided the workers were making too much money. They broke up our section... and they lowered the price paid for the pieces." Yiannoula says: "That is the pressure. It makes you nervous. You don't sleep the nights. I see the mountains of pantalons. I finish this colour in half an hour and then they bring me the next. I finish the black and then they bring the red mountain. I never stop."

She says she feels that her body is out of control because the schedule of work (starting at 5 a.m.) and the few breaks in the day don't coincide with her body's needs. "At 5 o'clock in the morning you are not hungry. About 8 o'clock you are hungry. Five o'clock is too early. You drink your coffee fast and go. At 8 o'clock you are hungry but you are working so you can't eat. At 10 o'clock you get one fast coffee break. The organism is not on an electric button. The organism knows what is night and when you should be sleeping and when you should eat lunch."

Yiannoula has been seeing doctors for several years and has taken pills for her nevra but they persist. She feels in some ways that it is too late for her. After all these years in the factory she finds that she can't relax now that she is at home. "You give your life for the pieces! My dreams [of a happy life] are broken" she says.

Yiannoula has enjoyed many things about life in Canada but says she has never gotten accustomed to the weather and she misses the beauty of her country. She would like to go back to Greece to live, but her husband likes Montreal and her son doesn't really know Greece. She says she feels as though she is living in two countries. She goes back to Greece as often as she can to visit, but it isn't the same.

Yiannoula is experiencing nevra as sickness. She describes a feeling of being out of touch with her body's

rhythms because of the artificial schedule of work and the continuous pressure of the piecework system. Now that she is laid-off work, she finds that she is no longer able to relax. She has a good relationship with her husband and son, but seeks medical assistance because she is unable to resolve her chronic attacks of nevra. Although she has taken many kinds of medication and seen many doctors she has not found a satisfactory solution to her problem.

4. Case Study No. 3

Anna is 29 years old. She is married and has no children. She was educated to Grade 6 in Greece and came to Canada 11 years ago with her brother who has since returned to Greece. She works as a sewing machine operator in a garment factory and her husband works as a short order cook in a restaurant. Anna works a 9 hour day and does the housework when she comes home. Her husband works the 5 p.m. - 2 a.m. shift at his restaurant so she rarely sees him on workdays.

Anna has been having problems with nevra, off and on, for a few years. Lately she feels that her nerves been getting worse. She says, "I have nevra all of the time. I get headaches and pain in the back of my head, and sometimes I feel like I am going crazy. I seem to spend a lot of time crying". Anna's husband gets frustrated with her when she is upset and she is worried that their relationship may suffer as a result of her nevra.

Anna describes work as something which she has to do, but does not really enjoy. She likes the social aspect of seeing her friends, but finds the work itself unrewarding and very pressured because of the piecework. "I have too much nevra. If you have a good job it's okay. If I got a good job that would be different, but maybe it's better to stay at home because I have too much nerves. My husband says 'it's better if you stay at home than go to work.' But I don't like to stay at home. We don't have any family so I don't like to stay at home."

In describing the situation at work, Anna says: "the machine's are no good, the work is no good, the boss is telling you 'vite, vite, vite.' Sometimes if I take a good job the other ladies ask why I got a good job. I have too much, too much nerves. I don't know why. Too much nerves. I go to work and I come back. I stay at home, I can't relax. Sometimes I just feel like crying and I don't know why."

While she has worked at the same factory for 11 years, Anna has recently begun to have trouble on her job. Changes are being made in the factory, without consultation with the workers. There is more pressure to work quickly and any protest brings a threat of firing. She attributes this to high levels of unemployment and her employer's sense that there are plenty of unemployed people to replace an unhappy employee. "Before they didn't push you. Now they push all the time and say if you don't like it, go."

Anna would like to move back to Greece, but her husband enjoys living in Canada. She feels that life is more relaxed in Greece, work is different there and more time can be spent outside and with friends. She describes her life here as monotonous - "You go to work, come home at 7 p.m., cook dinner, clean the house, do the laundry and go to bed. Tomorrow you get up and start the same thing over again."

Anna misses her family in Greece. She has one sister here but they are not close. While she and her husband generally have a good relationship, he gets frustrated with her constant complaints of <u>nevra</u> and doesn't want to talk about her problems. "Last week he said 'please I don't like to see you nervous. I would like to relax. All of the time you are nervous and then I am nervous.' He said 'just stay quiet. I don't like to see you nervous all of the time'". Anna says "before I was very happy. Now I am not happy. He doesn't like me to always be nervous, because I talk and scream all of the time. It's no good like that. I understand that it's no good. But I can't do anything about it."

Anna says: "I can't really talk to my husband, but if I talk to someone it feels better. You see I am talking to you now and it feels better. It's crazy like that. My sister doesn't like to talk, and my husband doesn't like to talk."

Anna has recently begun taking medication (ativan) but doesn't think that it is having any effect. She would like the doctor to prescribe something else for her. While she says she doesn't like to take pills, she is not sure what else to do. Anna likes to talk with the doctor about her problems because she always finds that helps a bit. "The doctor helps a lot. We have a talk, about what my trouble is, why I am nervous. Afterwards I feel a little bit better."

Anna is experiencing nevra as sickness. Her attacks of nerves involve headaches and pain in the back of her head and she is feeling herself "lose control". Nevra for her is prompted by the increasingly pressured situation at her job. While she has experienced nevra in the past, she feels a difference this time. Anna's illness has started to negatively affect her relationship with her husband which is a concern for her. Anna has no one to discuss her problems with as her husband's hours of employment mean that they rarely see each other, and when they do, he does not wish to talk about her nevra.

For Anna an attack of nevra does not prompt a supportive family response thus she has turned to her doctor both as someone with whom to discuss her problems and as a professional to provide medical assistance for her sickness.

5. Case Study No. 4

Panagiota is 44 years old. She is married and has three children aged 22, 20 and 18. She came to Canada from a town just outside of Sparta when she was 16 and has worked as a domestic in Canada since that time. She has a grade three education.

Panagiota has had chronic problems with

nevra. She says, "I have had headaches since 1972 (when her husband was seriously ill with a heart condition) and I often get a pain in the back of my head which moves down my back. Sometimes I have pain all over." She screams and yells a lot when she has nevra and fights constantly with her husband and children. She says: "I feel tired and nervous and I have a fear inside me. I see the dream over and over and over and over. I fight to the last by myself. I have nobody there to help me out. I find myself somewhere in the desert with no way to come back. And I see that dream more and more and more."

Panagiota has no extended family members in Canada. She had one brother with whom she was very close but he died last year. She has had many problems with her family in Greece since then because they refused to accept her brother's body for burial. She had to bury him in Quebec, but she feels strongly that it was his wish to be buried at home in Greece.

Panagiota is not happy with her marital relationship. She says her husband yells and screams all of the time at home. "One thing with my husband, we can't talk. He comes home always mad. He's always screaming. You know if I come home from work and he's tired to begin with and on top of me all the time, I find that a little bit too much. You know what I want is to get out, to go someplace. Just me, not with people." Her husband goes out to the kafenia (coffee bar) most evenings to meet with friends for a drink, but doesn't like her to go out. When she does go to a friend's place for tea she can't stay long or he gets angry. She says she feels like a prisoner in her own house. While they occasionally have friends over to their home, Panagiota says that this just makes more work for her as she does all of the domestic work.

Panagiota feels that she is always caught trying to mediate between her husband and her daughters. Her husband doesn't like any of the girls' boyfriends and gets mad at her for allowing her daughters to go out. On the other hand her daughters get angry if she tries to stop them. As she says, "things are different in Canada than in Greece. Children behave differently here, but my husband doesn't understand that."

Panagiota has seen a number of doctors over the years and has taken many different kinds of

medication. She has had numerous medical tests (x-rays, EEG's, etc.) but says "No one can find anything wrong with me. I don't understand why. I am sick. I feel sick." She likes her current doctor because he is very sympathetic and easy to talk to. She says, laughing, "I feel sorry for him because he is trying hard to help me and I come to see him so often." Panagiota is currently taking valium but doesn't feel as though it is making any difference.

Panagiota would like to take a short vacation by herself but her husband controls the family money and will not give her permission. She says that he doesn't believe that she is sick. She can't talk to him about her problems and though she has a few close friends she doesn't feel that it is right to talk about her family concerns with them. She says "I don't want to embarrass my family by talking about our problems." She is hoping that the doctor will speak with her husband and convince him that she is ill and in need of a rest. She isn't optimistic about the outcome, but feels that it is worth a try.

Panagiota is a good example of a chronic nevra patient. She traces her own illness back to 1972, a year which was particularly difficult for her since she had small children to look after and her husband was seriously ill. Her attacks of nevra usually result in her yelling and screaming and losing control. She often experiences headaches and has difficulty sleeping at night. Panagiota links her problems with nevra to her family. She feels angry about what she refers to as her husband's "old-fashioned" view of women's roles, both for herself and her daughters. She is also angry with her husband's unwillingness to acknowledge her sickness. Seeking medical assistance allows her to validate her sick role and provides an outlet to express her distress. However, medicalization of her nevra has not offered a solution to her problems, but has resulted in

reinforcing a chronic sick role for Panagiota.

6. Case Study No. 5

Maria has come to see the doctor because "I get so nervous it makes my nose bleed now." She is 55, married and is the mother of three children. Her two sons (age 26 and 21) live at home with her. Maria came to Canada in 1952 from a small village in Greece where she worked on her parent's farm. She was originally employed as a domestic by a wealthy family and then worked as a sewing machine operator in a garment factory. Her husband is a cook in a restaurant.

Maria has been unemployed now for 1 1/2 years. "I was laid off because I am too old now they said. I have tried to find other work, but it is very hard to find now with all of the unemployment. I do a good job, I am a good operator. It's just my age that's no good." Maria enjoyed the social contact of her previous job. The factory was small (only 10 people) and she was paid a good hourly rate. "At one time", she says, "I did piecework, but no more. It's no good because you get too nervous."

Maria identifies herself as a "nervous type" and says her attacks are becoming more frequent because of her unemployment and her family situation. She feels "out of control" and finds herself yelling and screaming a lot at home. In addition to the recent death of her brother, she is troubled by problems with her husband. Her husband was a gambler for many years and "when the kids were young, I was always alone in the house. That's the Greek way. They leave the family alone and the wife is with the kids like a slave." For the past two years her husband has stopped gambling, but the home situation hasn't improved. "He stays in the house now and makes me nervous. He doesn't like to go out with me much. He would like to be out by himself, to be free. That's how Greek men are."

Lack of money is an added tension because Maria's unemployment insurance has run out. She says that the only time she had any money to herself was when she was working (although she spent the bulk of it on the house). Her husband doesn't believe in giving her any spending money.

She finds herself caught between her children and her husband. She notes that cultural values regarding children's behaviour vary markedly between Greece and Montreal and while she doesn't consider herself old-fashioned, she says her husband is quite traditional. When her daughter wanted to date boys as a teenager, she says, "it was very bad for me, because my husband said he would kill both of them, and me too, if anything happened, yet I felt I must support my daughter." Luckily, she says, her daughter decided to marry while still young. "She married a nice Greek boy", says Maria, "so everyone approved".

Maria's attacks of nevra have become more intense culminating in a visit to the doctor. She is experiencing frequent nosebleeds, and is concerned because she feels herself losing control and yelling and screaming a lot at home. She links her health concerns to longterm difficulties with her husband -- initially his gambling and now his lack of interest in doing things with her -- and the financial difficulties the family is facing. Her unemployment insurance is coming to an end which is adding further economic pressure.

3.5 SUMMARY OF NEVRA AS SICKNESS

The symptoms associated with nevra as sickness are more consistent than those associated with nevra as a normal expression of distress. As sickness, nevra is inevitably described in physical terms, as a feeling of "loss of control" accompanied by headaches, dizziness and pain, and strong feelings of melancholy, stenoxoria (distress) and anxos (anxiety). Some of the women describe a sharp pain starting at the back of the head and moving gradually down

the spine. The "loss of control" and resulting tendency to scream and shout are said to contribute to family problems. All of the respondents feel unable to deal with their nevra alone, and the majority say that their families do not provide them with adequate support.

Many of the clinical respondents, such as Yiannoula and Panagiota have suffered for years with nerves, and most have taken medication at sometime in the past (usually tranquilizers or anti-depressants). A few, such as Anna, and Maria, have only periodically suffered from nevra but have experienced a recent intensification of their attacks. Some respondents hope to get medication from their doctor, while others such as Panagiota would like the doctor to phone their husbands and negotiate a more sympathetic response on the part of their families. Many of the women want someone to talk to about their problems. The etiology of nevra is clearly linked in the explanatory statements given by respondents to social and economic problems, but nevra is also experienced and expressed as a physical and emotional problem. It is clear that respondents do not make a distinction between mind and body in the experience of nevra. They fully expect that social problems have physical consequences and vice versa.

3.6 MEDICAL RESPONSES TO NEVRA

To look at how nevra is interpreted and dealt with by health professionals working in the Greek community, I will

now turn to a summary of the medical responses to nevra. Interviews were conducted with two Greek physicians (one in private practice and one working at a local community clinic), two community workers at the local clinic, and a psychiatrist. Four of the professionals interviewed were either born in Greece or of Greek-Canadian heritage. All speak Greek fluently and deal frequently with Greek clientele.

Responses to the concept of nevra vary among those interviewed. All of the health professionals recognize it as a complaint commonly encountered in the clinical setting. While none of the respondents could provide any quantitative data from their practices, they all believe that it occurs more frequently with Greek women than Greek men, or women of other ethnic groups. There is agreement that nevra is generally accompanied by headaches, non-specific body pain and sometimes dizzyness.

