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Shattered *Nevra*: Performances of Distress and Resistance Among Greek Immigrant Women in Montreal

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Mémoire présenté à la Faculté des études supérieures
en vue de l'obtention du grade de
Maître ès sciences (M.Sc.)
en anthropologie

Mai, 2000

Faculté des Études Supérieures
Grade octroyé
à compter du
11 JAN. 2001
Université de Montréal

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Université de Montréal
Faculté des études supérieures

Ce mémoire intitulé:

Shattered *Nevra*: Performances of Distress and Resistance
Among Greek Immigrant Women in Montreal

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a été évalué par un jury composé des personnes suivantes:

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Mémoire accepté le:

ABSTRACT

"My *nerva* are broken!" is a familiar expression among Greek immigrant women in Montreal. Greek women describe *nevra*, or nerves, as a feeling of anxiety, anger, worry, depression and a general feeling of "loss of control". Episodes or attacks of *nevra* may also be accompanied by a variety of discomforting physical symptoms. Episodes of *nevra* are considered to be normal if attacks are short-lived and the sufferer can resume her daily routine. If episodes become more frequent and symptoms intensify *nevra* sufferers label their experience as an illness.

The way in which the multiple experiences and expressions of *nevra* are shaped by the specific cultural, social and economic conditions found within the Greek immigrant context of Montreal is explored. Particular attention is given to how *nevra* reflects the transformation of gender roles and serves as an agent to modify certain aspects of gender and ethnic identities. The cultural concept of *nevra* can be interpreted on two levels: 1) as an "idiom of distress" invoked by the weak and voiceless members of society in structurally powerless situations with no other available means of expressing their dissent; and 2) as a form of resistance, whereby cultural performances of *nevra* can be used by Greek women to bring about small but meaningful changes in their lives.

This study is based on a total of forty-four open-ended, in-depth interviews conducted within the framework of two research projects within the Montreal Greek community and on participant observation. Fifteen first-generation Greek women were interviewed on their migration history, beliefs and experiences regarding the cause and appropriate treatment of *nevra*. The dominant themes elicited in these interviews were incorporated into two follow-up interviews. In addition, two physicians were interviewed on their perceptions regarding the etiology of *nevra* among their first-generation Greek immigrant patients and the type of treatment prescribed to *nevra* sufferers. Furthermore, material gathered from interviews with twenty second-generation youth and five first-generation parents on intrafamilial relations furthers our understanding of gender roles and perceptions of ethnic identity within the working class Greek immigrant family. The boule de neige method was used to select participants for both *nevra* and parent-youth interviews. Both sets of interviews were transcribed and dominant themes were identified using content analysis and a grounded theory approach.

Result from *nevra* interviews indicate Greek immigrant women possess an acute awareness and are highly articulate on the origins of their suffering. Attacks of *nevra* are etiologically linked to numerous pressures and losses Greek women encounter in their multiple roles as immigrants, mothers, wives, *nikokyres* (household managers), and sewing machine operators in the garment industry. In

certain cases, individuals can orchestrate their embodied suffering in order to contest and (re)modify aspects of their gender and ethnic identities. Furthermore, the transition of *nevra* from a normal experience to chronic illness seems to occur if the sufferer experiences a series of unremitting crises and the lacks family support. The types of treatment sought for "normal" *nevra* attacks include lay therapies while chronic sufferers invariably resort to medical attention. This study adds to our understanding of *nevra* in that it demonstrates that multiple gender models inform female and male behaviour and that the way in which cultural ideals are appropriated and applied varies among individuals and contexts.

RÉSUMÉ

« Les nerfs me lâchent » est une expression familière au sein de la communauté grecque de Montréal. L'expérience de *nevra* est considérée comme l'expression normale bien que désagréable d'un état émotionnel auquel les femmes semblent plus sensibles que les hommes. Les femmes grecques décrivent le *nevra* comme une sensation d'anxiété, de colère, de dépression, d'inquiétude (stenochoria) et un sentiment général de perte de contrôle. L'expérience de *nevra* peut également être accompagnée d'une variété de symptômes physiques inconfortables et douloureux qui incluent : des migraines, des périodes de vertiges, des douleurs à la poitrine, ainsi que des sensations corporelles de "bouillonnement", de "sang qui monte à la tête" et de nerfs "brisés" ou "éclatés". L'expression et l'expérience de *nevra* varient d'une femme à l'autre. Les épisodes de *nevra* sont considérés comme normaux si les attaques sont de courtes durées et que la femme peut reprendre sa routine quotidienne et ses devoirs. Si les épisodes deviennent plus fréquents et si les symptômes de *nevra* s'intensifient les femmes qui souffrent de ces symtômes catégorisent leur expérience comme une maladie.

Cette étude explore comment les expériences et expressions multiples du *nevra* sont façonnées par des facteurs culturels, des conditions sociale et économique spécifiques fondées à l'intérieur du contexte immigrant grec de Montréal. Une attention particulière est donnée à la relation entre le phénomène du *nevra* et les inégalités de genre inhérentes à la culture traditionnelle grecque aussi bien qu'aux conditions d'exploitation des femmes immigrantes grecques rencontrées comme salariées. En outre, l'exploration des différents facteurs qui interviennent et façonnent le phénomène du *nevra* ainsi que l'axe dans lequel le *nevra* agit comme un agent actif et expressif reflétant la transformation des valeurs culturelles et les croyances traditionnelles grecques comme résultat du processus migratoire, sont également pris en compte. Spécifiquement, cette étude examine la relation entre le *nevra* et le changement des rôles sociaux de genre pour les femmes immigrantes grecques : la voie dans laquelle le *nevra* reflète la transformation du rôle du genre et sert d'agent pour modifier certains de ses aspects et les identités ethniques.

Les récits sur le *nevra* peuvent être analysés à travers : a) des aspects symboliques et sociaux de genre (duBoulay, 1986); b) une approche sémantique de l'expérience de la maladie (illness) (Good et Del Vecchio-Good, 1982); c) l'anthropologie de la maladie (sickness) (Young, 1982); et d) la maladie (sickness) comme performance culturelle (Lock, 1993). Il sera argumenté que le concept culturel de *nevra* parmi les femmes immigrantes grecques de Montréal peut être interprété à deux niveaux : 1) comme un "idiome de détresse" (Nitcher, 1981) utilisé par les femmes les plus faibles en

situation d'impuissance structurelle, sans autre alternative disponible pour exprimer leur dissidence; 2) comme une forme de résistance, par laquelle les performances culturelles du *nevra* peuvent être utilisées par les femmes grecques pour apporter de petits, mais significatifs changements dans leurs vies.

L'expérience du *nevra* parmi les femmes grecques à Montréal offrent des caractéristiques similaires avec les épisodes de nerfs/*nervios/nierbi/nevra* d'autres zones géographiques et populations (tout à la fois parmi les résidents à long terme et les groupes d'immigrants réfugiés). Les personnes souffrant de *nevra* et autres manifestations nerveuses tendent à être des membres marginalisés et vulnérables d'une société qui communiquent leur colère, frustration et manque de pouvoir à travers le langage métaphorique des symptômes et sensations corporelles. Les attaques de nerfs/*nervios/nierbi/nevra* s'infiltrent dans de multiples couches de significations sociale et culturelle et répercutent une multitude de pertes, crises et conflits. Bien que la signification attachée à l'expérience des nerfs dépende du contexte, il y a des similarités dans les symptômes physiques et émotionnels rapportés.

Cette étude est basée sur des entrevues semi-dirigées et en profondeur conduites à l'intérieur de deux projets de recherche menés auprès de la communauté grecque de Montréal, ainsi que sur l'observation participante. Durant les années 1988 et 1989, 15 femmes grecques de la première génération ont été interviewées sur leur histoire de migration, sur leurs croyances et expériences en regard de la cause et du traitement approprié du *nevra*. La relation et l'impact du *nevra* sur la vie familiale, le travail et les activités sociales a également été discuté. Les thèmes dominants obtenus ont été constitués à partir des entrevues et de deux entretiens additionnels effectués en 1992. Par ailleurs, deux médecins ont été interviewés sur leurs perceptions en regard de l'étiologie du *nevra* parmi la première génération de patientes immigrantes grecques, ainsi que sur le type de traitement prescrit aux personnes souffrant de *nevra*. Les entrevues d'une durée de 60 à 90 minutes ont été enregistrées, elles se sont déroulées au domicile des enquêtés en langue grecque. Les deux médecins, quant à eux, ont été interviewés en anglais et dans leur cabinet. Le matériel récolté lors d'une précédente recherche portant sur les relations intrafamiliales entre les parents immigrants grecs et les jeunes de la deuxième génération, a été utile à l'avancement de notre compréhension des rôles du genre, de la division des responsabilités du ménage et des perceptions de l'identité ethnique à l'intérieur de la classe ouvrière des familles immigrantes grecques. Cinq parents et vingt jeunes de la deuxième génération ont été interviewés entre 1988 et 1989. Les entrevues réalisées auprès des jeunes l'ont été en anglais et à leur domicile ou au domicile du chercheur. Quant aux parents, les entrevues se sont déroulées en grec et à leur domicile. La méthode "boule de neige" a été utilisée pour sélectionner les participants dans les

deux études sur le *nevra*. Les transcriptions d'entrevues ainsi que l'identification des thèmes dominants ont été réalisées à partir de l'analyse de contenu de Bardin (1977) et de la théorisation ancrée (Glaser and Strauss, 1967).

Les résultats des entrevues sur le *nevra* indiquent que les femmes immigrantes possèdent une conscience aiguë et une bonne compréhension des origines de leur souffrance. Les attaques de *nevra* sont étiologiquement liées aux nombreuses pressions et aux pertes qu'elles rencontrent dans leurs rôles multiples comme immigrante, mères, épouses, nikokyres (responsables de l'entretien du foyer), et salariées. Les raisons les plus fréquemment invoquées par ces femmes pour expliquer l'épisode de *nevra* incluent : des bas salaires et de longues heures penchées sur la machine à coudre dans un atelier poussiéreux, sous la pression des cadences imposées par le propriétaire de l'usine, la double journée de travail, et le manque de support et de communication de leur propre époux. D'autres explications des causes du *nevra* sont également invoquées, telles que : les changements climatiques, le désordre et le manque de propreté dans la maison, la nostalgie pour son village natal et une vie familiale en retrait, la ménopause, l'utilisation de la pilule contraceptive et des sensations d'être enfermée (kleisoura) et isolée. Ainsi, les explications étiologiques du *nevra* donnent à voir d'une multiplicité de significations aussi bien qu'elles juxtaposent et relient des valeurs culturelles diverses, des symboles, des états émotionnels et comportementaux. En cela, le phénomène culturel du *nevra* peut être considéré comme un symbole "noyau" ou idiome.