The health professionals are generally aware of the social and material conditions of the immigrants and recognize the conditions of women's work in the garment factories, traditional notions of male/female roles, and the double-work day experienced by many of the women, as significant contributing factors to nevra. Another issue mentioned was the sense of loss that women feel after having left Greece which is expressed as nostalgia for the patridha (homeland). However, most of the health practitioners perceive nevra as occurring primarily among middle-class

Greek women (those exhibiting the Restaurant Owner's Wife's Syndrome) who are experiencing isolation in the suburbs. It was likened by some to the situation among middle-class North American housewives who may experience depression as a result of isolation in the suburbs and the so-called "empty nest syndrome" at middle age. This perception differs from the data presented above which indicates that nevra as sickness occurs primarily among women working in highly pressured jobs who also maintain full responsibility for looking after the household and the children.

The physician in private practice describes nevra as a "hostage syndrome" and views it as a form of depression. He says that most of the women he sees have little or no social life "they just work and go home". He views language problems as limiting job prospects for the women to the garment industry and restaurant businesses. He thinks the workplace difficulties are further complicated by the double-work day faced by women which he attributes to a strong hesitancy on the part of men to contribute to household chores. He says that husbands have more freedom to go out and socialize at the kafenia (coffee bars) and voluntary associations, and he strongly encourages the women he sees to do the same. He tries to focus on the psychosocial aspects of the illness and allows his clients to ventilate their feelings. He discourages the use of medication and prefers to give placebos (multi-vitamins intravenously) to those who are insistent on medication, but

he does report giving medication (mild tranquilizers) in some cases.

The psychiatrist believes nevra to be more of a problem here than in Greece and relates this to the double-work day. However he says that his patients are not a homogeneous group and symptoms vary among them. The common element he sees is a certain "irritability" or explosiveness where the slightest stress will lead to yelling and screaming. Because he must assign a label to a patient's illness he normally categorizes nevra as depression, but he is not entirely satisfied with its appropriateness. He recognizes three main types of nevra sufferer: 1) those who are depressed and having trouble sleeping; 2) women who are experiencing behavioral difficulties such as yelling at their husbands and hitting their children because even though they are slightly better-off financially, they are isolated in the suburbs while their husbands work extremely long hours (he dubs this "The Restaurant Owner's Wife's Syndrome"); and 3) those who suffer occasional panic attacks. He thinks those in the first and third category are responsive to medication. He also notes that his patients resist accepting a psychiatric diagnosis. In general he says mind and body are not separated by the Greeks and people want their emotional problems dealt with as somatic complaints. He finds his patients hesitant to speak about family problems and says there is more of a tendency to talk in terms of generalized emotions like

"sadness".

The physician working out of the local community clinic says that "psychosomatic" complaints are frequent among his Greek clientele and estimates this was true of about 40% of his clients. He believes that people tended to exaggerate their complaints and that their problems are generally psychological (forms of depression and anxiety syndrome) and related to people's unrealistic expectations about life in Canada. He finds it difficult to help many patients because the referrals he makes to social workers and psychologists are rarely followed through. He described a few efforts made at the community centre to offer assistance programs for the women but says that these were poorly attended. He attributes this to people's lack of spare time, and the lack of value they see in the programs. He prescribes medication (usually anti-depressants) in some cases.

All of the physicians interviewed say they discourage the use of medication for their nevra patients. However, they are concerned that tranquilizers are frequently prescribed by other physicians who see patients with nevra. This is viewed as most likely when women see physicians who are not Greek. The health professionals point out that those not familiar with the particular form somatization takes among Greek patients send the women for a battery of tests if no readily identifiable pathology is found. When the test results turn out to be negative the patient's complaints are dismissed as psychosomatic, and the patient,

who is still feeling distressed, recommences the process with another doctor. The cycle continues to repeat itself resulting in what they see as a chronic sick role for the women.

One community worker interviewed is reluctant to focus on health problems unique to the Greek community. She feels that a focus on the individual rather than an ethnic group is more appropriate and says that the problems faced by the Greeks are the same as those faced by many groups who "refuse to adapt" to life in Canada. She primarily attributes nevra to adaptation problems and argues that the sooner people became accustomed to a Canadian lifestyle, the sooner their problems will be over. She does recognize a strong gender difference in the expression of nevra as sickness, and notes that the behaviour associated with nevra is considered appropriate for men, whereas for women screaming and shouting are considered unacceptable. She has many clients who are taking medication (particularly valium) for nevra.

Another community worker attributes nevra to the changing roles of women, "that they are caught between two different worlds of Greece and Canada", and women's poor conditions of work and low pay. She sees a lot of family tension, mainly due to lack of communication between husbands and wives, and parents and children. She views nevra "as both a reason for and cover-up of the problems" which she says are social in nature. She finds people very

hesitant to see social workers and feels that the potential for overmedication of women suffering from nevra is a serious problem in the community.

In general, while aware of the social and material conditions of the Greek community and their effects on health, the health professionals report that they deal with nevra sufferers on an individual basis. A few mention feeling constrained by the limitations of the biomedical model with regard to categories of disease labels and treatment, but most continue to work within the model, labelling nevra as depression or anxiety syndrome. Treatment is aimed at the individual, or individual family level and frequently results in the prescription of minor tranquilizers.

3.7 CONCLUSION

Nevra is an idiom of distress used in a daily context, primarily by women, but sometimes by men and children, to express unhappiness about work, family life and economic difficulties. While most respondents believe that nevra should be dealt with alone or in the family context, it is perceived by health professionals to be a frequent complaint in clinical settings. Nevra as sickness, as in the case studies presented, is almost exclusively reported by women. The complaints are described in physical terms, and usually are a combination of headaches, dizzyness and generalized pain. The physical discomfort is accompanied by feelings of

stenoxoria, anxos and melancholy which lead to a sense of "loss of control" and a tendancy to scream and shout. The women attribute their nevra to the stresses of the piecework system in the factories, the double-work day, the monotony of homework and childcare, family problems and general economic difficulties, lack of social support, and nostalgia for Greece. Despite sensitivity to the living situations of Greek immigrants, nevra is frequently diagnosed in a clinical setting as depression or anxiety syndrome and treated with tranquilizers. As illustrated in the cases of Yiannoula and Pangiota, such a response reinforces a chronic sick role for the sufferer, a solution which is satisfactory to neither the patient nor the practitioner.

ENDNOTES - CHAPTER THREE

1. Lambiri-Dimaki argues that high levels of migration among young Greek women may be seen as an attempt to earn money for a marriage dowry or to find husbands in countries where dowries are not required. She reports, "a study conducted ... at the Social Sciences Center of Athens among the families of Greeks who had emigrated to Germany, Belgium, etc., concluded that the great majority of single girls who had emigrated had left Greece in order to earn more and be able to build up a dowry" (1968:77-78).

2. The quotations from respondents have been translated from interviews conducted in Greek. To ensure anonymity, the names of respondents will not be used, but general background information about the person, such as occupation, age, and date of arrival in Canada, is given in the brackets following direct quotes to help the reader contextualize the comments. All of the quotations are from women unless otherwise indicated.

   Appendices A and B at the end of the text are listings of the General Family Interviews and Intensive Family Interviews quoted in the text and offer more extensive background information on the respondents.

3. Thalassemia major is a severe inherited anemia beginning in early childhood, which occurs more frequently among Greeks and Italians than other populations. There is no cure for thalassemia major, however prevention is possible through prenatal screening. Individuals with the disease require frequent blood transfusions to control the anemia, but their lifespan is greatly reduced. It is estimated that 15% of the Greeks in Montreal are thalassemia carriers. Carriers of the gene have thalassemia minor which is a harmless form of the condition (The Montreal Thalassemia Program 1977:i).

   The Montreal Children's Hospital, in cooperation with Hellenic community groups and Montreal school boards provides information on thalassemia to the population at risk through Montreal high schools. After conducting research into community attitudes about genetic screening of the disease, a screening program was set-up at local high schools. Pre-natal screening is now available to prospective parents through the genetic clinic at the Montreal Children's Hospital (The Montreal Thalassemia Program 1977).

4. A number of the respondents felt that the Canadian medical system was superior to that of Greece. In particular people praised accessibility of medical services and efforts by Canadian physicians to explain illnesses to patients. This was contrasted with more negative experiences in Greece which sometimes involved bribing doctors to receive care, and where the physician played a more paternalistic role, often relaying little information to the patient.

5. The term melancholy comes from the Greek melagkolia and means literally black (melas) bile (khole). In the Hippocratic corpus (4th and 5th centuries B.C.) melancholy was thought to be a prolonged feeling of fear and sadness sometimes accompanied by anxiousness which was caused by a surplus of black bile (Simon 198 :228). Melancholy was viewed as a somatic condition, with both mental and physical disturbances treated by physical means; "no possible cause is sought in emotional disturbances" (Simon 198 :229). Treatments included hellebore, ass's milk, and cleansing of the head. Today melancholy is used to refer to habitual sadness or depression. As is evident in the respondents comments in this chapter, melancholy is thought to result from overwork and the difficult lifestyle in Canada indicating that they continue to regard the emotions as profoundly affected by physical and environmental circumstances.

6. Stenoxoria is translated here, following colloquial usage in the interviews, as distress. It is a difficult word to translate as it can also be used to mean stress, depression and sometimes to be sorrowed. Literally translated stenoxoria means narrow (steno space (xoria). This is metaphorically interesting in relation to its frequent link with nevra in the respondents statements. The need to "burst out" or "break out" which nevra often entails results in a loss of balance and control which is considered so important for women.

   Comaroff discusses a similar metaphor of "oppression" among the Tsidi-Baralong of S. Africa. She views this as a sense of the invasion or compression of body space caused by the unequal power relations experienced by the Tsidi.

7. The names of informants have been changed to ensure anonymity.

CHAPTER FOUR - THE ARCHAEOLOGY OF THE IMPLICIT

> The real task of therapy calls for an archaeology of the implicit in such a way that the processes by which social relations are mapped into diseases are brought to light, de-reified, and in doing so liberate the potential for dealing with antagonistic contradictions ...(Taussig 1980:7).

4.1 INTRODUCTION

In the discussion of nevra in the previous chapter it is evident that the explanatory models of the sufferers differ from those of the health professionals. The women experiencing nevra as sickness describe the ailment in physical terms, but do not draw a distinction between the physical and social dimensions of the illness. The problems of gender roles, family problems, difficulties with work, and the double-work day are described as continuous with the experience of nevra -- they stand as both metaphors and metonyms of the disease. To examine the meaning of nevra for Greek women in Montreal, and why it is women who experience nevra more frequently as sickness, it is necessary to explore two particular issues. The first is an examination of the role of cultural factors in the construction of illness experience and expression of distress for the Greek women, and the second is an analysis of the particular social relations experienced by the women and how they become embodied in illness. Comparative analyses of health and illness in Greece and among Greek immigrants in Australia and North America will be discussed. The importance of the concepts of balance and control in Greek views of health and illness, and the link between the

household, order and health will be elaborated. Gender differences in appropriate means for the expression of distress and their implications for illness are explored.

I argue that while cultural factors play an important role in shaping the expression of illness for Greek women in Montreal, our understanding of nevra in Montreal is incomplete unless the cultural factors are contextualized within the very real social relations experienced by Greek women. In particular, the effects of migration upon gender roles, the family structure, the nature and experience of work, and their implications for the health of Greek women will be discussed.

4.2 NERVES AND ILLNESS IN GREECE

Literature on nevra in Greece is very limited and while a few authors make passing reference to nerves or nervous disorders they are not generally treated as a subject for analysis. The Blums's study, Health and Healing in Rural Greece (1965), is the most comprehensive work on popular health beliefs, but no mention is made of nevra although anxiety is noted as a prominent motif in the lives of the rural Greeks, and the "emotions were often said to account for illness" (1965:22).

An extensive literature review uncovered only four Greek studies which refer to nerves as an illness category. The first is a study of images of mental health workers in Athens in which it is noted that a number of respondents

believe that the role of a psychiatrist is to treat "the neurasthenics, the nervous people, and the people with nervous disorders" and the psychologist "examines the nerves" (Vassiliou and Vassiliou 1967:225). The second study, a discussion of the effects of culture on the psychoanalytic encounter, notes:

> The majority of Greeks will regard the psychiatrist as a neurologist. This is partly due to the fact that when Greeks talk about disturbed feelings and troubled emotions, they refer to them as 'nerves', which is not unusual in the United States either; also in Greece most practicing psychiatrists are also neurologists (Samouilidis 1978:225).

A third mention is made of nervous ailments in a study of changes in the household economy on the island of Amouliani. The authors report that:

> In a random survey, forty-three women were asked if they presently suffered from any physical complaints. Nearly a majority offered the complaint of anhos [anxiety] and related nervous ailments; twelve said they had constant headaches and nine claimed stomach problems, including ulcers (Salamone and Stanton 1986:n.119).

More recently nerves have been mentioned as a growing concern for rural women whose productive role in the home has declined as male wage earning opportunities have increased (Pavlides and Hesser 1986:91-92). The authors point out that the much valued embroidered goods which were formerly produced by women for dowries are now being replaced by furniture and appliances bought with the men's wages. The status of women in the villages has declined resulting in discontent which, "although verbalized by a few, is more widely reflected in the frequent consumption of

prescribed tranquilizers for 'nerves'" (Pavlides and Hesser 1986:92).

The only reference to a phenomenon similar to nevra is found in a discussion of the Anastenaria -- a trance and possession ritual performed in Northern Greece (Danforth 1979). Danforth reports that the Kostilides recognize a close relationship between one's emotional state and state of health. They believe that:

> [A] wide variety of symptoms ranging from general malaise to deviant or 'crazy' behaviour, which are attributed to an illness known as nevrika ('a nervous disorder' or a 'nervous condition'), are caused by the harmful effects of emotions such as anxiety, grief, despair, or anger on the 'nervous system' (1979:155).

Danforth argues that women experience nevrika more frequently because of the confined nature of their lives, in particular, the way they are shut in or restricted in daily activities.

> The close association of images of confinement with feelings of anxiety and hence with the illnesses such feelings may cause is indicated by the fact that the word most frequently used by villagers to describe feelings of anxiety or worry is stenaxoria ... which literally means 'narrowness' or 'lack of space' (ibid.:156n).

This confinement leads to an inability to release anxieties and tension and often results in illness (ibid.:156)[1].

4.3 EMOTIONS AND ILLNESS AMONG GREEK IMMIGRANTS

The literature on migrant Greeks in Australia also emphasizes the "emotional" basis of complaints among Greek patients. Moraitis and Zigouras report that depression and

anxiety were frequently experienced by their Greek patients (1971:598). They estimate that 20% of the cases they saw, were psychosomatic in nature, and there was a high emotional component in many others. While acknowledging the poor socioeconomic conditions of the Greek immigrants, they believe that the Greeks "have a tendency to visit doctors for the most minor of complaints" (ibid.:598) and attribute somatization (the expression of distress through the body) primarily to the Greeks "sense of insecurity and fear of dying in a foreign country" (ibid.:598).

A similar approach is taken in the few analyses of the health of Greek immigrants in North America. Dunkas and Nikelly's article "The Persephone Syndrome" (1972) is an examination of 60 married Greek women in Chicago who were classified as experiencing anxiety, depression, psychophysiologic manifestations and gross stress reactions. The authors focus their analysis of the women's somatic complaints on what they view as a "traditional" mother-daughter attachment in Greek culture. They draw a parallel between the Chicago women's negative reactions to immigration and desire to travel frequently to Greece with the myth of Persephone, who after having been kidnapped and taken to the underworld by Pluto, is only able to resolve her longing to return home by spending part of the year with her mother and the remainder with Pluto.

Dunkas and Nikelly talk about the tendency of Greek women to externalize problems but do not give the

explanations given by the women themselves any credence. The women cited language difficulties, alienation in the new country, poor work conditions, long hours of husband's work, husband's gambling, drinking and/or extra-marital affairs as contributing to their anxiety and desire to spend long vacations in Greece (1972:214). However, the authors dismiss these as "circumstances which had no apparent relevance to their emotional state"(1972:214). Instead, Dunkas and Nikelly attribute the problems to the women's refusal to adapt to the new culture and social demands, and guilt about leaving their mothers behind in Greece. The authors go on to suggest that the "Persephone Syndrome" may be "a manifestation of a more pervasive phenomenon which encompasses the Greek woman's basic orientation to life" (1972:211). They suggest that the appropriate form of therapy is to "direct responsibility back to the individual member ... by shifting the focus from external factors to the individual's own negative motivations" (1975:406). They thereby reduce the meaning of social distress for the Chicago women to a pathological aspect of Greek female psyche/culture and remove it from the social, material and historical context in which it occurs.

Two analyses of health among Greek immigrants in Canada also mention the frequency of "psychosomatic" complaints among Greek patients, but do not explore the phenomenon further. Patterson's study of Greeks in Vancouver notes that several physicans interviewed:

> Feel that tension and anxiety exhibited by the Greeks may be considered as an ethnic characteristic for they state that the level is considerably higher than that of other immigrant groups (Patterson 1976:57).

A study of the Greek community in Toronto also reported a tendency toward "psychosomatic" complaints particularly on the part of Greek women.

> Wives who are isolated in the home with small children miss their former social contacts with relatives and neighbours. They become depressed and develop psychosomatic symptoms. They may complain of headaches, faint or have dizzy spells and end up in an emergency room in a nearby hospital. When a check reveals no physical illness, they are sent home. They tend to deny any psychological problems because there is a stigma attached to mental illness. They are not referred to a psychiatrist and go from doctor to doctor looking for help (Ontario, Goverment of 1977:6).

One reference is made to the use of the term "nerves" by Greek immigrants in the United States. According to Welts,

> [M]ore traditional Greek Americans will view emotional and mental problems as "nerves", physical problems that reflect the inability to deal with stress. Common complaints are headaches, dizzyness, ringing in the ears, weakness, shortness of breath, fainting, tachycardia, or peculiar physical sensations (1982:283).

While nevra was not discussed in the literature on illness among Greeks and Greek immigrants, the mention of similar complaints such as nevrika and a reportedly high rate of "psychosomatic" or "emotional" complaints suggests that it may be present. It is more likely that recognition of such a concept was limited by the researchers' assumption of the universality of biomedical disease categories

resulting in an attempt to classify the complaints with familiar labels such as depression and anxiety syndrome. A preliminary research report from a village on the island of Naxos, Greece in 1984, for example, indicates that nevra is considered a significant problem:

> People reported that nevra is caused by family problems, poor relations between villagers and concerns about the future. Nevra is said to affect the entire body. It causes high blood pressure, headaches, miscarriage and infertility. It results in alcoholism and laziness. It causes eyes to pop and hands that need to slap. Nevra is not only a mental state, its physical state is easily diagnosed but rarely cured by a doctor" (Bardanis, personal communication).

It is evident from the above discussion that the classification of complaints by health professionals as anxiety or depression does not adequately represent the experience and concerns of the sufferers. The frequent reference to "emotionally-based" and "psychosomatic" complaints which are described in physical terms and attributed to social concerns by the Greeks would seem to indicate that the experience of illness is not divided between mind and body, and as in Taussig's example of the woman suffering from a muscle disease (discussed in Chapter Two), the illness becomes both metaphor and metonym of the social relations.

Difficulties caused by strict adherence to the biomedical model is, of course, not unique to the case of Greeks and nevra. Recent studies of the mental health concerns of immigrant women throughout Canada have shown that problems which are primarily social in origin are being

medicalized as "adaptation syndrome" or "mental health" problems by health care professionals in Canada (see Bodnar and Reimer 1979; Epstein, Ng and Trebble 1979 and Szado 1987 for example). Bodnar and Reimer's study of the use of social services by Spanish and Portugese women in Toronto concluded that social service institutions have a very different concept of the reality of immigration than the immigrant women themselves. For example, eligibility for social programs to assist with adjustment to the new country is limited to three years after arrival in Canada since it is assumed that immigrants will be completely "assimilated" after this period of time (Bodnar and Reimer 1979). However, the immigrant women report that economic difficulties, language problems, difficulties finding work and difficulties on the job last far beyond the alloted three year period. When the women seek assistance for problems generated by the difficulties of migration, health professionals tend to reinterpret them as mental illness, or a lack of motivation on the part of the women to adapt to life in Canada (Bodnar and Reimer:1979).

> The problems women face are handled by agencies in individual terms as problems of "mental illness" or cultural background. These approaches prevent a woman from seeing her difficulties in relation to the social contexts in which they occur. The individual becomes the problem: her cultural background, her mental state. The social matrix of her experience is not relevant. A disjuncture is created between the official explanations and the actual situations which created difficulties for her to begin with (Bodnar and Reimer 1979:1).

Skodra discusses a similar situation with Southern

European women in Toronto (1987). The socio-economic difficulties experienced by the women continue for many years after immigration. She reports that the women seek assistance when they can no longer deal with the problems or when they literally become painful and are thus interpreted by them as medical problems. However the social origins of the problems are generally reinterpreted as individual mental health problems by health professionals and treated with drug therapy (Skodra 1987:39-40). The social character of the illness is lost in this encounter as are the women's own interpretations of it.

Interestingly, as indicated in the above examples, the reification of disease also perpetuates the mind/body dichotomy of Western medicine. It appears that the classification systems of the health care professionals allow the problems to be considered as either disease or illness but not both. The women described by Skodra are seeking medical assistance because the social problems have become truly painful, the social distress is continuous with the physical discomfort. However the models of the health care workers limit classification to either diseases requiring medical intervention, or "psychosomatic" problems in which the physical dimension of the illness is thought to be absent or greatly exaggerated.

4.4 The Importance of Balance, Control, and the Emotions in Greek Concepts of Health and Illness

Concepts of health and illness, labels of and

explanations for disease, and decision-making processes for seeking medical assistance vary across cultures. They are formed through practice as part of the process of enculturation in relation to different social, cultural, economic and environmental experiences and beliefs. Because the Greek families interviewed are first-generation immigrants, the "archaeology of the implicit" must begin with an examination of concepts of health and illness in Greece to achieve an understanding of the meaning and experience of nevra for Greek women in Montreal.[2]

In both the Hippocratic and Galenic treatises, (approximately 400 B.C. and 150-200 A.D respectively) the environment and climate are said to be threats to health and emotional complaints such as anxiety, grief, melancholy and sadness are reported as being associated with physical illness (Lock in press:10). The concept of nerves was particularly important in Galenic medicine where their function was portrayed as carrying the psychic pneuma (or vital essence) to the organs thus serving "as the vehicles for communication between mind and body, reason and action" (Lock in press:9-10).

While there are large gaps in the history of popular medicine making it difficult to trace the development of concepts such as nerves, Lock reports an apparent continuity in certain basic precepts over time. In particular the importance of maintaining physiological equilibrium through balancing both internal and external forces is stressed

(Lock in press:10) and the lack of division between mind and body is apparent in such approaches. Recent anthropological studies on nerves indicate that these ideas continue to be important (see, for example, Davis and Guarnaccia:in press).

In a study of three rural Greek communities in the 1960's, the Blums note that health is greatly valued and is closely linked to notions of balance and moderation:

> [There is a] general exhortation to be moderate: 'Nothing to excess.' Moderation in work and appetites is not enough; there must also be moderation in one's internal state so that one has emotional balance, avoids undue worry, and pursues both internal tranquillity and external stability. Man, some of them say, was put in nature by God to be the harmonious element; to achieve this harmony, he must himself be in balance (1965:138).

The emotions are said to account for a number of illnesses such as stomach aches, headaches and dizzyness and contribute to diseases of the organs along with fatigue, bad food, overstimulation and harsh weather (1965:115, 122). The appropriate therapy for a number of disorders includes the reestablishment of "emotional tranquility" and avoidance of excesses of worry, work, food and alcohol (1965:116).

The descriptions of health reported above are very similar to those given by the Greek respondents as discussed in Chapter Three. A physiological notion of health involving the balance of emotions, body, and environment was common in describing the concept of health by the Greek immigrants and explaining reasons for illness. Health depends on maintaining a balance and exercising moderation in lifestyle, work and activities. Loss of control through

overwork, overeating and being overly emotional figured predominantly in explanations of illness.

In a study of rural Greek women's concepts of health, Arnold also found that health is considered to be more than merely the absence of disease. Health is linked to concepts of balance and the control of body boundaries or what Arnold calls the "integrity of self" (1983:21). She found that the human body is considered a microcosm of the village and emphasis was placed on strict control of the boundaries of the body and the village (1983:1). In particular, the Greek women considered bodily processes such as menstruation polluting and thus requiring careful control. The importance of control in health has direct implications for women's roles and behaviour in the village.

4.5 HONOUR, SHAME, AND GENDER ROLES

Roles for men and women are still associated in many Greek families with the concepts of honour and shame as an organizing principle. While the specifics of the system vary regionally and culturally it is generally based on the assumption that men protect the family honour through their philotimo (manliness) while women's sexual shame or modesty (dropi) must be protected through their carefully controlled behaviour.

Herzfeld cautions about generalization from the specific terms of philotimo and dropi to Greek society as a whole, because he finds some variation in the usage and

meaning of the terms in different culture areas (1980:339; 1984; 1986). His critique has prompted a number of debates on the issue (see Gilmore 1986, for example). However, while specific terminology is contested, it is generally agreed that there is a strong division between male and female roles in rural Greece.[3]

> The importance of the division and separation between male and female as both a basic element of social structure and a key dimension of the symbolic system has long been noted in the literature on the Mediterranean generally. In Greece the natures of men and women, as described in ethnographic accounts, are perceived not only as different, but also in many ways as being in opposition in a manner which crystalizes fundamental cultural values. These oppositions may be viewed by the members of the culture as justification for the allocation of social roles (Dubisch 1983:186).

The concept of family honour has important implications for appropriate behaviour and expression by women. Family honour is constantly being scrutinized by other families, thus the discussion of family problems with outsiders is discouraged. In order to protect their dropi women must exert self-control both in private and public[4]. As Hirschon notes, this presents something of a paradox for the women. In order for a family to maintain its honour and prestige it must maintain an active social life and be "open"(1978:16), yet for women "openness" is a potentially dangerous state. It can only be overcome through the mediumship of one's husband and the creation of a household and family. Even within this private sphere a women's behaviour is controlled, and her "uncontrolled" (dirty) house, or

"uncontrolled" speech are a reflection on the family's honour.

Dubisch reports a similar phenomenon in her discussion of the relationship between the body (particularly the female body), the house, and social order in rural Greece (1986:195). She notes a contrast between the house as a realm of cleanliness and order and the street which signifies the opposite -- dirt and immorality.

> There is a parallel between ideas about the house and those about the body. Just as there is a contrast between inside and outside the house, a distinction is made between the inner and outer body, and it is important that the boundary between them be maintained (Dubisch 1986:201).

She notes that this is consistent with the view that women should be confined to the house, and the discussion of family matters should not cross the boundary of the house.

This has implications for the health of women:

> The Greek word for depression (stenahoria) means "a narrow place". It is a condition more often complained of by women than by men and suggests the greater restriction of women and the symbolism of closed versus open (Dubisch 1986:n.11).