Il est difficile de pointer précisément les facteurs responsables de la transition de l'expérience de *nevra* comme expérience normale en maladie chronique. Cependant, il semble que la combinaison d'une série de crises persistantes et pressions et le manque de soutien familial peuvent amplifier et rendre débilitante l'expérience de *nevra*. Le type de traitement trouvé pour les attaques de *nevra* dépend de l'aspect normal ou pas des épisodes, s'ils sont de courte durée ou chroniques et catégorisés comme une maladie. Pour des épisodes normaux, différents moyens thérapeutiques, tels que : prendre une marche, faire une sieste, et parler à une amie peuvent calmer la personne souffrant de *nevra* et lui redonner du contrôle. Les personnes souffrant de *nevra* de façon chronique nécessitent un traitement médical, généralement sous la forme de tranquillisants, afin de soulager leur douleur et leur inconfort.

Dans une perspective d'anthropologie de la maladie (sickness), la trajectoire des femmes immigrantes grecques suivant la catégorisation et traduction de leurs symptômes aussi bien que la recherche de soins appropriés, s'inscrit dans le cadre de relations sociales. Elle évolue dans le contexte économique et social de la personne souffrante. En rapportant leur souffrance de *nevra* avec ses multiples significations sociale et culturelle au cabinet médical, les femmes immigrantes grecques risquent d'avoir leurs symptômes traduits en termes technique et médical. Ce processus de

médicalisation isole la détresse comme fait personnel et sépare l'expérience de *nevra* de son riche tissu de significations sociales.

En outre, le concept multidimensionnel de *nevra* peut être comparé à certains aspects des performances rituelles dans la culture grecque, laquelle a traditionnellement fourni aux femmes ayant un rôle actif, la possibilité d'exprimer leur douleur et contester les limitations et inégalités perçues dans les rôles de genre. Les femmes immigrantes grecques à Montréal font une bonne analyse et sont capables de lier de façon critique leur détresse aux conditions oppressives et aux relations sociales inégales qui s'exercent sur elles à la maison et au travail. Les "passées maître dans l'art du *nevra*" peuvent manipuler leur souffrance pour exprimer leur insatisfaction et dans certains cas, modifier leurs rôles comme épouses, mères, et responsables du ménage (nikokyres). En contestant et parfois, modifiant l'expérience vécue des personnes souffrantes, les performances du *nevra* révèlent la formulation et transformation des identités de genre et ethnique. Cette étude accroît notre compréhension du *nevra* en démontrant que les modèles de genre multiples renseignent sur les comportements féminin et masculin et que les voies dans lesquelles les idéaux culturels sont saisis et appliquées, varient en fonction des individus et des contextes.

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Για την Λουλου

και

τον Δαβιδ

ITHAKA

As you set out for Ithaka
hope your road is a long one,
full of adventure, full of discovery.
Laistrygonians, Cyclops,
angry Poseidon – don't be afraid of them:
you'll never find things like that on your way
as long as you keep your thoughts raised high,
as long as sensation
touches your spirit and your body.
Laistrygonians, Cyclops,
wild Poseidon – you won't encounter them
unless you bring them along inside your soul,
unless your soul sets them up in front of you.

Hope your road is a long one.
May there be many summer mornings when,
with what pleasure, what joy,
you enter harbours you're seeing for the first time;
may you stop at Phoenician trading stations
to buy fine things,
mother of pearl and coral, amber and ebony,
sensual perfume of every kind –
as many sensual perfumes as you can;
and may you visit many Egyptian cities
to learn and go learning from those who know.

Keep Ithaka always in your mind.
Arriving there is what you're destined for.
But don't hurry the journey at all.
Better if it lasts for years,
so you're old by the time you've reach the island,
wealthy with all you've gained on the way,
not expecting Ithaka to make you rich.

Ithaka gave you the marvelous journey.
Without her you wouldn't have set out.
She has nothing left to give you now.
And if you find her poor, Ithaka won't have fooled you.
Wise as you will have become, so full of experience,
you'll have understood by then what these Ithakas mean.

C. Cavafi (1897-1918)
Translated by Edmund Keeley & Philip Sherrard

ACKNOWLEDGEMENTS

I am indebted to Deirdre Meintel, my thesis advisor, for her insightful guidance and tenacious resolve to turn me into a researcher. Not only did she invite me to participate in the parent-youth project, but she encouraged me to publish. I also appreciate our lively non-thesis conversations (Rosie, Bettina and Loulou come to mind).

I also would like to acknowledge the warm and perceptive advice I received from Gilles Bibeau. His recommendation as department chair helped me obtain a two year FCAR (Le Fonds pour la Formation de Chercheurs et l'Aide à la Recherche) scholarship.

I've been fortunate to have found mentors in my professional milieu, most notably the Centre de recherche et de formation, CLSC Côte-des-Neiges. First and foremost, I would like to thank Robert Sévigny for the glass of scotch and his gentle words of wisdom during the L'ACFAS conference in Québec city. I would like to equally thank my directors, Suzanne Descoteaux and Jacques Rhéaume, for cracking the whip and presenting me with a "terminator" deadline. Their generosity in providing the necessary time off is greatly appreciated.

A big warm hug to my dear colleagues and friends, Marguerite and Catherine for their infectious and therapeutic doses of laughter. I am grateful to Patricia for her meticulous translation of the summary.

I owe the deepest of debts to my immediate and extended family for their continuous encouragement and faith: Anargyros, Karen, Nicholas, Manon, Irish, Touco, Crystal, Charlotte, Emma, Melanie, Angel Eyes, mom, Kate, Sue, Jude, and Alison. I owe a special word of thanks to my mother for her persistence in asking, "When are you going to finish?" and her help in finding participants. I am indebted to Melanie for her constructive comments and forever thankful for Angel Eyes' computer wizardry.

Finally, and most important, I wish to thank David for his unsparing support, cheeky wit, critical good sense and culinary prowess. A big thanks to Loulou, Griff and Fritz for their unabashed affection and amazing stress-diminishing abilities.

I reached the shores of my Ithaka transformed. I feel blessed to have received such abundant guidance and support along the way.

CHAPTER I: 'MY *NEVRA* ARE BROKEN!'

INTRODUCTION, ANALYTICAL APPROACH AND METHODOLOGY

1.1 Introduction

The phenomenon of nerves or *nevra/nervios/nierbi* appears to be widespread geographically; it is found in a variety of culturally distinct settings in North America and other parts of the world. The experience of nerves has been documented in North America among long term resident populations as well as recent immigrant groups. Studies which focus on ethnic subcultures with a history of long-term residence in North America include Davis' (1989) account of nerves in Newfoundland, and Van Schaik's (1989) discussion on nerves in Kentucky. Discussions on nerves among recent immigrant ethnic communities in North America include Guarnaccia and Farias' (1988) study on Latino immigrants residing in a New England metropolitan area, Lock and Dunk's (1987) inquiry on Greek immigrants living in Montreal, and Migliore's (1994) study of Sicilian-Canadians dwelling in Southern Ontario. Elsewhere, the cultural phenomenon of nerves has been reported in Costa Rica (Low, 1981) and in South Africa (Reynolds and Swartz, 1993).

The experience nerves/*nevra/nervios/nierbi* has been interpreted by many authors as an idiom of distress invoked by the weak, oppressed and voiceless members of society in order to communicate a gamut of emotions, such as anxiety, anger, fear, and loss of control that result from structural inequalities inherent in gender and social relations, and in ethnicity. Apart from the expression of emotional states nerves can also be a somatic experience: nerves may be associated with a number of illness complaints that range from minor psychosomatic pains to acute "attack" episodes. (Lock and Dunk, 1987; Davis and Guarnaccia, 1989; Guarnaccia and Farias, 1988; Van Schaik, 1989; Low, 1981 and 1994).

While the dominant focus of the research on nerves has been placed on the way the body is used metaphorically as an "idiom of distress" (Nichter, 1981) by members of society in structurally powerless situations with no other available means of expressing their dissent, there is an additional facet of the phenomenon of nerves that deserves consideration. Based on the strength of Lock's study (1991), the cultural concept of nerves can be seen as not only simply an "idiom of distress" but also as a form of resistance. The experience of nerves encompasses more than just the passive expression of certain emotional or physical states of distress. More often than not, it is accompanied by an awareness which enables individuals to identify the political and social origins of their suffering and, in certain cases, express the need for change. Given the element of awareness and the potential for transformative change, the experience of nerves can be perceived as an active process, whereby the

individual engages in a cultural performance and, through the body, painfully enacts social and cultural contradictions and tensions as a strategy of resistance.

Within the Montreal Greek community the experience of *nevra* is considered a normal, although unpleasant, expression of an emotional state to which women are perceived to be more susceptible than men. Greek women describe *nevra* as a feeling of anxiety, anger, depression, worry (*stenochoria*), and a general sense of "loss of control". The experience of *nevra* may also be accompanied by a variety of discomforting and painful physical symptoms that include: headaches, spells of dizziness, chest pains, and the bodily sensations of "boiling over", "the blood rushing to the head", and of nerves "breaking" or "bursting out".

The expression and experience of *nevra* varies for individual women. For some, episodes or "attacks" of *nevra* are considered normal, and are used to communicate dissatisfaction in relation to various social, cultural, and economic pressures within the family, the workplace and the Greek community. For others, the experience of *nevra* assumes the form of a chronic illness when pressures persist and familial support is lacking.

Along with acting as an idiom of distress, the cultural concept of *nevra*, also functions as a form of resistance. Greek immigrant women demonstrate a keen awareness of the sources of their suffering. As their narratives on *nevra* indicate, most are able to link their suffering to gender inequalities inherent in traditional Greek culture and the class exploitation which they encounter in the immigrant context. In being able to articulate these relationships and identify the sources of their oppression, the experience of *nevra* for Greek immigrant women can be seen to be an active process, rather than just a passive metaphoric state. In some instances, Greek immigrant women are able to consciously orchestrate their performance of suffering by manipulating "attacks" of *nevra* in order to bring about minor changes in their daily lives. The fact that Greek women are able, through their experience of *nevra*, to actively modify certain elements in their immediate environment, provides a more amplified, dynamic and active meaning to the cultural phenomenon of *nevra*.

This study aims to add to our understanding of *nevra* by examining narratives on the polyphonous concept of *nevra* as told by first generation Greek women in Montreal. It will explore how the multiple experiences and expressions of *nevra* are shaped by the specific cultural, social, and economic conditions found in the Greek immigrant context of Montreal. In particular, this study will explore the relationship between the phenomenon of *nevra* and gender inequalities inherent in traditional Greek culture, as well as conditions of exploitation Greek immigrant women encounter as wage earners. In addition to examining the various factors that act upon and shape the phenomenon

of *nevra*, this study will also take into account the way in which *nevra* functions as an active and expressive agent that reflects the transformation of traditional Greek cultural values and beliefs as a result of the migration process. Specifically, this study will examine the relationship between *nevra* and changing gender roles for Greek immigrant women: the way in which the cultural concept of *nevra* reflects the transformation of gender roles and serves as an agent to modify certain aspects of gender identities.

This chapter will present several concepts through which the phenomenon of *nevra* can be examined and understood. First, cultural, symbolic and social aspects of gender roles in Greece will be described. Secondly, the usefulness of the explanatory model of illness approach and the disease-illness model for the study of *nevra* will be explored. Thirdly, notion of *nevra* as a cultural performance will be discussed. The final section will outline the research methods used in this study.

1.2 UNDERSTANDING *NEVRA* THROUGH GENDER, MEANING AND PERFORMANCE

When immigrant Greek women talk about *nevra*, they weave into their narratives stories about hardships in the "old country" which forced them to leave their village for a better future, the importance of being a good "household manager" (*nikokyra)* and mother, family squabbles and tensions, of working long hours bent over a sewing machine in a dusty sweatshop, their hopes and aspirations, as well as the various types of cures available to ease their emotional and physical suffering.

This thesis will examine the lived experience of *nevra* among Greek immigrant women in Montreal and how, as a form of both suffering and resistance, it corresponds to specific socioeconomic and cultural conditions of distress. *Nevra* narratives are multivocal in that they express a myriad of meanings and individual experiences. They are also multifaceted in that they juxtapose and link the emotional and the physical, the country of origin and the host society, female and male gender roles, private and public spaces, cultural notions of order and disorder, and traditional and newer forms of cultural values, beliefs, behaviours and identities.

Given the polysemic nature of *nevra* narratives the relevance of the concept of *nevra* as an object of study extends beyond medical anthropological research and its treatment of nerves/*nevra/nevrios/nierbi* as a metaphor of distress and as a form of illness. The various interpretations of Greek immigrant women on their experiences of *nevra*, as well as their portrayals

of their migration history and family life in Montreal concern other areas of research; namely studies on migration, ethnicity, gender roles and immigrant family life.

The concept of *nevra* can be examined through: 1) symbolic and social aspects of gender (Dubisch, 1983; Hirschon, 1978; du Boulay, 1991), 2) a meaning-centered perspective in medical anthropology (Good, 1977; Good and DelVecchio Good, 1982 and Kleinman, 1980), 3) the anthropology of sickness (Young, 1982), and 4) sickness as cultural performance (Lock, 1993).

1.2.1 Gender Roles: Traditional and Contemporary Models

Until recently, ethnographers of Greece (Friedl, 1962; Campbell, 1964; duBoulay, 1974 and 1986; Dimen, 1986; Dubisch, 1986) have for the most part examined the concept of gender roles and ideas about femaleness and maleness in rural settings and within the context of the family and marriage.

In Greece, marriage and the family are two highly held ideals that both inform "male and female conjugal and domestic roles and provide standards for social life in general" (Loizos and Papataxiarchis, 1991:5). Marriage is necessary for procreation, and therefore the continuation of life, as well as for the perpetuity of the family name and the names of the parents. Furthermore, it is only through the formal regulation of marriage that a "household" (*nikokyrio*) can be established and full adult status gained. The ideal of the *nikokyrio* has been defined in the literature as, "a corporate, family based, money making, self sufficient enterprise" (Salamone and Stanton, 1986:98), and as "the ideal social environment to which men and women can bring their distinct identities and abilities to create a new family" (Loizos and Papataxiarchis, 1991:6).

The ideal of marriage however does not hold the same importance or meaning for men and women. As duBoulay (1986) points out, marriage and procreation are considered a woman's destiny. Female sexuality is explicitly oriented to procreation; it is believed that only through childbirth and domesticity is a woman able to transcend her inherently flawed nature and attain the attributes of ideal womanhood which include, "self-sacrifice, love and devotion to the family" (Hirschon, 1978:69). Therefore, the house and children are obligatory concerns around which married women organise their lives. Men are granted more flexibility towards marriage, since their destiny is more ambiguous and dominated by extra-household concerns. However, becoming the "head of the household" (*nikokyris*) provides for men the necessary status for assuming an active role in public life (Salamone and Stanton, 1986).

Household roles of men and women are ideal and complementary in nature, and segregated along gender specific tasks. According to Friedl (1986), the division of household tasks is organised along a continuum which spans both the private or domestic and the public spheres of village life. Women are ideally responsible for tasks within the house, while men are predominantly linked with agricultural activities in the fields. Chores that take place inside the household compound, the physical area of the house which separates the private from the public, are performed by both men and women. Furthermore, the social prestige of both men and women rests upon the public recognition of the household's economic success. The mutual involvement of both sexes in the management of the *nikokyrio* and in all decisions relating to household affairs is attested by the complementary terms *nikokyris* and *nikokyra*, which describe in a positive manner the roles of the husband and wife respectively.

The complementary and interdependent nature of domestic gender roles as characterised in ethnographies on rural villages have also been noted in urban settings within Greece. In one of the first ethnographic urban studies Renee Hirschon describes the division between male and female roles within marriage and family as "complementary and asymmetrical", and which extends over both the domestic and public spheres (Hirschon, 1978:72). A man's legitimate place is believed to be in the economic realm, in the outside world. For women, however, their rightful place is within the domestic sphere, the home, where maintaining cleanliness and order is an important priority. The clearest separation of gender roles concerns the economic and religious activities of the family. The ideal relationship between the husband and wife within the home is one characterised by a mutual sense of dependence. The husband, as the provider of the household, brings in material goods from the outside world, while the wife creates order within the home and acts as a caretaker for her husband's and children's spiritual, moral and physical welfare.

Underlying the complementarity of domestic roles between men and women lies a symbolic system of complementary oppositions representing men's and women's nature. Women are identified with Eve and characterised as "inferior", "impure", "credulous", "fearful", "stupid", "unreliable", "weak", and "irresponsible". Men are associated with Adam and perceived as "superior", "pure", "intelligent", "strong-minded", "brave", "rational", "reliable", "strong" and "responsible" (duBoulay, 1986:140). As mentioned earlier, women can transcend their morally weak nature through marriage, childbirth and domesticity. As duBoulay points out, women occupy a paradoxical position in Greek village life. They are at once associated with both Eve and the Mother of God; they are deemed capable of destroying the house or family, and as "holding the house together"(duBoulay, 1986).

As a function of their strong and superior nature, men are attributed the ultimate authority over women family members. As duBoulay explains, women are viewed as physically and morally weak, unable to protect nor control themselves. In particular, they are vulnerable to their own sexuality and lack of physical strength. As a result, women lack uncontrolled access to the outside world; their entry in the public realm must be relegated to their domestic responsibilities which can also include religious pursuits. The outside world, commonly referred to as "the road", is perceived to be a place associated with pollution, temptation and danger, where individuals can lose their moral purity and jeopardize their family's honour and reputation (Hirschon, 1978). It follows then, that women must be subordinated at all times to male authority and protection.

Related to the cultural notions of male and female nature is the symbolic and dualistic concept of "honour and shame", whereby the protection of the woman's sexual virtue is of central concern. Both men and women are thought to possess qualities of "honour" (*timi*) and "shame" (*dropi*), since to have a sense of shame implies that one is able to differentiate between what is honourable and dishonourable, and that one prefers the former (duBoulay, 1974; Dubisch, 1983). More specifically, *dropi* refers to the moral quality of sexual shame or modesty that women are endowed with at birth. Female sexuality is seen as potentially dangerous and impure, and is perceived as a threat to the social order and to male honour if its expression is left uncontrolled. The preoccupation with sexual purity of women is so great that a man's honour rests on his ability to protect his wife and his family from shame.

Furthermore, both *dropi* and *timi* are fundamental elements in the assessment of a family's social prestige in relation to other families and must be guarded since they can be easily lost or damaged by gossip. The prestige of a family depends on the opinions of others, therefore an active social life, or being "open" is considered essential. By contrast, the state of being " closed" is associated with misfortune, melancholy, and depression. (Hirschon, 1978). The family's need for "openness" presents a paradoxical and potential dangerous situation for women, since the control of their sexuality and its reflection on family honour demands their confinement or "closedness". For women, the only means of transcending this paradox and achieving the auspicious state of openness is through marriage and the creation of a new household and family. Marriage is described idiomatically as "opening a house" and childbirth as the "opening of the woman's body" (Hirschon, 1978:77-78). Yet even in this "open" state, a woman still needs her husband to take her "out" in society.

Recent ethnographic studies point to new trends and developments that challenge the traditional conjugal and domestic model of gender. For instance, Cowan (1991) mentions that the

appearance of a previously urban leisure establishment, the kafeteria, or coffee-bar, in small towns and rural villages has given young women access to a previously male controlled public leisure space. Having coffee with one's male or female friends at the local kafeteria is more than just a symbolic act by young women against patriarchal restrictions. It also provides a "discursive space" to express their independence, feminist ideology and ideas about being "a person" and not just "a woman" (Cowan, 1991). Nevertheless, this social activity is not entirely culturally sanctioned for women; young women still run the risk of "losing their reputation" if seen socializing with the opposite sex, and married women are strongly discouraged from entering this public space unless accompanied by their husbands.