The importance of the household in the creation of gender identities and the social order in Greek society parallels Bourdieu's description of the Kabyle. The household is the site for the embodiment of the "structuring structures", to use Bourdieu's term, which define gender relations and appropriate behaviours for men and women. In the case of the Greeks in Montreal, however, the link between household, order, and the embodiment of social relations has another dimension. Informants' statements

clearly link the issue of women's health to concerns about the order and control of the house. Not surprisingly then, disorder of the house brought on by changes in the household associated with migration, particularly for women (as will be discussed below) may result in sickness.

The link between body boundaries and household margins described in Dubisch and Arnold's accounts is evident in the Greek women's discussions of nevra. In particular, the "loss of control" in attacks of nevra which result in "bursting out" or "breaking out" and the need to "draw the nerves back inside" stand as particularly potent metaphors for the social distress experienced.

Comaroff describes a similar phenomenon in her discussion of Tsidi rites of affliction in South Africa (1985a and 1985b). She argues that the oppression of the Tsidi by the larger South African society is expressed and, in part, redressed in the collective healing rites of Zionism in which they partake. In particular she regards the two key metaphors "thirst" and "oppression" used in the healing ceremonies as both metaphors and metonyms of the social relations experienced by the Tsidi. Patrikego or oppression,

> [A]lso connotes "depression", "being forced into a narrow space," or becoming "shriveled" or forcibly "compressed"; it suggests a contraction of physical being through pressure on external margins (Comaroff 1985b:19).

The metaphor of oppression links "the forcible narrowing of bodily space to the severely restricted physical and social

mobility" of the Tsidi (Comaroff 1985b:25). Thus physical signs have come to indicate a change in the socio-cultural order.

The concept of "oppression" among the Tsidi and its link to the forcible constriction of body boundaries is very similar to the concept of stenoxoria expressed by many of the Greek women. The sense of "narrowness of space", mentioned by many of the respondents, resulting from the changes in migration and difficulties of work and family life is thought to result in the breaking out or bursting out of nevra sufferers. As was most vividly described by Yiannoula, the pressures on the body margins result in a discontinuity of body and self. However, unlike the Tsidi case, the experience of nevra among the Greek women is not made into a collective ritual of resistance because such behaviour is thought to be unacceptable for women.

Gender differences in behaviour and forms of expression partially explain why Greek women seek medical assistance for their nevra. As one community worker noted, shouting and screaming is considered acceptable for a male. The expression of nerves for men can be a sign of manliness, meaning for example, "I'm a nervous guy, so watch out, I don't take a lot!"[5]. In the case of Panagiota, for example, as described in Chapter Three, her husband's yelling and screaming were not thought to necessitate medical attention, yet for Pangiota it was. Women usually express nerves as a sign of victimization -- "My nerves are broken. I am

defeated." The shouting and screaming which accompany nevra are considered inappropriate behaviour for women and are thus seen to signify a lack of control. This encourages a definition of them as sick and hence necessitates medical attention, however the medical encounter by definition is one between an individual patient and a practitioner and as seen in the case studies of nevra frequently results in the medicalization of the illness.

4.6 THE SOCIAL RELATIONS OF NEVRA

While cultural factors shape the expression and experience of nevra, it is crucial to consider the very real social and material conditions of the Greek immigrants, in particular those experienced by the women, in order to understand what is being expressed by nevra.

The experience of migration from the perspective of immigrant women has been largely ignored until recently when attention was drawn to the issue by a study on Portugese female migrants to the United States (Smith 1980). Smith argues that a consideration of the active role women play in the decision to migrate and in the adjustment of the family to the new country leads to a very different understanding of the migration process. In reponse to this argument a number of studies have been initiated which examine women's perspectives on and experience of immigration, particularly in Canada (see Cassin and Newton 1979; Juteau-Lee and Roberts 1981; Ng and Estable 1987; Ng and Ramirez 1981;

Ricciutelli and Stamp 1987, for example).

The theoretical orientation of the literature on immigrant women to date has been to debate the extent to which the problems faced by immigrant women are a reflection of ethnicity or cultural values, their class position as immigrants, or gender discrimination both within the dominant society and their own ethnic group.

As previously discussed, problems faced by immigrant women are generally viewed as ones of "cultural adjustment" and "value conflicts" while the social and material conditions of immigration are largely ignored (cf. Cassin and Newton 1981). Juteau-Lee and Roberts argue that ethnicity is a social construct which is often used to "justify the subordination and exploitation of those to whom these characteristics are assigned" (1981:vii). Ethnicity is constructed in institutional settings such as contact with immigration officials, legal officials and social services. This indicates that rather than focussing on ethnic characteristics per se, it may be more useful to consider those social relations which are key to the constitution of ethnicity. Thus here I want to suggest that instead of focussing exclusively on the ethnic components of nevra an understanding of the health of immigrant women must begin by analyzing the social relations of their existence.

Immigrant women form a captive labour market because many families had to spend their entire savings to come from poor countries and they have an immediate need for

employment. Their low level of schooling in the home country and lack of fluency in English or French limit their opportunities to move into other employment sectors (Arnopoulos 1979:89). Arnopoulos notes that immigrant women are overrepresented in low-wage service and manufacturing sector jobs such as domestics, building cleaners and sewing machine operators (1979:3). In fact, one third of all immigrant women are located in the two poorest paying sectors of the occupational structure. Their location in this sector is not accidental but a result of immigration policies of the 1950s and 1960s in which unskilled and semi-skilled service and manufacturing workers were encouraged to immigrate to Canada (1979:4).

Kessaris argues that lack of language skills restricts women to jobs within their own ethnic community. They often become part of a hidden, cheap labour force for other members of the ethnic group (Kessaris 1979:16-17). Thus, the view that people "choose" to remain in the ethnic community is often not accurate.

Government services in Quebec such as free language classes are available only to workers who can demonstate a need for the skill in the labour market. In contrast to Canadian women, over half of the immigrant women work, yet they are classified during the immigration process as dependents of their husbands, further limiting their eligibility for some social programs (Ng and Ramirez 1981:51). Fear of deportation because of their tenuous

status as dependents often prevents women from leaving violent family situations (Epstein, Ng, and Trebble 1985), from becoming active in union activities, or being able to report incidents of sexual harrassment on the job (Arnopoulos 1979).

One-half of the textile and almost all of the clothing workers in Montreal are women (Arnopoulos 1979:7) and as indicated in Chapter Three this was the predominant occupation among the Greek women interviewed for this study. The pressure of piecework, and homework, and the double-work day were seen by the Greek women as major contributors to the problem of nevra. Because these issues figure so predominantly in the informants descriptions of nevra we must examine the issue further.

Much has been written about the organization and conditions of work in the garment factories (see Gannagé 1987 and Teal 1986 for detailed discussions of the garment industries in Toronto and Montreal respectively). In general, hours of work are long, pay is low, and people have to deal with high noise levels, extreme temperature changes, poor ventilation and the pressure to work quickly (Goldenberg 1984:10). Many of the employees are paid on a piece rate making the day's wages determinate on how much one produces in a day. There is little job security, no guarantee of full shifts, and the work is seasonal, with periods of intense employment followed by long periods of unemployment. The average number of work weeks per

employee, per year, was reported in a 1984 study as 28 (Goldenberg 1984:10).

The poor economic conditions and pressures of the workplace and their effects on health are not limited to women, of course, but task differentiation by gender does occur both on the shop floor and in the union structure (see Gannagé 1987 and Teal 1986). The few skilled jobs -- those of the cutters, for example -- are held by men. A two-tiered system of union bargaining often takes place by which good contracts are secured for the male elite cutters and low rates are maintained for the women sewing-machine operators (Arnopoulos 1979:15).

Another difficult situation affecting many immigrant women, especially Greeks in Montreal, is homework; that is, doing piecework in the home for the garment industry. There are estimated to be about 20,000 homeworkers in Montreal (Goldenberg 1984:10). Johnson (1982) notes that the origins of homework go back to cottage industry and homework in Britain during the industrial revolution (see also Gonick 1987 for a discussion of the history of homework). While it was banned in the United States after extensive trade union protest, there is a recent move to remove the ban. In Canada homework was never discontinued, and is now on the increase (Johnson 1982:9).

> Homework continues to flourish in low-income communities, and to attract as workers the most vulnerable and dependent individuals -- for example, recent immigrants, disabled persons, mothers of young children (1982:54).

The reasons for the existence of homework today are the same as they have always been -- for the workers it is a way to combine household commitments with paid employment, and for the employer it reduces overhead and keeps wages down. In documenting the conditions of the job and its pay, Johnson notes that homework is one of the most exploitative of labour situations. Workers are generally responsible for buying and maintaining their own machines, purchasing special attachments for new clothing styles, paying their increased home utility costs and the costs of transporting the goods to and from the factories (1982:71-72).

The prices paid for work are exceedingly low -- often calculated at the minimum wage per hour or lower, with no overtime benefits. Because of the seasonal nature of the garment trade, the workload is upredictable and fluctuates from intense periods of 12 hours per day to periods of no work at all (1982:60).

The majority of homeworkers in Canada are immigrant women with young children. They are a particularly captive labour force, since they face problems of language, education, and lack of skilled work experience when entering the job market. The extra burden of young children to care for further limits their job flexibility. Homework is ostensibly a job which allows them to maintain their home responsibilities as well as earn some income and is often their only viable option. This was certainly the case among the Greek respondents since many of the women who are now

doing homework had previously worked in garment factories until they had children.

Johnson's interviews with homeworkers show the costs to the worker often outweigh the benefits. Among the health hazards the respondents reported are back problems, noise pollution, and dust inhalation from fabric (1982:77-79). The most serious health problem reported is stress from the intense pressures to meet deadlines and the competing pressure of the jobs of homemaker and homeworker. Johnson reports,

> When asked to identify the disadvantages of homework, the most frequently cited problem was that the workers never felt able to relax. Because there are no fixed hours and no breaks, homeworkers feel that they are under constant pressure to produce (1982:79).

The hours of homework are squeezed in between other household responsibilities and the women feel totally unable to separate out their home life and work life. There is little room for relaxation or socializing. A similar complaint of being unable to separate out home life and work life was a frequent complaint among the Greek women interviewed.

In addition to the pressures of work, Ng and Ramirez (1981) argue that other changes experienced upon migration and the move from a rural agricultural society to an urban industrial one are more than just cultural. They involve a reorganization of immigrant families including less support from the extended family, the adjustment of the wife's home routine to the husband's industrial work schedule, and the

privatization of women's work in individual homes. For women who don't work outside the home, dependency on the husband is increased. A similar occurrence is reported by Pavlides and Hesser (1986) for women in rural Greece as discussed earlier in this chapter.

In a comparative study of women of Portugese, Greek, Haitian and Columbian origin in Montreal, Meintel et al. (1987) found that while immigrant women's incomes were increased, their work became increasingly nuclearized in the home after migration, and flexibility in handling domestic chores and childcare were lost[6].

> For virtually all of them income increased substantially, but at the cost of reduced autonomy in the work process and a more rigorously controlled work environment such that flexibility for managing domestic responsibilities is limited. In some cases, this has meant a longer work day; more commonly, it has meant an intensified pace of work, even when the type of work (eg. piece-work done at home) is ostensibly the same as before migration. Moreover, this intensification characterizes domestic as well as wage work (1987:273).

These concerns are similar to those expressed by the Greek respondents. As previously noted in Chapter Three the pace of work in North America was perceived as much more frantic than in Greece. The loss of childcare and domestic assistance from the extended family and the high cost of daycare often lead the women to commence homework after the birth of a child.

Meintel's respondents also felt that the structure of homework was different in their home country than in Canada.

Home-based craftswomen appear, from their

> accounts, to have worked in an atmosphere of sociability, sometimes in the company of mothers or sisters living nearby .... Thus home-based work was not entirely isolating and seems to have been done at a less frenetic pace than in Canada. Overall, the accounts collected give the impression that domestic needs partly determined the timing and pace of market work done for the family enterprise or out of the home (Meintel et al 1987:282).

For many women who work outside of the home, another frequent complaint is the double-work day. Women hold the primary responsibility for maintaining the household as well as their full-time or part-time job. While this is not a situation particular to immigrant women, or even working-class women, the economic pressures these families are under make it difficult to alleviate the pressures they experience by eating out in restaurants or paying for outside help.

Lack of social support for women is another problem discussed in many of the studies of immigrant women and was mentioned as a concern by the Greek respondents. While the men frequent the numerous coffee bars (kafenia) along Park Avenue and in Park Extension, as places to discuss politics and sports, and escape the pressures of work and home, there are no similar outlets for women. Forty percent of the Greek respondents belong to one of the Greek associations in Montreal but most do not actively participate, especially the women. Several of the women point out that since they married men from outside their villages, the Montreal organizations their husbands belong to do not include their own villagers or friends. Of those who do belong to an organization, almost two-thirds (64%) say they would not go

to other members of the group for help or advice. Most of the respondents identify themselves as Greek Orthodox (92 percent). While attendence at major celebrations such as Easter, weddings, and various feast days is high, most of the respondents are not regularly active in the church. Ninety-seven percent of the respondents say that the church had no role to play in health and social problems.

Extended family members are also not generally perceived as social support. Many of the respondents say that other family members have their own problems to worry about. Others suggest that in the Greek community social ties are maintained more closely with the husband's family and thus the wife has no one to talk with about problems at home. In addition many respondents still feel it is inappropriate to talk about family problems outside of the immediate family since it is thought to bring dishonour upon the family as a whole.

The lack of a cohesive and supportive community among the Greeks is echoed in analyses by Nagata (1969) and Chimbos (1975) in their respective studies of Toronto and Montreal. Divisions in the community were found to be based on political and economic differences, and regional differences in the homeland. Two different waves of emigration (the pre and post war periods) have produced different interests in the new country (Chimbos 1975). The older more established immigrants are concerned about passing on the Greek language and traditions to the younger

generation through language and folklore classes. The more recent immigrants are interested in improving labour conditions and addressing social concerns. Arnopoulos argues that federal multicultural policies which emphasize the funding of cultural activites rather than social action programs have reinforced the interests of the older more established migrants (Arnopoulos 1979:50).

4.7 CONCLUSION

It is evident in the above discussion that an understanding of nevra can only come from a close analysis of both the cultural aspects of illness construction and the social relations of the illness, in particular gender relations and the work situations of the Greek women. A review of literature on illness in Greece and among Greek immigrants indicates that while respondents recognize a link between the social relations of their existence and the emotional and physical distress they are experiencing, it is generally reinterpreted by health professionals as anxiety, depression or adaptation syndrome.

Literature on health beliefs in Greece reveals that the concepts of balance and control are central concerns in maintaining health and have implications for women's roles and behaviour which are thought to reflect on family honour. The household is important in creating gender identities and social order in Greece and the link between body boundaries and household are evident in the discussions of nevra,

particularly as expressed through the term stenoxoria.

While cultural factors are important in understanding how illness is expressed and experienced, it is essential to closely examine the social relations of the Greek women in Montreal to understand why women experience nevra more frequently than men and what the term means for them. The pressured conditions of garment work and homework, the double-work day experienced by the women, the lack of social support for women in the Greek community, and their limited opportunities for the expression of social distress are all embodied in the concept of nevra.

ENDNOTES - CHAPTER FOUR

1. Danforth recognizes a similarity in the symptoms of those experiencing nevrika and those 'suffering from the saint' (the Anastenarians), but he notes that for the Kostilides the illnesses are mutually exclusive (1979:55). "If someone experiencing any of the above symptoms is cured after consulting a 'neurologist-psychiatrist', then it is clear that he was suffering from nevrika. If, however, he is cured after carrying out the recommendations of the Anastenarides, or if he actually becomes an Anastenaris, then it is clear that he was 'suffering from the saint'.

2. This is not to suggest in a positivistic fashion that there is one unified, timeless concept of health among the Greeks. As Herzfeld (1984) has aptly observed in writing about Mediterranean ethnography, the generalizations created by anthropologists have often led to "the perpetuation of cultural stereotypes" (1984:439) rather than the synthesis of knowledge about localized areas.

   I am using the term "Greek concept of health" here to facilitate a comparison of a concept of health as described by many of the Greek immigrants interviewed (and seems similar to those reported in other studies of health in Greece, see Blum and Blum 1965) which is based on the balance of mind, body, and environment and contrasts markedly with the reductionistic view of disease characteristic of our own biomedical system. It is recognized that concepts of health vary in time and place in Greece and among different individuals.

3. It should again be kept in mind that the constructs used are heuristic devices enabling a comparison between the experience of the immigrants in Greece and North America. Again variations occur in time and place, in different stages of the life cycle (see Clark 1983), and among individuals within the culture.

4. An interesting exception to this is the highly developed use of lament (for the dead) among Greek women. Caravelli notes that the ritual lament is viewed as the domain of women because it is thought that suffering is a realm in which women dominate (1986:177). She draws similarities between the use of lament as a form of social protest by the women and forms of spirit possession experienced by women in other cultures (cf. Crapanzano and Garrison 1977). In addition to the traditional grievance against death, Caravelli found that laments can be used to comment on

a variety of topics from the effects of the changing economy on familes, political events, the social role of women in an androcentric village and :"protest against doctors and practices of modern medicine is a frequent theme" (1986:183).

5. A similar usage of nerves for men can be found in Belmonte (1979). In discussing the use of violence in the Neapolitan family, two of his informants report with pride that they are nervoso and can't be responsible for their behaviour when they are angered (1979:100, 116).

6. Sutton reports a similar phenomenon being experienced by village women in Amorgos, Greece upon migrating to larger centres to find employment (1986). While most of the women had worked in the village, and were also responsible for household chores, "this housework is scheduled to match the needs of externally-directed work. Children are watched by relatives, left to play in the village platia, sent to school, or taken to the fields when their mothers are outside of the house (1986:38).

CHAPTER FIVE - CONCLUSION

The aim of this thesis is to explain the meaning of nevra for Greek women in Montreal and expand on our understanding of how social relations become embodied. Nevra is expressed in both a day to day context and the clinical setting primarily by women. The symptoms of nevra vary, but usually include a feeling of 'loss of control' and the 'bursting' or 'breaking out' of one's nerves leading to inappropriate behaviour such as screaming and shouting. Attacks of nevra are often accompanied by headaches, dizzyness, body pain, and feelings of melancholy. It is attributed by respondents to the difficulties of their lives in North America, language problems, the anxos (anxiety) of the piecework system in the factories, gender roles, the double-work day, family problems, and the general stenoxoria (distress) of life in Canada. Nevra as a normal expression of distress is thought to be best dealt with alone or in the family context.

As a sickness, nevra is almost exclusively experienced by women. The symptoms of nevra as sickness are described in physical terms as feelings of 'loss of control', and headaches, dizzyness, pain, stenoxoria and anxos. Loss of control is said to result in unacceptable behaviour and to contribute to family problems.

In a medical setting nevra is frequently diagnosed as anxiety syndrome, depression, or an adaptation syndrome and frequently treated with tranquilizers. This tends to result

in a chronic sick role for the patient. As discussed in Chapters Two and Four, such responses are inadequate and reflect the "reification" of disease in biomedicine rather than the women's own experience of the illness.

To reach an understanding of the meaning of nevra, and why social distress is expressed through the body, it is essential to begin by looking at Greek concepts of health and illness. The review of the respondents' concepts of health presented in Chapter Three and the comparative discussion of health and illness beliefs in Greece in Chapter Four indicate that balance and control of body, mind, and environment are central to health beliefs and have implications for women's roles and behaviour.

Using Bourdieu's concept of habitus as an analytical tool, it becomes apparent that women's identities, body boundaries, social order and health are linked through the household and any disruption of household order may result in ill health for women. As Bourdieu shows, in the case of the Kabyle (discussed in Chapter Two), the household becomes a repository of social meaning where gender roles, appropriate behaviour and means of expression become embodied through daily practice.

While it is important to consider the cultural construction of illness experience and expression, a full understanding of the meaning of nevra cannot be achieved without moving away from the "reification" of disease toward reincorporating the social relations of illness into the

analysis. In the particular example of nevra in Montreal, the pressured conditions of work in the garment factories, the double-work day experienced by women, the lack of social support for women in the Greek community, and the changes to family and work life upon migration constrain already limited opportunities for the women to express social distress and are thus embodied as nevra.

5.2 A COMPARISON OF NEVRA WITH ANALYSES OF NERVES AND NERVIOS

As in Low's analysis of nervios in Costa Rica (1981), nerves for the Greeks in Montreal, as an everyday expression of social distress, are indicative of a "loss of control" and the opposite of "tranquility" which one tries to maintain. The etiologies of nevra are linked to family problems, gender relations and economic difficulties. The expression of nevra may be a way of trying to improve a difficult family situation or generate a supportive response from one's family. As Davis (1983; 1982) discusses for Newfoundland women, nerves can be a way of articulating the stress and worry of everyday life and anticipating and coping with day to day pressures and insecurities. When responded to positively by family members, nerves can be viewed as a realistic way of coping.

Nevra as sickness in Montreal, however, differs in epidemiology from Low's Costa Rican population. In Low's study nervios was presented by both women and men in medical clinics, however, in the Montreal population it was almost

exclusively women who sought medical help for their nevra. Nevra in Montreal bears more ressemblance to nerves as described in case studies of Eastern Kentucky and Latinos in the Northeastern United States, and current studies of the expression of social distress through the body.

The specific etiologies of nevra in Montreal vary from those of nerves in other parts of the world. They are related directly to the social and material conditions of the Greek immigrants in Montreal, to gender relations in that population, to cultural understandings of the female body, and to appropriate means of expressing distress. Informants cite the conditions of work in the garment factories, the weather and its implications for being closeted or crowded in the house during the winter months, the effects of migration upon the family, and the double-work day as major contributing factors. Nevra should be seen as a culturally constituted metaphor for distress as Low suggests. However, the particular content of that distress reflects the specific social and material conditions of, and gender relations in Montreal's Greek community. It is expected that similar distinctions would prove important for other cultural groups suffering from nerves.

5.3 DIRECTIONS FOR FUTURE RESEARCH

This thesis points to a number of directions for future research. An analysis of data on the incidence and etiology

of nevra among Greek immigrants in the U.S. and Australia, as well as Greeks in their homeland would provide valuable information on the specificity of nevra in different locales, and thus the relative importance of cultural, social and economic factors in the expression and meaning of nevra. Following on Bourdieu's concept of habitus, it would be interesting to examine more closely the link between household, order, health, and the female body in contemporary Greece and regional variations of the concepts. It would also be a useful to follow up on the recent references to nerves and the prescription of tranquilizers to rural Greek women experiencing distress (described in Chapter Four) as a result of their changing role in the home and compare the experience and treatment of nevra in Greece with nevra in Montreal.

APPENDIX A

GLOSSARY OF FREQUENTLY USED GREEK TERMS

I have used a common form of transliteration for the Greek terms, however, as there is no one standardized format a slight variation may occur in some of the quotations used in the text.

anxos (anxiety), alternate spelling anhos

dropi (shame)

kafenia (coffee bar) where Turkish-style coffee is served

krasis (constitution or character of the individual)

nevra (nerves)

patridha (homeland)

philotimo (manliness) related to the family honour, alternate spelling filotimo

stenoxoria (distress) - literally means narrowness of space, sometimes translated as depression (see quote for Dubisch in chapter four), stress, or sorrow; alternate spelling stenohoria. For a detailed discussion of the term see note 6, Chapter Three.

APPENDIX B

GENERAL FAMILY INTERVIEWS QUOTED IN THE TEXT

The following is a list (in chronological order) of the general family interviews (GFI) quoted in the text. Basic biographical data on the respondents and their families is provided after each entry to assist the reader in contextualizing informants comments in the text.

1. Garment worker, age 30, married with one child, came from Samos in 1970. Husband - garment worker, age 44 came from Kalamata in 1966 (GFI #10).

2. Housewife, age 35, married with two children came from Epidauros in 1968. Husband - industrial painter, age 42, came from Crete in 1967 (GFI #20).

3. Secretary, age 32, married with one child, came from Athens in 1968. Husband - teacher, age 36, came from Athens in 1968 (GFI #36).

4. Housewife, age 42, married with three children, came to from Sparta in 1975. Husband - restaurant worker, age 44, came from Sparta in 1975 (GFI #60).

5. Cleaner, age 38, married with two children, came from Crete in 1971. Husband - cleaner, age 38, came from Crete in 1971 (GFI #7).

6. Housewife, age 33, married with three children, came from Tripolis in 1968. Husband - owns variety store, age 41, came from Nafplio in 1968 (GFI #9).

7. Housewife, age 26, married with two children, came from Leucada in 1972. Husband - bakery worker, age 36, came from Leucada in 1971 (GFI #33).

8. Garment worker, age 35, married with two children, came to Montreal from Rhodes in 1966. Husband - restaurant owner/worker, age 37, came from Thessalonika, in 1967 (GFI #3).

9. Housewife, age 36, married with one child, came from Athens in 1966. Husband - restaurant owner/worker, age 36, came from Hios in 1968 (GFI #29).

10. Teacher, age 25, married with two children, came from Thessaly in 1975. Husband - accountant, age 30, who came from Thessaly in 1960 (GFI #56).

11. Unemployed garment worker, age 50, widow with two children, came from Sparta in 1954 (GFI #24).

12. Housewife, age 25, married with three children, came from Crete in 1960. Husband - restaurant owner/worker, age 34, came from Leucada in 1961 (GFI #37).

13. Housewife (former garment worker), age 25, married with one child, came from Crete in 1977. Husband - restaurant worker, age 32, came from Crete in 1967 (GFI #61).

14. See number 1.

15. Housewife, age 31, married with two children, came from Attica in 1965. Husband - taxi driver, age 35, came from Leucada in 1967 (GFI #14).

16. Housewife, age 36, married with three children, came from Pylos in 1969. Husband - businessman, age 43, came from Kalavrita in 1967 (GFI #15).

17. Housewife, age 25, married with two children, came from Crete in 1970. Husband - restaurant owner/worker, age 32, came from Crete in 1972 (GFI #18).

18. Housewife, age 28, married with two children, came from Laconia in 1971. Her husband, (occupation not known), age 39, came from Laconia in 1972 (GFI #19).

19. See number 13.

20. Housewife, age 28, married with two children, came from Pirgos in 1970. Husband - factory worker, age 32, came from Hania, Crete in 1972 (GFI #12).

21. Housewife, age 40, married with three children, came from Athens in 1961. Husband - restaurant worker, age 50, came from Athens in 1954 (GFI #26).

22. Salesclerk, age 30, married with two children, came from Laconia in 1959. Husband - cleaner, age 34, came from Laconia in 1969 (GFI #4).

23. Garment worker, age 40, married with one child, came from Sparta in 1965. Husband - works in fruit market, age 41, came from Arcadia in 1975 (GFI #59).

24. Garment worker, age 41, married with two children, came from Rhodes in 1963. Husband - apartment superintendent, age 42, came from Rhodes in 1957 (GFI #2).