1.2.1.1 The Relevance of Gender roles for the Study of *Nevra*

As will be discussed in chapter five, the experience of *nevra* among Greek immigrant women is closely linked to cultural and symbolic aspects of traditional gender roles and relations. Resonating through their experiences of *nevra* are cultural ideals about female and male nature and sexuality, marriage, the *nikokyrio*, and family. Also reflected is the way in which traditional husband and wife roles have been modified through the process of migration, leading to newer forms of gender identities.

1.2.2 Cultural Construction of Ilness

The explanatory model of illness approach was first presented by Good in his study of heart illness in Iran (1977) and later elaborated upon in a second paper with DelVecchio Good (1981). Their approach, which introduces the term "semantic illness network", along with Kleinman's notion of "explanatory models" (1980) have greatly influenced theoretical approaches to nerves (Low 1981; Davis 1989; Guarnaccia and Farias 1988; Lock and Dunk 1987).

Kleinman defines explanatory models or, EMs, as "the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process" (Kleinman 1980:105). EMs are a set of beliefs that may contain any or all of the following five elements :

> "(1) etiology; (2) time and mode of onset of symptoms; (3) pathophysiology; (4) course of sickness (including both degree and severity and type of sick role - acute, chronic, impaired, etc.); and (5) treatment" (Kleinman, 1980:105).

Kleinman notes that EMs need to be distinguished from general belief systems about health care and sickness. Although EMs may draw upon general beliefs systems, they are formed and employed in

response to a particular illness episode. In other words, EMs are statements or generalisations that individuals produce to give meaning to their illness experience. EMs are not homogenous but can vary within a particular group or culture, as well as change over time in response to an individual's particular circumstances. According to Kleinman, when an individual talks about their illness experience, and in doing so uses EMs to specify certain aspects such as the symptoms and course of sickness, they are also engaging in the production of semantic illness networks.

The phrase "semantic illness network" is used to label the "network of words, situations, symptoms and feelings which are associated with an illness and give it meaning for the sufferer" (Good, 1977:39). The term "illness", as used by Kleinman and Good, refers to an individual's "perceptions and experiences of certain socially disvalued states, including, but not limited to, disease" (Young, 1982:265). "Disease" refers to "abnormalities in the structure/ function of organs and organ systems; pathological states whether or not they are culturally recognized; [and] the arena of the biomedical model" (Young, 1982:264). The concept of "sickness" refers to either disease or illness, and is used as a general term to label such events and experiences.

This meaning-centered approach is concerned with the cultural construction of illness. Good is essentially interested in the importance of language and meaning as a means of interpreting illness. That is to say, the process whereby individuals identify "certain core symptoms as expressing personal and social themes; label those symptoms; and act to seek relief from those symptoms and resolution of the personal and social problems which the symbols express" (Guarnaccia and Farias, 1988:1223).

> "An illness or a symptom condenses a network of meanings for the sufferer: personal trauma, life stresses, fears and expectations about the illness, social reactions of friends and authorities, and therapeutic experiences. The meaning of illness for an individual is grounded in -though not reducible to - the network of meanings an illness has in a particular culture: the metaphors associated with a disease, the ethnomedical theories, the basic values and conceptual forms, and the care patterns that shape the experience of the illness and the social reactions to the sufferer in a given society" (Good and DelVecchio Good, 1982:175-176).

Furthermore, Good introduces the notion that semantic illness networks are organised through core symbolic elements which are polysemic in nature. In his study of heart related complaints in Iran (1977), the term "heart distress" was described as a core symbol which was used by individuals to articulate a variety of meanings. The term heart distress was linked to different symbolic domains which included: feelings of sadness and anxiety, old age, pregnancy, childbirth, miscarriage, physical weakness, contraception, the evil eye, and humidity (Good, 1977). In connecting such diverse symbolic domains, core symbols infuse semantic illness networks with heterogeneous elements. As Young

points out, in spite of this heterogeneity, core symbols also provide a unifying pattern to semantic illness networks by "linking ideological elements (especially values linked to normative behaviour) to emotional physical-ones" (Young, 1982:263).

1.2.2.1 The Relevance of the Explanatory Model Approach for the Study of *Nevra*

The phenomenon of *nevra* among Greek women in Montreal can also be interpreted through a semantic illness network. The cultural concept of *nevra* acts as an idiom of distress or a core symbol within a semantic illness network , which condenses a multiplicity of meanings of cultural, economic and social pressures within the Greek immigrant context. Through the multivocal idiom of *nevra* Greek women express a wide range of emotions and physical symptoms while at the same time voicing their dissatisfaction with their roles as wives, mothers, and *nikokyres* within the Greek family, and as wage workers and immigrant women. Etiological explanations of *nevra* join a variety of symbolic domains as well. Greek women attribute their suffering to feelings of anxiety and depression, family conflicts, menopause, nostalgia for their native land, and climatic changes. Moreover, the idiom of *nevra* links cultural values and ideals, emotional states and physical symptoms. The emotional or physical state of being "out of control" is related by Greek women to cultural ideals of order and cleanliness inside the home.

1.2.3 The Anthropology of Sickness

Young (1982) examines the field of medical anthropology as a proper field of inquiry at the onset of the 1970s and outlines several conceptual and methodological concerns in relation to the emergence of a distinctive anthropological discourse on sickness. In particular, his analysis centres on the explanatory model approach as proposed by Good (1977) and Kleinman (1980) and its treatment of the conceptual categories of illness and disease, and offers further elaboration by redefining the concept of sickness.

Young points out that the work of Good (1977) and Good and DelVecchio Good (1982) marks a departure from earlier anthropological views on sickness which either relied on conceptual systems originally intended for studying ritual behaviour and other phenomenological domains or methods and concepts borrowed from empirical approaches in medical sociology. Good and Del Vecchio Good eschew the use of empirical terms such as "stressful life events" or "coping mechanisms" in describing and analysing illness, choosing instead an approach that situates individual narratives in the context of the person's illness experience, with emphasis being placed on the way narratives change in

response to the individual's situation over time.

A key underlying premise of the explanatory model approach is its rejection of the Cartesian dualism implicit in the biomedical view, which perceives the body as separate from the mind, and seeks to explain all types of sickness in terms of physio-chemical processes[1]. The explanatory model approach replaces the physicalistic reductionism of the biomedical model by distinguishing between "disease", which is used to refer to disordered physical states, and "illness" which is applies to individual perceptions about social and physical disvalued states.

Young criticises the explanatory model approach (Good, 1977; Kleinman, 1980) in that it places the individual as its object of study and does not account for the ways in which "social relations shape and distribute sickness" (Young, 1982:269). In this respect, Young points out that in ignoring the relations of power in medical practice and the wider context, advocates of the explanatory model approach share a similar position with the biomedical viewpoint, even though the former developed as an alternative approach to the latter.

Young expands on the disease-illness model by further elaborating on the concept of sickness. According to his model, the terms "disease" and "illness" retain the same meanings as in the explanatory model approach. Unlike the explanatory model approach however, which employs the term sickness to loosely refer to either disease or illness, Young offers a precise redefinition. His definition takes into account the social process whereby symptoms and their attached meanings are translated, and acted upon, according to cultural rules and shaped by social forces.

> "Sickness is redefined as the process through which worrisome behavioral and biological signs, particularly the ones originating in disease, are given socially recognizable meanings, i.e. they are made into symptoms and socially significant outcomes. Every culture has rules for translating signs into symptoms, for linking symptomatologies to etiologies and interventions, and for using the evidence provided by interventions to confirm translations and legitimize outcomes. The path a person follows from translation to socially significant outcome constitutes his sickness. Sickness is, then, a process for socializing disease and illness" (Young, 1982:270).

The anthropology of sickness takes into account issues of power and powerlessness in understanding which groups of people are more susceptible to certain types of sickness. Unlike the

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[1] Peter Worsley also points to the necessity of expanding the domain of anthropological inquiry as one way of transcending the reductionism of illness as purely a biological phenomenon. He argues that medical anthropology should delete the "medical" since medicine takes place within a *metamedical* framework. That is to say, "medical conceptions of illness and its cure are always imbedded within wider frameworks which supply cognitive, normative, and conative ideals (concepts, values, models and projects) ... Such ideological frameworks purport to provide answers to the "ultimate" questions: 'Why did it happen to *me*?'" (Worsley, 1982:327).

explanatory model with its' focus on individual experience of illness, Young's approach underlines the social production of medical knowledge, and critically examines the way in which social forces structure Western medical practice, justifying the "social arrangement through which disease, healing and curing are distributed in society" (Young, 1982:271). According to Young, the concept of sickness is imbedded in a set of social relations which translate a similar set of symptoms into different illnesses and different cures according to the individual's particular social and economic position.

1.2.3.1 The Relevance of the Anthropology of Sickness Perspective for the Study of *Nevra*

The anthropology of sickness approach is useful for the study of *nevra* in examining the kinds of paths Greek women follow in linking *nevra* symptomatologies to etiological explanations and to various treatments. Chronic *nevra* sufferers sought medical attention for *nevra* as part of the treatment process, even though *nevra* is considered as a normal, although unpleasant, emotional state within the Montreal Greek community. When the condition of *nevra* with its' multiple social and cultural meanings is brought to the narrow confines of the physician's office, where the focus is primarily placed on physical symptoms, the complexities entailed in translating culturally meaningful idioms and their legitimised outcomes surface. In seeking medical treatment for *nevra,* Greek women isolate their distress as personal and take medication to ease their suffering without directly addressing the underlying social relations. However, in assuming a sick role Greek women are granted a marginal legitimacy in their suffering. In being labeled as ill by their physician Greek women can influence their family's perception of their suffering and, in some cases, effectuate minor changes in their immediate surroundings.