25. See number 23.

26. See number 11.

27. Garment worker, age 31, married with two children, came from Piraeus in 1966. Husband - butcher, age 34, came from Piraeus in 1970 (GFI #11).

28. See number 15.

29. Housewife, age 36, married with three children, came from Leucas in 1969. Husband - restaurant worker, age 34, came from Leucas in 1968 (GFI #17).

30. See number 22.

31. See number 5.

32. See number 27.

33. Garment worker, age 36, married with two children, came from Cypress in 1968. Husband - restaurant chef, age 37, came from Cypress in 1968 (GFI #31).

34. Housewife, age 36, married with three children, came from Crete in 1972. Husband - cleaner, age 33, came from Crete in 1974 (GFI #6).

35. See number 4.

36. See number 7.

APPENDIX C

INTENSIVE FAMILY INTERVIEW SCHEDULE

A. BALANCES AND HUMORS

1. In what country do you think your family is healthier, here or in Greece? Why?
   a) In which country are women healthier? Why?
   b) In which country are men healthier? Why?
   c) In which country are children healthier? Why?

2. Does getting angry affect your health? Why?
   a) If you are too choleric/angry can you get sick?
   b) If you are too sanguine/enthusiastic can you get sick?
   c) If you are too phlegmatic can you get sick?
   d) If you are too melancholic can you get sick?

3. Is it important to have a good krasis (constitution or character)? Why?
   a) Is it easier here or in Greece? Why?

4. What does it mean to say the Canadian climate is heavy?
   a) How is the heavy climate related to sickness?
   b) How can you guard against this?
   c) Is it good for your child to play outside in the cold?

5. What is revma (drafts) and how is it related to sickness?
   a) What kinds of sicknesses do you get from revma?
   b) How can you guard against getting sickness from revma?
   c) What do you do when you are sick from revma?
   d) Does it happen more in Canada or in Greece?
   e) Would you ever go to the doctor for it?

6. How, or under what circumstances do people get crios (cold)?
   a) Are there specific parts of the body you must be careful about? How do you protect them?
   b) How do you prevent getting crios?
   c) Are some people more vulnerable than others? Who? Why?
   d) What do you do for crios?
   e) Does it have any lasting effects? Can things related to it show up later in life?
   f) Would you ever go to the doctor for it?
   g) What would you expect the doctor to do for it?

7. Is diet important for your health? Why?
   a) Are there times when it is not good to eat cold

foods? Why?
b) Are there times when it is not good to eat hot foods?
c) Are there times when it is not good to drink cold liquids? Why?
d) Is it alright to drink cold water in the hot sun?
e) Are there times when it is not good to eat heavy/light foods? Why?
e) What are heavy foods? Light foods?
f) Are there certain foods a woman should eat when pregnant? What are they? Why?
h) Are there certain foods a woman should not eat when pregnant? Why?

B. DISEASE CAUSATION

B.1 NEVRA (Nerves)

1. What is nevra?
   a) What causes nevra? Why?

2. Do men or women get nevra more? Why?
   a) Can children get nevra too?

3. What does nevra feel like?
   a) Can you describe someone who has nevra?

4. How does it affect a person's capacity to lead a normal life? Can they still work, do housework, look after children, shop, and so on?

5. Do people get nevra more in Greece or in Montreal? Why?

6. How does nevra affect family relations? How does the family react to the nervous person?

7. Are there certain times of the day, of the month, of the year, of the life cycle, or certain occasions when people are more likely to get nevra? Why?

8. Who should help the person with nevra?

9. What should one do to heal or overcome nevra?

10. Would you go to the doctor for treatment (therapia)?
    a) What kind of treatment would you expect from the doctor?
    b) Is it a frightening illness?
    c) Is it an embarrassing illness?

11. Do you know what a nevrologos is in Greece?
    a) Is it the same as a psychiatrist?

b) What does the nevrologos do for you?
c) Are there the same kind of doctors here?
d) If not, who would you go to here for the same problems?

B.2 PIESIS (Blood Pressure)

12. Are you concerned about your piesis?
a) What do you mean by piesis?
b) What causes piesis?
c) Why is it important?

13. How do you know when your piesis is high or low?
a) Do you have to go to the doctor to know, or is it something you can determine yourself?
b) What is a good piesis?

14. Do some people have more problems with piesis than others? Why?
a) Are some people more susceptible? Why?
b) Are Greek people more susceptible? Why?

15. Can social or family circumstances contribute to problems with piesis?

16. Do problems with piesis happen more here or in Greece? Why?

17. Do the different lives people lead in Greece and Canada lead to differences in piesis?

18. What can a person do to keep their piesis down?

19. If you do not control your piesis what can happen?
a) Is it dangerous? Why?
b) Could it be life threatening?

20. Do you know people whose piesis has broken/exploded? Please describe such a case.
a) What do you mean when you say that is has "exploded"?

21. What role does the doctor play in the control of piesis?

22. Does a person's diet have any effect on their piesis? Why?
a) What type of foods should you not eat?
b) What type of drinks should you not drink?

23. Does a person's age affect their piesis?
a) Are certain age groups more susceptible? Why?

24. How is piesis linked to the blood?

25. How is piesis related to heart disease?

26. Do you think that people should give blood to the Red Cross?
    a) Can this be dangerous to your health? Why?

27. Is piesis related to nevra? How?

B.3 STOMACH PROBLEMS

28. Do you suffer from stomach problems? Do you know anyone who has them?
    a) What do they feel like?
    b) What causes stomach problems?

29. Do life circumstances or health habits cause stomach problems?

30. Are certain people more vulnerable than others? Why?

31. What should one do for stomach problems?
    a) What role does the doctor play?
    b) What kind of treatment do you expect to get for stomach problems?
    c) Are they frightening?
    d) Are they embarrassing?

32. Are there certain kinds of foods which affect getting stomach problems? What are they?

33. Can drinking cause stomach problems?

34. Can smoking cause stomach problems?

35. Is there any relationship between nevra, piesis and stomach problems? Please explain.

C. EVIL EYE (kako mati or matiazma)

1. Do you believe in the evil eye? (n.b. Interviewer: If answer is yes, follow section C.1, if no follow C.2)

C.1 YES

2. What does the evil eye do?

3. What are the symptoms associated with the evil eye?

4. Who gets it? Why?

5. Does it happen more in Greece or in Canada? Why?

6. Is it something particular to Greek people? Do Canadians have it too?

7. How do you prevent it from happening?

8. Does it always happen suddenly?

9. What causes the evil eye?
   a) Is it caused by certain people? Why?
   b) Is it the same as witchcraft or sorcery?

10. Do you need to know who caused it to cure it? If so, how do you find this out?

11. How do you cure the evil eye?
   a) Would you ever go to a doctor to have it cured?
   b) Would you ever go to a priest to have it cured?
   c) Who else might you go to for a cure?

12. Who causes the evil eye? Do different people cause it in Greece than Montreal? Why or why not?

13. Please define the following terms. Are they linked to the evil eye?
   a) matiazma
   b) vascania
   c) grusuzia
   d) dhiki mas and kseni

14. What is special about a person who causes the evil eye? Does their behaviour differ from other people? If so, how?

15. What do you do to stop people from giving the evil eye?
   a) Do you punish them for their actions?

16. Do you know someone who gives the evil eye?

17. Do you know someone who has become sick from the evil eye? Please describe.

18. Is envy related to the evil eye? Is this a problem for Greeks in Montreal? If so, why?

C.2 NO

19. Did you ever believe in the evil eye? If not, why not? If so, why do you not believe any longer?

20. Do you know people who believe in the evil eye? What do you think about their beliefs?

21. Repeat question 18.

D. GYNECOLOGY

1. Are there different attitudes about women in Greece and Canada? If so please describe the difference.

2. Are there different ideas associated with menstruation and menopause in Greece and Canada?
   a) How are the ideas different?

3. Is there any kind of work that women cannot do at certain times of the month?

4. As a woman you probably go to the gynecologist for pregnancies and special problems. Do you find this difficult? Does it make you nervous?
   a) Is it embarrassing?
   b) Does it upset your husband?
   c) If yes to any of the above, how could this be improved?

5. Are there certain rules for women's behaviour when menstruating?
   a) Are there certain places a menstruating woman cannot go?
   b) Are there certain rules for behaviour just after giving birth?
   c) Are there certain foods a woman who has just given birth should eat? Why?
   d) Are there certain foods to aid in breastfeeding?

6. Should a pregnant woman avoid <u>crios</u> or <u>revma</u> more than others?

7. Do you go to the gynecologist often, yearly, or just when you are pregnant?
   a) Have you been for any check-ups this year? How many?

E. EARLY SOCIALIZATION OF CHILDREN

1. Each society has special ways of training children to become proper adults. Can you tell us what is special in the Greek community?
   a) What is the character of a newborn child like?

2. How do you toilet train a baby?
   a) Is it alright to let a baby cry sometimes?
   b) How do you look after a baby's health?

3. How should you dress a child? Is it important to bind a child, or protect him or her with a lot of clothing?

4. How do you discipline a two year old?
   a) a six year old?
   b) Who disciplines the child? Boy? Girl?

5. What kind of punishment is suitable for different age groups?
   a) Should you hit a child? At what ages?
   b) Did you get hit in school? Should your children get hit in school?

6. Is it easier to bring up children in a nuclear or extended family?
   a) Is it easier to bring up children here or in Greece? Why?

7. Do you behave towards your children as your parents behaved toward you? How does it differ?

8. You and your children have grown up in two different cultures. Does this present problems? What are they? Why?

9. What worries you the most about your teenagers?

10. What do you want your children to achieve? Boys? Girls?

F. ETHNICITY, FAMILY AND GENDER ROLES

1. Where are you from in Greece?
   a) Is the family very important in your village/city?
   b) What do the terms honour and shame mean to you. Are they very important in your village/city?
   c) Has this changed for you since coming to Canada? Please explain.

2. What is your patridha? Do you still use this term today?
   a) Can Montreal ever become your patridha? Why or why not?

3. Is there a difference in the way sons and daughters should be brought up?

4. Should you keep a more careful watch on your daughters than your sons? Is so, why?

5. Were you raised differently than your brothers?

6. In Canada the concept of virginity for women is not

considered as important as it is described to be in Greece. What do you think of this? Would you prefer your children to continue with the traditional belief?
a) Do you believe virginity is more important for daughters than sons?
b) Does virginity of daughters reflect on the family?

7. Did you meet any outsiders/strangers in your village? Did this affect your decision to come to Canada?

8. Do you feel especially close to the people from your village? Why or why not?

9. Are godparents (koumbaros) as important for you in Canada as they were in Greece? Why or why not?

G. GENERAL COMMENTS ABOUT MEDICAL CARE

1. How many times in the past year has each of your family members been to the doctor?
a) What was each visit for?
b) When should you go to the doctor?
c) Do you feel dissatisfied if you do not receive medication from the doctor?

2. Are there any areas in which you would like to see improvements to health care services in Montreal? If so, please explain.

ΛΕΠΤΟΜΕΡΗΣ ΣΥΝΕΝΤΕΥΞΗ

Α. ΙΣΟΡΡΟΠΙΑ

1. Σε ποιά χώρα νομίζεις ότι η οικογένεια σου είναι πιό υγιής; Εδώ ή στην Ελλάδα; Γιατί;
   α) Σε ποιά χώρα είναι οι γυναίκες πιό υγιείς; Και γιατί;
   β) Σε ποιά χώρα είναι τα παιδιά πιό υγιή; Και γιατί;
   γ) Σε ποιά χώρα είναι οι άνδρες πιό υγιείς; Και γιατί;

2. α) Ο θυμός επηρεάζει την υγεία σου; Γιατί;
   β) Αν εσύ είσαι πολύ ευερέθιστη/ θυμωμένη μπορεί να αρρωστήσεις;
   γ) Αν είσαι πολύ ενθουσιώδης μπορεί να αρρωστήσεις;
   δ) Αν είσαι πολύ απαθής μπορεί να αρρωστήσεις;
   ε) Αν είσαι πολύ μελαχγολική μπορεί να αρρωστήσεις;

3. Είναι σπουδαίο να έχει κανείς καλή κράση; Και γιά πιό λόγο;
   α) Είναι πιό εύκολο να την έχει κανείς έδώ (την κράση) ή στην Ελλάδα; Γιατί;

4. Πολλοί Έλληνες λένε ότι το κλίμα του Καναδά είναι πολύ βαρύ ή δυνατό. Τι μπορεί να σημαίνει αυτό;
   α) Πως συνδυάζεται το βαρύ κλίμα με την ασθένεια;
   β) Πως μπορεί κανείς να το αποφύγει αυτό;
   γ) Πως αισθάνεσαι, αν το παιδί σου παίζει έξω στο κρύο;

5. Θέλουμε να μάθουμε περισσότερα γιά το <u>ρεύμα</u> και πως αυτό συνδυάζεται με την αρρώστια.
   Πως μπορεί να αρρωστήσει κανείς από το <u>ρεύμα</u>;
   α) Τι αρρώστιες μπορούν να προκληθούν από το <u>ρεύμα</u>;
   β) Πως μπορεί κανείς να μην αρρωστήσειαπό το <u>ρεύμα</u>;
   γ) Τι κάνεις; (για να μην αρρωστήσεις)
   δ) Συμβαίνει πιό συχνά στον Καναδά ή στην Ελλάδα;
   ε) Πηγαίνεις ποτέ στο γιατρό αν παρουσιαστεί κάτι τέτοιο;