1.2.4 Sickness as Cultural Performance

Lock (1993) suggests that the cross-cultural category of nerves/*nevrios/nevra* can be usefully interpreted "as a cultural performance", whereby the "sick body" is a "lively participant in the social order" (Lock, 1993:142). Departing from pathologically oriented clinical studies, where nerves are interpreted as "disvalued bodily states", and are medicalised as "somatization" (Rosen *et al.*,1982) Lock and others have charted an alternative approach which analyses the specific cultural meanings attached to the experience of nerves and also demonstrates a relationship between the phenomenon of nerves to structural inequalities in society (Lock, 1990; Guarnaccia and Farias, 1988; Van Schaik, 1989; Davis and Whitten, 1988). Lock further elaborates on previous studies of nerves by introducing the notion of sickness as cultural performance:

> "... nerves can be interpreted as cultural performance, as part of the repertoire whereby those who lack overt power flex their muscles. The concept of nerves and other idioms of distress expressed in the polysemic language of natural symbols then become, in common, with the entire domain of semantics of emotional states, bridging concepts between mind and body" (Lock, 1993:142).

Narrative accounts of nerves and other idioms of distress reveal that their employment by the weak and oppressed members of society is, in some cases, accompanied by an acute awareness that enables them to link their suffering to structural inequalities in their surroundings. At other times, idioms of distress are used by individuals in a partially articulated or unconscious manner. Lock argues that although the experience of nerves is painful, it and other related cultural performances such as spirit possession, can be empowering as "everyday form(s) of resistance [...] through which social contradictions are enacted" (Lock, 1993:142). The sickness as cultural performance approach then renders our understanding of the nerves as more than just a passive metaphor of distress. In viewing nerves as an active performance this approach accounts for individual agency and points toward the potential for change.

1.2.4.1 The Relevance of the Cultural Performance Approach for the Study of *Nevra*

The multivocal concept of *nevra* can also be examined through the sickness as cultural performance. Interviews with Greek women indicate that *nevra* is more than simply a passive experience where the body is used to communicate numerous social tensions and contradictions from the immediate environment that impact the individual. Along with operating as an idiom of distress, our research show that the concept of *nevra* also functions as a form of resistance. Discussions with Greek women reveal an acute awareness of their suffering which enables them to link their experience of *nevra* to gender inequalities inherent in traditional Greek culture as well as to exploitative conditions in the workforce. The fact that Greek women possess a keen awareness of their suffering is highly significant because it indicates that the experience of *nevra* is an active process which both expresses and transforms the way ethnic and gender identities are perceived and lived.

The medical anthropology approaches of Good (1977), DelVecchio Good (1982), Kleinman (1980), Young (1982) and Lock (1993) are useful in understanding the multiple experiences and meanings attached to the cultural phenomenon of *nevra* by Greek immigrant women, as well as shed light how performances of *nevra* are embedded in a wider set of social relations that influence how sufferers translate their symptoms into meaningful outcomes. Aside from the relevance of various medical anthropology concepts, the experience of *nevra* for Greek immigrant women is inextricably

tied to factors relating to migration, ethnicity, gender and intrafamilial relations within the immigrant family. As will be discussed in chapter five, studies in the field of migration and health (Bibeau *et al.*, 1992; Littlewood and Lipsedge, 1982; Beiser *et al.*, 1998), ethnicity (Meintel, 1992 and 1993; Oriol, 1984; Fischer, 1986) and gender (Hirschon, 1978; Salamone and Stanton, 1986; Loizos and Papataxiarchis, 1993) are pertinent for our study since they help situate the specific socio-cultural occurrence of *nevra* within a much wider perspective.

1.3 Research Methods

This study is based on a series of open-ended, in-depth interviews conducted within the framework of two different research projects within the Montreal Greek community, and on participant observation. The first study examined the cultural phenomenon of *nevra*, among first- generation Greek immigrant women, while the second explored the issue of ethnic identity and intrafamilial relations between first-generation Greek immigrant parents and second-generation youth.

1.3.1 Research Methods used for *Nevra* Study

The following outlines the methods used in the collection of data and analysis used in study of the cultural concept of *nevra* among Greek immigrant women. Also included is a description of the interview sample in terms of age, level of education, migration history, marital status, and occupation.

1.3.1.1 Sample size and Interview Guideline

During the years 1988 -1989 fifteen Greek immigrant women and two physicians were interviewed on their beliefs concerning the etiology and treatment of *nevra*. The interview format, based on semantic network analysis (Good, 1977) and Kleinman's explanatory model (EM), was adapted from Lock and Dunk's (1987) study.[2]

The fifteen Greek immigrant women were first asked a few general questions about their age, education, marital status, family size, and occupation. The following questions centred on their migration history, including their reasons for emigrating to Montreal. The second part of the interview dealt with perceptions and beliefs regarding *nevra*. Participants were asked to describe their individual experience of *nevra*, as well as its impact on family life, work, and social activities. They were also

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[2] I participated in Lock and Dunk's 1987 study as a research assistant.

encouraged to talk about what they perceived as the cause of their episodes of *nevra*. The final section dealt with how participants coped with *nevra*, and appropriate forms of treatment. The dominant themes elicited in these interviews were incorporated into two additional follow-up interviews in 1992.[3]

The two physicians were first asked to provide a general description of their respective clinical practice. Next, they were questioned about their beliefs on the etiology of *nevra*. The last set of questions concerned the kind of treatment they prescribed to *nevra* patients.

1.3.1.2 Interview Process and Method of Selection

The length of the interviews with the fifteen immigrant Greek women ranged between an hour and hour and a half and were tape recorded. Interviews took place at the individual's home and were conducted in Greek. Participants were assured that their anonymity would be safeguarded, and that audiotapes and transcripts would remain confidential. To this end, the names of participants have been replaced with pseudonyms in interview transcripts and publications. In some cases, personal information relating to family size, place of birth in Greece, or occupation has been slightly modified to ensure the identity of participants remains unidentified. Attention was given that such minor changes not alter the meaning of the interview in question.

The women were not selected randomly, but were contacted through family members and friends within the Montreal Greek community. The interview process was facilitated by this boule de neige (word of mouth) method of selection since participants felt comfortable discussing personal and sensitive issues with someone they knew personally, or as in the case with most interviews, with a person referred by an individual they trusted. Most women, particularly those who were more than ten years older than I, approached the interview as an opportunity to educate a younger Greek woman on ideal cultural notions and behaviour, as well as to recount their specific life stories.

Both physicians were contacted through personal referrals. The interviews, which lasted between 60 and 75 minutes, took place at their respective offices, and were conducted in English.

1.3.1.3 Data Analysis

Using content analysis (Bardin, 1977), dominant themes in both the Greek immigrant women and physician interview transcripts were first identified. In keeping with qualitative research methods which are flexible and sensitive to the social context in which the data are produced (Mason, 1996),

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[3] Participants Eva and Maria.

any additional themes that spontaneously arouse during the interview were also taken into account (Glaser and Strauss, 1967). The majority of themes elicited in these interviews concern etiological beliefs and perceptions regarding the phenomenon of *nevra*, appropriate forms of treatment, ideal notions regarding gender roles, and the economic and social hardships of immigrant life. The next step involved compiling a detailed summary of each interview, listing the different themes and additional information gathered through participant observation. The final step entailed a transversal analysis of identified themes in each interview. This method allowed for dominant or recurring themes to emerge and to be examined according to the theoretical concepts used in this study. Dominant themes elicited in *nevra* interviews include: the experience of *nevra* as a "normal" event and as an "illness", the "double work day and gender roles", the type of relationship with one's spouse and children, feelings of isolation, nostalgia for Greece, the importance of cleanliness, and seasonal climatic changes. The relevance of these themes was largely confirmed by previous studies on nerves, *nervios* and *nevra* (Davis and Guarnaccia, 1989; Guarnacia and Farias, 1988; Van Schaik, 1989; Low, 1981 and 1994; Lock and Dunk, 1987; and Lock, 1991).

1.3.1.4 Interpretation

The theoretical concepts used to analyse emerging themes consist of the explanatory model approach, the anthropology of sickness, sickness as cultural performance and social, cultural and symbolic aspects of gender roles in Greece.

Given the relatively small number of interviews the themes elicited are not meant to be interpreted as representative of behaviour, experiences and beliefs espoused by all Greek immigrant women in Montreal. Instead, these interviews are useful in highlighting certain salient issues and experiences pertaining to the cultural concept of *nevra* within the Montreal Greek immigrant context. The dominant themes elicited in these interviews can be then compared to other research on nerves/*nervios/nevra*, as well to studies of a more general nature which examine the health and social issues relating to immigrants, and in particular immigrant women.

1.3.1.5 Background of Participants in *Nevra* Interviews

a) Age and Place of Birth

The women interviewed are between the ages of twenty-five to fifty-seven and, with the

exception of one, were born in Greece.[4] More than half of the participants are from the Peloponnese (southern Greece), with the rest from various regions including Crete, the island of Cephalonia, Central Greece and Macedonia. One participant, Eva, was born outside of Greece, in Berlin. At the age of eleven, however, she accompanied her working class parents on their return migration to Athens, the latter's place of birth. The rest of the women come from rural villages or semi-urban towns located in agricultural zones with little industrial activity.

b) Migration trajectories

The migration trajectory of the women interviewed falls into three main patterns: a) the individual is sponsored by family members or relatives already living in Montreal. She leaves her natal villages or small town in her teens or twenties and flies directly to Montreal; b) the individual is sponsored by various international sponsorship programs and agencies. She first migrates to Athens in her teens or early twenties and finds employment as a live-in-domestic/nanny or as an unskilled factory wage worker. After one to two years, she hears about the various international programs through family members or her church, applies, boards an ocean liner and comes to Montreal via Halifax. This trajectory is more common among participants in their fifties, who came to Montreal as young women in the mid-to-late 1950s; and c) the individual leaves her village or small town with her husband, and in some cases their young child/ren, to come directly to Montreal. They are sponsored by family members or relatives living in Montreal.

c) Reasons for Migration

The majority of participants emigrated to Montreal in the late fifties to the mid-to-late sixties as part of the mass "second wave" migration to major Canadian urban centres. With the exception of the youngest participant, Eva, who came to Montreal in 1985, the rest arrived during the seventies. All fifteen participants saw their migration to Canada as temporary, and cited the search for "better economic opportunities" as their primary motivation. In keeping with the general profile of post Second War Greek migrants, the women interviewed come from impoverished and underdeveloped rural to semi-rural agricultural regions that, until recently, offered very little in terms of wage work or other economic opportunities.

Furthermore, the migration project for most participants is not based solely on individualistic

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[4] See *Annex: Participants in Nevra Interviews: Migration, Family Size and Employment* for a more detailed description of each participant.

needs and aspirations, but is strongly shaped by the collective demands, desires and pressures of their family, and in some cases, their in-laws. Besides searching to improve their chances for economic success, another motivating factor for emigrating to Montreal is the opportunity to send financial support to immediate family members, relatives and in-laws back home. Also, the possibility of helping siblings and other family members in Greece launch their respective migration projects is raised by some women. By coming to Montreal, these women planned to sponsor family members, and in the process help these individuals find work and eventually gain Canadian citizenship. Finally, on a more individual level, several participants mention wanting to further their education as part of their migration goals. One participant, Eva, kept her desire to further her education hidden from her husband and family members out of fear that he would object.

Moreover, one participant and her family embarked on a "return migration" to Greece. After she and her husband struggled for a seven years in the Montreal garment industry, they returned to Greece "forever" with their Canadian-born children. They settled in the husband's home town and tried to set up their own clothing business. Their stay lasted for less than one year, before they came back to Montreal. They left because their business went bankrupt and relations between the participant and her in-laws were strained.

d) Education and Languages

Seven out of the fifteen participants have five years of elementary school education. The rest either went to high school for a few years or completed their secondary education. In keeping with the overall high literacy rates in rural and urban areas in Greece, all the women interviewed are able to read and write Greek..

In terms of their knowledge of a second or third language, participants arrived in Montreal without being able to speak, read or write French and only a few possessed a rudimentary English vocabulary. Participants who speak English have either finished high school or were sponsored in the 1950s by international agencies which, as part of the sponsorship program, offered potential emigres basic English grammar lessons.

e) Marital Status and Family Size

All participants are married and have children. All women have either two or three children, with the exception of one participant who is the mother of six. Households are composed of immediate family members: the participant, her husband, and their children. In only one case, the participant with the six children, the two eldest daughters are married and have established their respective households.

Teenagers and youth in the rest of the households are single and live at home. In addition all women have extended family in Montreal, either from their side and/or their husband's. Relatives usually include siblings and cousins. Older family members, namely parents and in-laws live in Greece. In a few cases the in-laws have come to Montreal to visit.

In general, the women interviewed either came to Montreal as single young women or were already married, and in some cases had one or two children. Single women met their husbands through family members and friends or through religious and cultural organisations in the Montreal Greek community. After their arrival to Montreal, a few had their marriage arranged by parents or relatives in Greece. In one case the parents hand picked the groom and sent him to Montreal on a tourist visa.

f) Occupation of Household Members

The majority of the women interviewed (8 out of 15) currently work in the garment industry. Six are employed as sewing machine operators in ladies wear or sportswear firms, and one works side by side with her husband at home sewing orders for various small contractors. Also, one participant started off as a sewing machine operator and now supervises the work of sewing machine operators and other employees at her husband's contracting firm.

Two participants are office cleaners (one of the two has worked in the past as a sewing machine operator) and another is factory assembly line worker in an industrial plant. In addition, four women are full-time homemakers. Three out of the four homemakers are ex-sewing machine operators. Demetra stopped working once she approached retirement age, and Maria was forced to quit her job due to chronic back pain. Only Georgia whose husband owns a restaurant has the economic means to stay at home and raise their four children. The remaining homemaker used to work as a secretary and is currently searching for employment.

If we count the previous garment factory work experience of the three full-time homemakers and one office cleaner, then a majority of participants (12 out of 15) are either currently employed or have worked as sewing machine operators in the garment industry.

Furthermore, the individual work trajectories of the women interviewed are linked by several common elements. Almost all started working in garment factories, with most staying on for more than twenty years. Also, most sewing-machine operators changed jobs every few months during their first year. As they acquired the skills necessary to operate a sewing machine and to work in an assembly line production, they remained with the same employer for longer periods of time.

The women's spouses tend to hold blue collar jobs in the service and manufacturing sectors. A few work in the garment industry as steam pressers and sewing machine operators. One spouse is

employed in a meat processing plant and another in a small engine plant. In addition, two are restaurant cooks, one works in the day and the other at night. Also employed in the service sector are one house painter, one maintenance worker and one baker. Furthermore, two husbands are self-employed; one owns a restaurant and the other is an electrician. Only one spouse is retired, an ex-garment factory worker.

Youth in most households are pursuing their studies on a full-time basis, and work part-time or take summer jobs as a means of subsidising personal expenses. Only a minority in their late teens and early twenties have not pursued their education past the high school level and hold full-time jobs in the service sector.

g) Home Location

The working class background of most of the participants and their families is reflected in the neighbourhood in which they live and their status as homeowners or tenants. Ten participants live in the Parc Extension district, an area characterised by poverty, overcrowding, poor housing, and lack of municipal services. Two participants live in the Mile End district, one in Notre-Dame-de-Grace, another in Côte-des-Neiges, and one in Outremont. Most of the participants and their families are tenants. Only five families owned their home, usually a triplex or a small apartment building with four to six dwellings.

1.3.1.6 Description of the Two Physicians Interviewed on *Nevra*

The two physicians interviewed are a general practitioner and a specialist in internal medicine.The general practitioner, a sixty-two year old woman originally from India has been practicing from her Outremount office for the past twenty-five years. She describes her almost exclusively female clientele "one third European, fifty percent South East Asian and the rest French Canadians". Greek immigrant women comprised between twenty-five and fifty percent of her European patients. She communicates with her Greek patients in English.

The specialist, a 42 year old man who emigrated to Montreal from Greece as a young boy, has had the same office in the heart of the Parc Extension district for over twenty-years. A well-known and active member of the Montreal Greek community, he is part of the National Greek Congress committee and numerous other cultural and social organizations. Sixty-five percent of his private practice is comprised of Greek patients, of whom two-thirds are women. He speaks with his Greek immigrant patients in their mother tongue.

1.3.2 Research Methods used for the Intrafamilial Relations Study

The focus of this research project is on the issue of ethnic identity and intrafamilial relations among first-generation parents and second-generation youth in five immigrant or refugee communities (Chinese, Portuguese, Greek, Salvadorean and Chilean) in Montreal.[5] My contribution to this project involved interviewing twenty Greek youth and five Greek parents, during the summers of 1988 and 1989.

1.3.2.1 Interview Guideline

Interviews with second-generation Greek youth and first-generation Greek parents began with a series of questions on general and background information (age, gender, family size, level of education, employment history etc..). Parents were asked additional questions on their migration history. The second part of the interview is based on the notion of "life course analysis" (Elder, 1977; Hareven, 1978) as a means of exploring the negotiation of certain "life course" decisions such as studies, dating, marriage and employment that influence the younger generation's long-term integration within Quebec society. Of particular interest is the timing of these life-course decisions. In other words, when do youth and parents believe it is appropriate for the younger generation to enter the labour force, leave the parental home, or get married; and how do their respective perceptions of ideal timing compare with those of other family members? The final section of the interview guideline focuses on how youth and parents negotiate these life-course decisions and in the process formulate notions contributing to their sense of ethnic identity.

1.3.2.2 Interview Process and Method of Selection

The length of the interviews with both the twenty second-generation youth and five first-generation parents ranged between an hour and an hour and a half and were tape recorded. The youth interviews were conducted in English, and those with the parents in Greek. Interviews either took place at the participant's home or, as in the case of some of the youth interviews, were conducted at the interviewer's residence. The parents and youth were interviewed separately. As in the case of the *nevra* study, parents and youth were assured that their anonymity would be safeguarded, and that audiotapes and transcripts would remain confidential. The names of all participants have been replaced with pseudonyms in interview transcripts and publications. Personal information in some interviews

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[5] Deirdre Meintel was the project director and funding was received from FCAR and Secretariat d'État.

that could be used to identify some participants and their families has been slightly altered to ensure that all identities remain concealed. Such modifications did not in any way alter the meaning of the interviews.

Parents and youth were selected through personal contracts within the Montreal Greek community. I approached family friends who had children in their late teens to mid-twenties. I then asked the youth who consented to be interviewed to refer their friends. Through this word of mouth process, I was able to find ten young women and ten young men. A similar process was used in contacting the five Greek immigrant parents. Two parents and two youth (one mother and son and one father and daughter) are directly related.

This boule de neige approach is necessary to reach participants who would be willing to discuss personal and sensitive issues relating to their relationship with family members and their perceptions of ethnic identity.

1.3.2.3 Data Analysis

As with the *nevra* study, dominant themes in both youth and parent interviews were first identified using content analysis (Bardin, 1977) coupled with a grounded theory approach (Glaser and Strauss, 1967). Project meetings held on a regular basis from the onset to the final stages of the study allowed team members to identify emerging themes and hone specific segments of the interview guideline. A detailed summary for each interview listing the major themes and additional notes gathered through participant observation was compiled. Finally, themes identified in each interview were compared transversally on three levels: 1) within each interview set (youth and parents); 2) between the two set of interviews; and 3) across the group of interviews held with youth and parents in the other immigrant/refugee communities. This approach allowed for dominant themes elicited in interviews to be analysed using the theoretical concepts of "life course analysis" and ideal notions of "timing". Among the dominant themes elicited include perceptions on key values such as "respect", "autonomy" and "familial obligation", as well as gender roles in relation to social activities, dating and marriage. The relevance of the themes raised in the second- generation Greek youth and Greek immigrant parent interviews was supported by participant observation, intimate knowledge and long-term contact and relations within the Montreal Greek community.

1.3.2.4 Interpretation

As mentioned above, analysis of youth and parent interviews is based on the theoretical concepts of "life course decisions", "ideal timing" and "life course trajectories". Perceptions, beliefs

and behaviour regarding the notion of ethnicity are interpreted based on the work of Oriol (1984), Fischer (1986), Daniel (1984) and Meintel (1992 and 1993) which focus on how individuals construct and reformulate their ethnic identity. Themes elicited from the parent and youth interviews are useful in highlighting certain aspects and processes of ethnic (re)formulation among the second-generation, as well as points of convergence and divergence between the two generations concerning key cultural values.