6. Πως και κάτω από ποιές συνθήκες μπορεί να κρυώσει κανείς;
   α) Ίσως υπάρχουν ωρισμένα μέλη του σώματος γιά τα οποία πρέπει να είμαστε προσεχτικοί; Τι κάνεις γιαυτό;
   β) Πως μπορείς να προφυλαχτείς από το κρύωμα;
   γ) Μερικοί άνθρωποι είναι πιό ευαίσθητοι από τους άλλους;
   δ) Τι μπορεί να κάνεις γιαυτό;
   ε) Τι επιπτώσεις μπορεί να έχει το κρύωμα; Είναι δυνατόν αργότερα να παρουσιαστούν επιπλοκές;
   στ) Πηγαίνεις στο γιατρό σε αυτές τις περιπτώσεις;
   ζ) Τι περιμένεις να κάνει ο γιατρός γιαυτό;

7. Είναι σπουδαίο να διατηρείς διαιτολόγιο; Για πιό λόγο;
   α) Υπάρχουν,στιγμές που το κρύο φαγητό δεν κάνει καλό; Γιατί;
   β) Υπάρχουν στιγμές που το ζεστό φαγητό δεν κάνει καλό; Γιατί;
   γ) Υπάρχουν στιγμές που τα κρύα ποτά δεν κάνουν καλό;
   δ) Είναι καλό να πίνεις κρύο νερό όταν είσαι κάτω από τον ήλιο;
   ε) Υπάρχουν φορές που δεν κάνει να τρώς βαρύ ή ελαφρό φαγητό;
   στ) Τι είναι βαρειά φαγητά; Τι ελαφρά;
   ζ) Υπάρχουν ωρισμένα φαγητά τα οποία μπορεί να τρώει μιά έγκυος; Γιατί; Ποιά είναι αυτά;
   η) Υπάρχουν ωρισμένα φαγητά τα οποία δεν πρέπει να τρώει μιά έγκυος; Γιά πιό λόγο;

Β. ΑΙΤΙΕΣ ΑΣΘΕΝΕΙΩΝ

Β1.--ΝΕΥΡΑ

1. Στην τελευταία μας συνεντευξη υπήρχαν πολλοί οι οποίοι μίλησαν γιά νεύρα. Μπορειτε να μας μιλήσετε γιαυτό το γεγονός;
   α) Τι προκαλεί τα νεύρα; Πως και γιατί;

2. Είναι κύρια άνδρες ή γυναίκες που έχουν πιό πολλά νεύρα;
   α) Μπορεί ακόμα και παιδιά να έχουν νεύρα;

3. Πως αισθάνεστε όταν είστε νευριασμένη; Μπορείτε να περιγράψετε κάποιον που έχει νεύρα ή πως νομίζετε ότι αισθάνεται;

4. Πως επηρεάζουν τα νεύρα τον άνθρωπο στην ζωή του; Μπορεί να δουλέψει, να κάνει τις δουλειές του σπιτιού, να προσέξει τα παιδιά, να κάνει φώνια;

5. Ποιοί Έλληνες έχουν πιό πολλά νεύρα. Αυτοί που ζουν στον Καναδά ή στην Ελλάδα; Γιατί;

6. Επηρεάζουν καθόλου τις οικογενειακές σχέσεις; Πως αντιδρά η οικογένεια όταν κάποιος έχει νεύρα;

7. Υπάρχουν ωρισμένες στιγμές την ημέρα, το μ.ηνα, τον χρόνο, ωρισμένοι περίοδοι της ζωής ή περιπτώσεις που μπορεί κανείς να έχει νεύρα; Γιατί;

8. Ποιός πρέπει να βοηθήσει ένα άρρωστο;

9. Τι κάνεις γιά να ηρεμήσεις όταν έχεις νεύρα;

10. Θα πήγαινες στο γιατρό γιά θεραπεία;
    α) Τι είδους θεραπεία περιμένεις από τον γιατρό;
    β) Είναι φοβερή αρρώστια;
    γ) Είναι μιά αρρώστια που σε κάνει να αισθάνεσαι ντροπή;

11. Μερικοί άνθρωποι μίλησαν γιά ένα ειδικό γιατρό, τον νευρολόγο, που αυτόν επισκεφτονταν οι Έλληνες στην Ελλάδα.
    Ξέρεις εσύ τίποτε γιά αυτούς τους γιατρούς;
    α) Είναι όπως ο ψυχίατρος;
    β) τι κάνει αυτός ο νευρολόγος;
    γ) Υπάρχουν τέτοιοι γιατροί εδώ;
    δ) Αν δεν υπάρχουν τέτοιοι γιατροί εδώ, σε ποιόν θα πήγαινες γιά βοήθεια;

Β2.--ΠΙΕΣΗ

12. Οι Έλληνες επίσης έκφρασαν πολλά γιά την πίεση. Ποιά είναι η γνώμη σου;
    α) Τι εννοείς όταν λες πίεση;
    β) Τι προκαλεί την πίεση;
    γ) Γιατί είναι τόσο σκουδαίο;

13. Πως το αισθάνεσαι όταν η πίεση είναι φηλά ή χαμηλά;
    α) Πρέπει να πας στον γιατρό γιά να το μάθεις ή μπορείς να το καταλάβεις μόνη σου;
    β) Ποιά είναι η σωστή πίεση;

14. Ποιός έχει περισσότερα προβλήματα με την πίεση του; Γιατί;
   α) Ισώς να υπάρχουν ωρισμένες κατηγορίες ανθρώπων που είναι πιό ευαίσθητοι; Για πιό λόγο;
   β) Είναι οι Έλληνες πιό ευαίσθητοι;

15. Τι κοινωνικές καταστάσεις ή και οικογενειακές μπορούν να τους ωδηγήσουν προς αυτό; Και γιατί;

16. Μπορεί να συμβεί πιό συχνά εδώ ή στην Ελλάδα; Γιατί;

17. Η διαφορετική ζωή που ζουν οι Έλληνες στην Ελλάδα και στον Καναδά μπορούν να ωδηγήσουν στην διαφορά της πίεσης;

18. Μπορεί να διατηρήσει κανείς την πίεση του χαμηλά;

19. Αν δεν ελέγχεις την πίεση σου, τι μπορεί να συμβεί; Γιατί;
   α) Είναι επικίνδυνο; Γιατί;
   β) Κινδυνεύει η ζωή;

20. Γνωρίζεις άτομα των οποίων η πίεση έχει φθάσει στο κατακόρυφο;
   α) Τι εννοείς όταν λες ότι έχει φθάσει στο κατακόρυφο;

21. Τι ρόλο μπορεί να παίξει ο γιατρός στον έλεγχο της πίεσης;

22. Επηρεάζει καθόλου η δίαιτα την πίεση; Γιατί;
   α) Τι δεν πρέπει να τρως;
   β) Τι δεν πρέπει να πίνεις;

23. Επηρεάζει η ηλικία; (στην πίεση;)
   α) Ποιές ηλικίες είναι επικίνδυνες;

24. Πως η πίεση σχετίζεται με το αίμα;

25. Πως η πίεση σχετίζεται με καρδιακές καθήσεις;

26. Νομίζεις ότι οι άνθρωποι πρέπει να δίνουν αίμα στον Ερυθρό Σταυρό;
   α) Είναι αυτό επικίνδυνο γιά την υγεία;

27. Πως η πίεση συνδέεται με τα νεύρα;

Β.β ΕΛΚΟΙ ΣΤΟΜΑΧΟΥ.

28. Υποφέρεις από έλκη στομάχου (ή προβλήματα) ή μήπως ξέρεις κανέναν που να υποφέρει;
   α) Πως αίσθάνεσαι, ή τι νομίζεις πως αισθάνεται κάποιος άλλος;
   β) Τι προκαλεί έλκος στομάχου;

29. Τι καταστάσεις ή τι συνήθειες προκαλούν το έλκος;

30. Είναι μερικοί πιό ευαίσθητοι; Γιατί;

31. Τι μπορείς να κάνεις γιά το έλκος;

31. α) Τι ρόλο παίζει ο γιατρός;
β) Τι θεραπεία περιμένεις;
γ) Είναι φοβερή ασθένεια;
δ) Αισθάνεσαι ντροπή μήπως γιατό;

32. Εκπρεάζουν μερικά είδη φαγητών στη δημιουργία του έλκους;

33. Το κοτό εκπρεάζει;

34. Το κάπνισμα και το κοτό εκπρεάζουν;

35. Μιλήσαμε πριν γιά νεύρα και πίεση. Υπάρχει καμμιά σχέση μεταξύ της πίεσης και των νεύρων ώστε να προκαλούν το έλκος;
Εξηγήστε περισσότερο.

Γτ+ΚΑΚΟ ΜΑΤΙ

1. Πιστεύεις στο κακό μάτι;

2. Τι κάνει το κακό μάτι;

3. Ποιά είναι τα συμπτώματα;

4. Ποιός είναι πιό ευαίσθητος; (οι πλούσιοι, οι φτωχοί, οι τυχεροί, οι άτυχοι). Αν ναι, γιά πιό λόγο;

5. Συμβαίνει περισσότερο στην Ελλάδα από ότι στον Καναδά; Αν ναι, γιατί;

6. Είναι το κακό μάτι κάτι ειδικά γιά τους Έλληνες ή μήπως το έχουν και οι Καναδοί;

7. Πως μπορείς να προστατευτείς από το κακό μάτι;

8. Συμβαίνει ξαφνικά;

9. Τι προκαλεί το κακό μάτι;
α) Προκαλείται από μερικούς ανθρώπους, τον θεό; Γιατί;
β) Είναι μαγεία;

10. Γιά να το γιατρέψεις, πρέπει να ξέρεις ποιός το προκάλεσε; Αν ναι, πως μπορείς να το μάθεις αυτό;

11. Πως το γιατρεύεις;
α) Πηγαίνεις στο γιατρό;
β) Πηγαίνεις στον παπά;
γ) Πηγαίνεις σε κανέναν άλλο;

12. Ποιοί το προκαλούν; στον Καναδά; στην Ελλάδα;

13. Εξηγείστε τις παρακάτω λέξεις και αν έχουν να κάνουν τίποτε με το κακό μάτι.
α) Μάτιασμα
β) Βασκανιά
γ) Γρουσουζιά
δ) Δικοί μας και ξένοι (Ποιός το προκαλεί περισσότερο)

14. Τι το ιδιαίτερο έχει αυτός που προκαλεί το κακό μάτι;
Διαφέρει καθόλου η συμπεριφορά του απ.ό τους άλλους ανθρώπους; Αν ναι, πως;

15. Πως μπορείς να σταματήσεις την δύναμή τους;
α) Μπορείς να τους τιμωρήσεις;

16. Ξέρεις κανέναν ο οποίος προκαλεί το κακό μάτι;

17. Ξέρεις κανένα θύμα; Αν ναι, περιέγραφε ακριβώς τι συμβαίνει;

18. Η κακή πρόθεση ανάμεσα στους Έλληνες του Μόντρεαλ υπάρχει; Εξήγησε περισσότερο.

Γ2--ΟΧΙ

19. Πίστεφες ποτέ στο κακό μάτι; Αν όχι, γιατί; Αν ναι, γιατί σταμάτησες να πιστεύεις σε αυτό;

20. Ξέρεις ανθρώπους που πιστεύουν σε αυτό; Τι νομίζεις γιαυτό που πιστεύουν;

21. Πιστεύεις ότι υπάρχει κακή πρόθεση ανάμεσα στους Έλληνες του Μόντρεαλ; Εξήγησε περισσότερο.

Δ.--ΓΥΝΑΙΚΟΛΟΓΙΚΑ

1. Οι διαθέσεις απέναντι στο γυναικείο φύλο είναι διαφορετικές εδώ από αυτές στην Ελλάδα;
Μπορείς να περιγράφεις την διαφορά;

2. Υπάρχουν ξεχωριστές ιδέες που σχετίζονται με την εμμηνόπαυση και την περίοδο της γυναίκας;
α) Υπάρχει διαφορά εδώ από την ελλάδα;

3. Υπάρχουν δουλειές τις οποίες οι γυναίκες δεν πρέπει να κάνουν κατά την διάρκεια του μήνα; όπως ζύμωμα ή να φτιάχνει κρασί;

4. Σαν γυναίκα πρέπει να πηγαίνεις στον γυναικολόγο γιά εγκυμοσύνη ή και άλλα προβλήματα. Είναι δύσκολο αυτό γιά σένα; Σε κάνει να αισθάνεσαι νευρική;
α) Αισθάνεσαι ντροπή;
β) Ενοχλεί αυτό τον σύζυγό σου;
γ) Πως μπορεί να βελτιωθεί αυτό;

5. Υπάρχουν ωρισμενοι κανόνες γιά της γυναίκας την συμπεριφορά όταν έχει την περίοδό της;
α) Υπάρχουν μέρη στα οποία δεν πρέπει να πηγαίνει;
β) Υπάρχουν κανόνες γιά τις γυναίκες οι οποίες μόλις έχουν γεννήσει;
γ) Τι μπορεί και πρέπει να τρώει μιά γυναίκα όταν έχει γεννήσει πρόσφατα; Για πιό λόγο;
δ) Για να βοηθήσει στο θήλασμα;

6. Πρέπει μιά εγκυος να αποφεύγει το κρύο και το ρεύμα περισσότερο από όλους τους άλλους;

7. Πηγαίνεις συχνά στον γυναικολόγο σου; Μιά φορά το χρόνο, ή μόνο όταν μένεις έγκυος;
   α) Πήγες καθόλου γιά εξέταση στο γιατρό αυτό τον χρόνο; Πόσες φορές;