More significantly, information provided by parents and youth on such issues as gender roles, conflict resolution, and intrafamilial relationships bears direct relevance to the central focus and research objectives of our study: the experience of *nevra* among Greek immigrant women in Montreal. As mentioned earlier, dominant themes raised in interviews with Greek immigrant women on perceptions and beliefs regarding the etiology and treatment of *nevra* include gender and ethnic roles and identities, as well as relationships with family members. In order to stay within the parameters of our research objectives, material from the parent - youth study will be included that explicitly contributes to our understanding of *nevra*.

1.3.2.5 Background of Youth and Parents

a) Youth sample

Ten young women and ten young men between the ages of twenty and twenty-five years were interviewed. With the exception of one young woman who is married and has established her own household, the rest are single and live at home. Households are composed of the nuclear family unit, and the average family size is four to five members.

With three exceptions, the youth come from working class households and neighbourhoods. Their parents are "second wave" migrants who settled in areas like Parc Extension, the Mile End and Côte-des-Neiges, and who found work in the service and manufacturing industries. Parents are described as "factory worker", "cleaner", "sewing machine operator" and "taxi driver". Only a minority of their parents (6) are homeowners. The remaining three youth were raised in the suburbs, one is from the South Shore and two from Laval. Their parents are homeowners, have attained a college or university level of education, and hold professional positions in either the public or private sector.

Most of the youth (15 out of 20) are full-time students, either at the C.E.G.E.P. (grades 12 and 13) or the undergraduate university level. Their areas of study include commerce, the social sciences, engineering, languages and translation and the creative arts. In addition to their studies, most hold

various part-time jobs in the service sector as waiters, busboys, clerks and cashiers. Furthermore, two participants work for their parents; one helps at peak hours in the family owned restaurant, and the other has regular evening shifts at the family run depanneur or convenience store.

The five remaining youth decided to enter the work force on a full-time basis after finishing C.E.G.E.P. Their occupations are: clothing boutique manager, shipping clerk, waiter and accountant assistant. One youth was unemployed at the time of the interview.

All participants are fluent in English and Greek. Eight speak, read and write French fluently, while the rest possess basic oral skills. Youth tend to speak Greek with their parents and English with siblings and friends.

b) Parent sample

Participants consist of three first-generation Greek women and two first-generation Greek men between the ages of 49 and 58 years. With the exception of one participant who is from a rural village in Corfu, the rest were born in small villages and towns located in the predominantly agricultural Peloponnese region. They migrated to Montreal in the late fifties to early sixties in hopes of finding work and a more prosperous future. Most perceived their stay as temporary and planned to return to Greece after a five to six year period. Three participants were sponsored by family members or relatives already settled in Montreal, while two (women) entered the country specifically to work as domestics.

All of the parents interviewed are married and have a family. Three participants have three children each, one has five children and another one child. The children are between the ages of 16 and 25. Each household is composed of immediate family members only.

Four out of the five participants reside in the Parc Extension district, while one lives in the Mile End area. Two are homeowners and the rest tenants. Their occupations are as follows: one sewing machine operator, one part-time factory worker, one cleaner and two full-time homemakers.

All participants have attained an elementary school education and are able to read and write Greek. Two are capable of communicating in English moderately well, while two others possess only rudimentary spoken skills. Only one participant, a retired garment worker and full-time homemaker, is unilingual Greek. In general, participants speak with their children, relatives and members of their community in Greek. Only one participant, a part-time factory worker in a predominantly anglophone environment, speaks to her husband in Greek and with her children in both Greek and English. None of the five parents speak more than a few words of French.

1.4 Research Questions

This study will attempt to address the following questions: 1) What are the emotional and physical expressions of *nevra* for Greek immigrant women? 2) At what critical point does the phenomenon of *nevra* cease to be an "idiom of distress", and becomes a painful, chronic illness? 3) What types of treatment do Greek women seek for *nevra*? 4) What is the response of medical practitioners towards *nevra* sufferers? 5) In what manner do Greek women manipulate their experience of *nevra*, as a form of resistance, in order to modify certain aspects of their immediate environment? 6) How does the phenomenon of *nevra* point to changes in gender roles and gender identities?

1.5 Overview

Chapter II will present a literature review of the cross-cultural phenomenon of nerves/*nevra/nervios/nierbi*. Studies on nerves will be examined according to three general themes: etiology, expression and treatment of nerves. Also included are the various concepts, definitions and approaches used by authors in their analysis of nerves.

Chapter III will deal with the history of Greek migration to Canada. A portrait of the Montreal Greek community that includes its size, geographical distribution, and educational, cultural and religious institutions will also be provided.

Chapter IV will explore *nevra* narratives as told by first-generation Greek immigrant women. Interviews on *nevra* will first be examined along the following general themes: 1) etiological explanations of *nevra*; 2) the various physical and emotional symptoms associated with *nevra* episodes, 3) the difference between "normal" attacks and *nevra* as a chronic illness, and 4) the types of treatment sought by *nevra* sufferers. The way in which the two physicians explain and treat *nevra* complaints will also be considered. Furthermore, information provided by Greek immigrant parents and second-generation youth on various aspect of family life and gender roles will help situate the cultural phenomenon of *nevra* within the larger backdrop of the Montreal Greek working class family.

Chapter V will examine the experience of *nevra* among Greek immigrant women in relation to the theoretical concepts presented in Chapter one. First, the way in which *nevra* acts as a core symbol in condensing a multiplicity of meanings will be presented. Specific attention will be given to the most frequently cited etiological explanations for *nevra*; namely, conditions of sewing machine

operators in the Montreal garment industry and the transformation of traditional gender roles as they are applied to new situations in the immigrant setting. Second, the transition of *nevra* as a normal experience to one of chronic illness will be explored. The complexities entailed when chronic *nevra* sufferers consult their family physician will also be addressed. Finally, the potentially transformative role of *nevra* as a cultural performance in modifying gender and ethnic identities will be discussed.

1.6 Summary

The polyphonous experience of *nevra* among Greek immigrant women in Montreal can be considered as both an idiom of distress and a form of resistance. *Nevra* narratives can be analysed through symbolic and social aspects of gender, a meaning-centred perspective, the anthropology of sickness, and sickness as cultural performance. This study is based on participant observation and on fifteen open-ended interviews with first-generation Greek women and two physicians. Material gathered in a separate research project on intrafamilial relations between Greek immigrant parent and second-generation youth will add to our understanding of gender roles and perceptions of ethnic identity within the working class Greek immigrant family. The following chapter will present the way in which the cross cultural phenomenon of nerves/*nevra/nervios/nierbi*.has been examined in the literature.

CHAPTER II: THE CROSS-CULTURAL PHENOMENON OF NERVES/*NERVIOS/NIERBI/NEVRA*

2.1 Introduction

This chapter will present a review of the pertinent literature on the cross-cultural phenomenon of nerves/*nevra/nervios/nierbi*. In Chapter one, the four analytical approaches used in this study to examine and understand the experience of *nevra* among Greek immigrant women in Montreal were presented: a) symbolic and social aspects of gender; b) meaning-centred approach or the cultural construction of illness; c) the anthropology of illness; and d) sickness as cultural performance. The aim of this chapter is to review the various approaches, concepts and definitions applied to the study of nerves/*nevra/nervios/nierbi* in the existing literature.

In order to reach a more comprehensive understanding of the way nerves/*nevra/nervios/nierbi* is portrayed in the literature, it is useful to examine these studies along three general themes: the etiology, expression and treatment of nerves. The following section will examine a study that describes the doctor-patient relationship in the treatment of nerves. The last section will deal with studies on the phenomenon of *nevra* as found among Greek immigrant women in Montreal. Studies on *nevra* will be presented according to the aforementioned three themes.

2.2 Nerves as a social and cultural phenomenon

The concept of nerves/*nevra/nervios/nierbi* is a cross-cultural and widespread geographical phenomenon (Low, 1985) that has emerged as an object of study within the field of medical anthropology in the last decade. The scarcity of recent studies on nerves in the literature may be attributed to the waning popularity of this topic among researchers. Studies on the topic of nerves began appearing in the early eighties (Low, 1981) and reached an apex eight years later with the publication, Medical Anthropology (1989) dedicating an issue (vol.11) to research on nerves.

A dominant approach in studies on nerves seeks to explain their multifaceted phenomenon by examining the culture and social relations of the particular group under study. Although numerous studies reveal a overlapping set of emotional and physical symptoms for nerves in different cultural settings, the experience of nerves, as well as its multiple meanings, are shaped by the specific context in which they are found. As Low states,

> "Nerves embodies the lived experience of daily life as a metaphor of physical, social, political and economic distress that has specific meaning within a variety of cultural contexts"(Low, 1994:142).

All of the studies considered in this literature review extend their focus beyond the physical symptoms of nerves in understanding this phenomenon as a cultural concept, not only a medical one.

2.2.1 The etiology of nerves/*nervios*/*nierbi*

Davis and Whitten in their ethnographic account of a Newfoundland outport fishing village, Grey Rock Harbour, report that over eighty percent of the women interviewed suffered from nerves (Davis and Whitten, 1988:1215). The phenomenon of nerves in Grey Rock Harbour is identified as a "form of negative affect or the hypercognized, occupationally-specific expression of worry" (Davis and Guarnaccia, 1989:2). Nerves are related to a collective experience of economic and social hardships endured in maritime life, and are expressed according to community sanctioned rules governing emotional behaviour.

Guarnaccia and Farias describe *nervios* as a "powerful idiom of distress" that is used by Central American refugees to communicate concerns about physical symptoms, emotional states and changes in the family and in the wider social context (Guarnaccia and Farias, 1988:1223). *Nervios* is analyzed from a meaning-centred perspective, with focus being placed on "the cultural construction of illness" (Guarnaccia and Farias, 1988:1223). The authors are interested in the process whereby

> "people identify certain core symptoms as expressing personal and social themes; label those symptoms as illness, evaluate and explain those symptoms; and act to seek relief from the symptoms and resolution for the personal and social problems which the symptoms express" (Guarnaccia and Farias, 1988:1223).