Ε.--ΚΟΙΝΩΝΙΚΟΤΗΤΑ

1. Κάθε κοινωνία έχει ειδικούς τρόπους ως προς την ανατροφή και ανάπτυξη των παιδιών τους σε σωστά άτομα. Μπορείτε να μας πείτε τι το ιδιαίτερο έχει η ελληνική παροικία;

2. Ποιός είναι ο χαρακτήρας/συμπεριφορά ενός νεογέννητου παιδιού;
   α) Πως μπορείς να αναθρέψεις ένα παιδί σε σωστό άτομο;

3. Πως ανατρέφεις/μεγαλώνεις ένα μωρό; Πως του μαθαίνεις να πηγαίνει στην τουαλέτα;
   α) Είναι καλό να αφήνεις να κλαίει το μωρό μερικές φορές;
   β) Πως προσέχεις την υγεία του μωρού;

4. Πως ντύνεις ένα παιδί. Ειναι σπουδαίο να το προστατεύεις με κάρα πολλά ρούχα;

5. Πως πειθαρχείς ένα παιδί 2 χρόνων;
   α) Ενα παιδί 6 χρόνων;
   β) Ποιός πειθαρχεί το παιδί; Αν είναι αγόρι; Αν είναι κορίτσι;

6. Τι είδους τιμωρίες μπορείς να επιβάλλεις γιά διαφορετικές ηλικίες;
   α) Σε πιά ηλικία μπορείς να δείρεις παιδί;
   β) Σε έδερνε κανείς όταν πήγαινες σχολείο; Πρέπει τα παιδιά να δέρνονται στο σχολείο;

7. Είναι πιό εύκολο να μεγαλώνεις παιδιά σε μιά κλειστή ή σε μιά ανοικτή οικογένεια;
   α) Στην Ελλάδα ή εδώ;

8. Συμπεριφέρεσθαι στα παιδιά σας όπως έκαναν οι δικοί σας γονείς;

9. Εσείς και τα παιδιά σας έχετε μεγαλώσει σε δύο διαφορετικές κουλτούρες. Τι προβλήματα δημιουργούνται από αυτό το γεγονός;

10. Τι σας στεναχωρεί ιδιαίτερα γιά τους νέους εφηβικής ηλικίας;

11. Τι θέλετε να καταφέρουν στη ζωή τους αυτά τα παιδιά; Τα αγόρια; Τα κορίτσια;

ΣΤ΄ ΕΘΝΙΚΟΤΗΤΑ ΚΑΙ ΟΙΚΟΓΕΝΕΙΑ

1. Στην Ελλάδα η οικογένεια είναι ένα κλειστό γκρούπ και πράγματα όπως οικογενειακή τιμή θεωρούνται πάρα πολύ σπουδαία. Μπορείτε να περιγράψετε πως ήταν τα πράγματα στο χωριό σας; (Δώστε το όνομα και την περιοχή που βρίσκεται το χωριό ή η πόλη).
   α) Οι ιδέες για την οικογένεια έχουν αλλάξει από τότε που ήρθατε στον Καναδά;

2. Ποια χώρα θεωρείται εσείς για πατρίδα σας;
   Μπορεί το Μόντρεαλ να γίνει ποτέ η πατρίδα σας; Γιατί ναι; Γιατί όχι;

3. Υπάρχει διαφορά για τα αγόρια ή τα κορίτσια όσο αφορά τον τρόπο ανατροφής;

4. Χρειάζεται να προσέχεις πιό πολύ τα κορίτσια από τα αγόρια; Γιατί;

5. Ανατράφηκες διαφορετικά από τον αδερφό σου;

6. Στον Καναδά η διατήρηση της παρθενιάς δεν θεωρείται και τόσο σπουδαία που επηρεάζει την τιμή της οικογένειας όπως θεωρείται στην Ελλάδα.
   Ποια είναι η γνώμη σας γι αυτό; Θέλετε ίσως τα παιδιά σας να ακολουθήσουν αυτόν τον παράδοσιακό τρόπο;
   α) Πιστεύετε ότι η παρθενιά για τα κορίτσια είναι σπουδαία;
   β) Πως επηρεάζει αυτό την ενότητα της οικογένειας;

7. Πως αισθάνεσται για τους ξένους που επισκέφτονται το χωριό σας;
   Επηρέασε αυτό καθόλου την απόφασή σας να έρθετε στον Καναδά;

8. Αισθάνεσται πολύ στους ανθρώπους που κατάγονται από το ίδιο χωριό με εσάς;

9. Είναι οι νονοί σπουδαίοι; Εδώ; ή θεωρούνται πιό σπουδαίοι στην Ελλάδα; Γιατί;

Ζ΄ ΓΕΝΙΚΕΣ ΣΗΜΕΙΩΣΕΙΣ ΓΙΑ ΤΗΝ ΙΑΤΡΙΚΗ ΠΕΡΙΘΑΛΨΗ ΚΑΙ ΥΠΗΡΕΣΙΕΣ

1. Πόσες φορές τον περασμένο χρόνο κάθε ένα μέλος της οικογένειας σου επισκεφτηκαν τον γιατρό;
   α) Για πιό λόγο έγινε η κάθε επίσκεψη;
   β) Πότε πρέπει να πηγαίνεις στον γιατρό;
   γ) Αισθάνεσαι δυσαρεστημένη όταν πηγαίνεις κάθε φορά στον γιατρό σου και δεν σου δίνει φάρμακα;

2. Στην πρώτη συνεντευξη εκφράστηκαν απόψεις από πολλούς ότι δεν είναι ευχαριστημένοι με την ιατρική περίθαλψη που προσφέρει το σύστημα εδώ.
   Μπορείτε να μας μιλήσετε πού θα θέλατε να γίνουν αλλαγές και μιά καλυτέρευση και σε ποιές υπηρεσίες;
   Αν ναι, σας παρακαλώ, που, πως και τι ακριβώς.

APPENDIX E

INTENSIVE FAMILY INTERVIEWS QUOTED IN THE TEXT

The following is a list of the Intensive Family Interviews (IFI) quoted in the text.

1. Housewife, age 33, married with two children, came from Crete in 1966. Husband - bakery worker, age 39, came from Crete in 1965 (IFI #2-27).

2. Housewife, age 40, married with one child, came from Sparta in 1960. Husband - restaurant owner/worker, age 45, came from Sparta in 1960 (IFI #11-46).

3. Housewife, age 32, married with two children, came from Larissa in 1976. (No information on husband) (IFI #13).

4. Garment worker, age 35, married with two children, came from Crete in 1966. (No information on husband) (IFI #18).

5. Salesclerk, age 35, married with two children, came from Thessalonika in 1961. Husband - Evangelical minister, age 41, came from Thessalonika in 1962 (IFI #16-62).

6. Garment worker, age 42, married with one child, came from Leucada in 1973. Husband - restaurant worker, age 46, came from Leucada in 1973 (IFI #14-44).

7. Garment worker, age 45, married with two children, came from Piraeus in 1966. Husband - garment worker, age 49, came from Piraeus in 1964 (IFI #4-23).

8. See number 1.

9. Housewife, age 36, married with two children, came from Sparta in 1964. Husband - carpenter, came from Samos in 1972 (IFI #3-1).

10. See number 5.

11. See number 9.

12. Housewife, age 42, married with three children, came from Sparta in 1975. Husband - restaurant worker, age 44, came from Sparta in 1975 (IFI #12-60).

13. See number 5.

14. Housewife, age 26, married with two children, came from Leucada in 1972. Husband - bakery worker, age 36, came from Leucada in 1971 (IFI #1-33).

15. Housewife, age 35, married with one child, came from Sparta in 1968. (No information on husband) (IFI #10).

16. Garment worker, age 30, married, no children, came from Sparta in 1972. (No information on husband) (IFI #9).

17. See number 12.

18. Garment worker, age 42, married with two children, came from Macedonia in 1964. Husband - owns cleaning business, came from Macedonia in 1964 (IFI #17).

19. Housewife, age 27, married with one child, came from Naxos in 1980. Husband - waiter, came from Naxos 1979 (IFI #20-101).

20. See number 3.

21. Housewife, age 36, married with three children, came from Crete in 1972. Husband - cleaner, age 36, came from Crete in 1974 (IFI #7-6).

22. See number 14.

23. See number 1.

24. See number 9.

25. Housewife, age 38, married with two children, came from Kefalonia in 1968. Husband - cleaner, age 42, came from Kefalonia in 1970 (IFI #5-79).

26. See number 2.

27. Husband of number 6.

28. See number 19.

29. See number 21.

30. See number 1.

31. See number 16.

32. See number 3.

33. Housewife, age 35, married with 2 children, came from Epidauras in 1968. Husband - industrial painter, age 42, came from Crete in 1967 (IFI #15-20).

34. See number 18.

35. See number 19.

36. See number 2.

37. Housewife, age 37, married with four children, came from Crete in 1970. (No information on husband) (IFI #19).

38. See number 4.

39. See number 19.

40. See number 16.

41. Husband of number 6.

42. See number 15.

43. See number 4.

44. See number 18.

45. See number 2.

46. See number 14.

47. See number 1.

48. See number 15.

49. See number 6.

50. See number 4.

51. See number 28.

52. See number 21.

53. See number 15.

54. See number 16.

55. See number 14.

56. See number 7.

57. See number 16.

58. See number 12.

59. See number 15.

60. Husband of number 21.

61. See number 25.

62. See number 9.

63. See number 5.

APPENDIX F

CLINICAL INTERVIEW SCHEDULE

A. GENERAL BACKGROUND INFORMATION

1. How old are you?

2. What is your marital status?
   a) How old is your spouse?

3. Do you have any children?
   a) What is the age and sex of each of your children?

4. What church or religious group do you belong to?

5. What is the highest grade of education completed by each family member? In Greece or in Canada?

6. Do you have any extended family members living with you? What is their age and sex.

7. Where were you born? Is it a rural or urban area?

8. What kind of work did you do in Greece?

9. When did you come to Canada?

10. What is your occupation now?
    a) Describe your job, work hours and work environment.
    b) Do you enjoy your job? Why or why not?
    c) What kind of work would you most like to do?

11. Please describe a typical day for you. ie. time you get up, go to work, lunch hour, time you come home from work, what do you do at home, etc.
    a) Who does the housework, cooking, cleaning, looking after the children, etc.?
    b) What role does your husband/wife play in household activities?
    c) What role do your children play in household activities?
    d) Who controls the family finances? If the wife works, who controls her income?

12. What is the principal activity of each of the other household members?

B. PATIENT'S EXPLANATORY MODEL

13. What are you here for today? Please describe your symptoms.

14. How does it make you feel?

15. What do you think has caused your problem?

16. Why do you think it started when it did?

17. Do you think anything about your family life has contributed to your problem?

18. Has anyone else in your family suffered from this problem?

19. Do you think anything about your job has contributed to your problem?

20. Has anything in your life changed recently? Has this got anything to do with your illness?

21. What do you think your illness does to you? How does it work?

22. How serious do you think it is?
    a) Do you think it will last a long time?
    b) What do you fear most about your sickness?

23. What kind of treatment do you think is good for this problem?
    a) Are you hoping to get some medication for it?

24. What are the most important results that you hope to achieve from this treatment?

25. What are the main problems your sickness has caused for you?

26. Does being sick disrupt your family life?
    a) How does your family react?
    b) Have you discussed it with them? Does this help?
    c) What should your family do to help?

27. Have you discussed being sick with anyone else?
    a) Did it help?

28. Does being sick prevent you from going to work?
    a) Is this a problem?
    b) Do you get paid for time lost for sickness at work?

29. Is this the first doctor you have seen about your problems? If not, how many others and with what

results?
a) Have you seen anyone else (ie. alternative practitioners) about this? What was the outcome?

30. Did you use any medication at home?
a) Did you change your eating habits since becoming sick?
b) Did you change your sleeping habits? Drinking habits? Anything else?

31. Have you had this kind of problem before?
a) What did you do for it then?

32. Do you think this kind of sickness can be prevented in the future? Why or why not?

C. ETHNICITY, SOCIAL SUPPORT AND GENDER RELATIONS

33. Do you describe yourself as Canadian, Greek-Canadian or Greek? Why?
a) What does it mean to you?

34. Do you eat Greek food at home?
a) Do you speak Greek at home? With your children? husband?
b) Do you participate in the activities of the Greek community? Why or why not?
c) Do you belong to any of the Greek associations? Why or why not? Would you go to these people for help or advice? Why or why not?
d) Is it important for your children to learn about Greek culture and history? Why or why not?

35. Why did you come to Montreal from Greece?
a) Has Montreal lived up to your expectations? Why or why not?
b) What are the advantages and disadvantages of living in Montreal as compared with Greece?
c) What things do you like better about Montreal?
d) What things do you like better about Greece?

36. Do you still have relatives living in Greece?
a) Do you travel to Greece? How often?
b) Have your children travelled to Greece?

37. Do you have any relatives living in Montreal?
a) wife's side of the family?
b) husband's side of the family?

38. Do you see your relatives often?
a) Would you go to your relatives for help or advice? What kind of help or advice?

39. Are relations between husbands and wives the same in Montreal as they are in Greece? If not, how are they different?
a) Do you and your spouse have the same kind of relationship as your parents did? How does it differ?
b) Are you satisfied with your marital relationship? Why or why not?

40. Is working outside of the home good for women? Why or why not?
a) Does working outside of the home give women more freedom? Why or why not?
b) If you work outside of the home, does your husband like it? Why or why not?
c) Has working outside of the home changed your roles within the house at all? If so, how?

41. Do children grow up with different values and standards in Canada than they do in Greece? If so, how do they differ? Which do you prefer?

42. Do you have any general comments or concerns about health care services here in Montreal?

43. Do you have any questions or comments about this research project?

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