Furthermore a distinction is made between *nervios* as an illness and *nervios* as a sickness, although it is seen as encapsulating both categories. *Nervios* as an illness relates to individual physical and emotional experiences, while *nervios* as a sickness focuses on the "social production of disorder" and on issues of "power and powerlessness" (Guarnaccia and Farias, 1988:1223). In discussing *nervios* as a sickness, individuals focus on major life changes and highlight important themes concerning family relationships, as well as issues pertaining to the wider social and political context. In regard to the latter, narrative accounts of *nervios* mention individual migration experiences and commentaries on

the status of Latinos in the United States versus conditions faced in their country of origin.

In their clinical and qualitative study of Central American refugees in Boston, Massachusetts (1988), Guarnaccia and Farias interviewed both men and women, who suffered from *nervios*. The *nervios* sufferers interviewed possess an undocumented legal status, low educational levels, and work in unskilled factory occupations. The reasons given for *nervios* differ for men and women. Men relate the experience of *nervios* to economic responsibilities toward their families, to separation from their families or marital conflict and social isolation. Women in the same study attribute *nervios* to domestic violence, abandonment by spouse, loss of family ties, and strenuous factory work.

Low examines the concept of *nervios* as it occurs in Costa Rica. Most of the data for this study was collected from outpatient clinics at four major hospitals in San Jose. *Nervios* is defined as a condition that "signals psychosocial distress", and which is etiologically linked to "family disruption and a breakdown of family relationships". Furthermore *nervios* provides a socially acceptable label of "physical and mental disturbance of symptoms of being `out of control' generated by difficult family relations" (Low, 1981:25).

Adopting a symbolic and meaning-centred approach, Low examines the concept of *nervios* according to the "complex set of meanings" enacted between the patient and doctor during the process of symptom presentation (Low, 1981:36). Low distinguishes three levels of meaning. The first occurs at the individual and psychosocial level where the patient presents *nervios* symptoms as being "out of control" and attributes the cause to family disruption and conflict. A second level of social meaning is found within the process of patient - doctor interaction. *Nervios* sufferers are able to elicit a positive and sympathetic response from doctors in that *nervios* symptoms are explained within a shared cultural and social framework. The third level of meaning situates *nervios* within the symbolic and cultural realm of health and illness as found within Costa Rican society. The concept of *nervios*, with its social breakdown connotations, symbolically represents an antithesis to the cultural ideal of a tranquil, balanced and healthy life.

Van Schaik identifies nerves, a popular illness term in eastern Kentucky, as denoting distress that is rooted in social relations. According to the author's critical perspective, nerves is rooted within the context of Appalachian poverty where families struggle daily to cope with bleak employment opportunities and limited support networks. An overwhelming majority of both male and female informants, all of lower economic status, identify "family conflict, frequently compounded by financial problems, as the source of their nerves" (Van Schaik, 1989:20).

In his study of the Sicilian community in southern Ontario, Migliore seeks to expand on the

concept of nerves as " a popular illness category and idiom for emotional and social distress" as defined by Low (1985) and Davis and Low (1989). According to Migliore, the definition of nerves needs to be further modified in order to

> "recognize formally that we are dealing with a dynamic *complex* consisting of multiple, variable, and ambiguous *meanings* - meanings that enable people to confront or cope with a variety of situations" (Migliore, 1994:271).

Nierbi can refer to muscles or tendons, an emotional state, or to a popular illness where nerves denote "the cause and/or symptoms of physical, emotional, and psychological distress" (Migliore, 1994:274).

The author focuses his analysis on two aspects of the nerves phenomenon found to have occurred in the work of previous researchers but which had not been studied in greater detail. His study is based on participant-observation and on forty interviews, carried out with twenty-eight women and twelve men, as well as on forty-five case studies with individuals suffering from nerves. All participants in this study are fifty years of age or older.

The first aspect of the *nierbi* phenomenon identified by Migliore concerns nerves as an idiom of physical distress. Sicilian-Canadians, for example, may employ the idiom of *nierbi* to identify physical complaints relating to damaged muscles or tendons, without linking their pain to the communication of social and emotional problems. Beliefs regarding "health" and "illness" are closely tied to the notion of balance, and centre on the system of muscles, tendons and other connective tissue that extend throughout the human body. These muscle and connective tissue are collectively identified as *nierbi*. An individual's state of health depends on the physical state of the *nierbi*. The *nierbi* are perceived to be linked with all body parts and organs. Disruption of the physical nerves may not only result in physiological problems but can also affect the emotions and cognitive processes. In turn, any malfunction of the organs or other internal physiological processes can cause a negative effect on the *nierbi*.

The phenomenon of *nierbi*, then, can be identified as a state of disequilibrium. As the author points out, Sicilian-Canadian conceptions of *nierbi*, and their relationship with various physiological and psychological processes "cannot be described simply or easily" (Migliore, 1994:281). Cultural beliefs about *nierbi* are ambiguous and complex. Unlike the studies considered thus far, the phenomenon of *nierbi* among Sicilian-Canadians, as exemplified in his study of a community in southern Ontario, lacks a specific etiology and a linear cause and effect reasoning process. Further compounding the inherent ambiguity of the *nierbi* phenomenon is its idiosyncratic nature.

Precipitating factors, as well as the disequilibrium process(es) may vary not only from individual to individual, but also from episode to episode.

Moreover, among Sicilian-Canadians, *nierbi* as an idiom of physical distress reflects cultural conceptions of gender and gender-appropriate modes of distress. Unlike other studies which depict the phenomenon of nerves as a predominatly female complaint (Davis, 1989; Lock, 1990; Dunk, 1989), the experience of *nierbi* is not restricted to women. The ambiguous nature of the *nierbi* complex allows both men and women to share a similar idiom of distress in order to communicate their problems, while drawing on different yet related aspects of this complex. In general, women tend to express their distress through bodily symptoms whether it be emotional or social in origin. In contrast, men focus on physical nerves as the cause of their problems. By presenting their suffering in terms of damaged muscles and tendons, men are able to articulate their suffering while denying the problem has an emotional basis. Cultural representations of maleness in the form of silence (*omerta*) discourages men from acknowledging that they have been overwhelmed by emotional distress (Migliore, 1994:286). Conversely, it is considered within the moral character of women to use language of emotions to express their suffering, sadness and pain.

Nations, Camino and Walker examine nerves as an "ethnomedical illness" and its relationship to anxiety and depression within a clinical setting in Virginia. This study defines nerves as a "wide spread [...] emotional disorder with associated medical problems" (Nations *et al.,* 1988:1246), as well as a "chronic, debilitating condition which includes frequent and frightening attacks spurred on by highly charged emotional problems" (Nations *et al.,* 1988:1248).

These authors compare nerves patients to a control group. Both groups include male and female patients and are similar in age, level of education and socio-economic status. Participants are in their mid-forties, achieved up to nine years of schooling and come from a working class background. The only distinguishing demographic characteristic between both groups is race. Over half of the nerves patients are white when compared with less than forty percent of controls. The results of the study indicate that "women suffer from nerves significantly more than men: 72.3% of nerves patients are female as compared to 53.9% of controls" (Nations *et al.,* 1988:1247). The most frequently cited reasons for nerves relate to "psychosocial distress". For the most part, participants attribute their nerves to marital problems (primarily physical violence), tensions with other family members (in particular their children), alcoholism, chronic unemployment, financial pressures, illness, tragedy and on-the- job stress (Nations *et al.,* 1988:1249).

Nations, Camino and Walker point out that their view of nerves as "frequent expression of

serious emotional distress" differs from other studies which "depict nerves as expressions of social conflict and of only mild medical significance" (Nations *et al.,* 1988:1253). Unlike other studies on nerves discussed so far in this literature review, the approach of this study varies in that it examines the condition of nerves from a symptomatological perspective, using a theoretical framework oriented more towards quantitative analysis[6] than ethnographic research. Although questionnaires and interviews with nerves patients are analysed by quantitative methods, the authors employ Low's (1985) model of "culturally-interpreted" system in examining the relationship between nerves, anxiety, depression, and the symptoms for each of these states. The focus of this study is the link between nerves as an "ethnomedical complaint" and its "medically significant" relationship with anxiety and depression within a clinical setting. According to the authors, the condition of nerves shares with anxiety and depression a comparable somatic and emotional symptomatology. What sets these conditions apart from one another is their culturally ascribed label, or categorization. The term nerves derives from the language of rural, folk illness culture and encompasses a "rich array of cultural meanings reflecting the lifestyle and world view of its sufferers" (Nations *et al.*, 1988:1245). "Anxiety" and "depression" however, are terms arising from biomedicine, which are interpreted according to biomedical theoretical models. The authors note that in spite of the perceived integral symptoms between nerves, anxiety and depression, the symptoms of nerves as an ethnomedical complaint was not recorded in patient's charts. If nerves were to be recognized as "a lay idiom for expressing emotional distress" in clinical settings as well as a "strong predictor of underlying anxiety and depression" the authors argue, patient care would not only improve but unwarranted and costly medical tests could be avoided (Nations *et al.*, 1988:1246).

2.2.2 The expression of nerves/*nervios*/*nierbi*: emotional and physical symptoms

In her study of Grey Rock Harbour Davis found a "lack of unity over the defining features of nerves" (Davis, 1989:70). Informants differ in their opinions concerning the exact nature of symptoms. However, the general consensus is that nerves are associated with a wide range of minor psychosomatic complaints that include: headaches, digestive problems, and menstruation- and menopause-related complaints (Davis and Whitten, 1988:1216). Nerves are not only experienced

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[6]Quantitative data analysis was the primary research method employed; data gathered from informal open-ended interviews and structured questionnaires conducted with clinic patients, was analysed by using standardized rating scales and indexes.

somatically but are also related to a range of intense emotions, such as anxiety or worry, in response to everyday problems and situations. Davis mentions that "worry is related to fishing and is a crucial emotional response in Grey Rock Harbour" (Davis, 1989:73).

Like Davis, Guarnaccia and Farias found a variety of physical symptoms and emotional states associated with the experience of *nervios*. These physical and emotional manifestations of *nervios* differ for men and women. Men report dizziness, fainting spells, fear of falling, and the feeling that the floor was moving. Feelings of anger, isolation, and of being "out of control" are the most common emotions expressed by men. The authors point out that "physical symptoms of insecurity" recounted by men reflect a "social sense of insecurity" related to such concerns as unemployment, familial responsibilities, and migration (Guarnaccia and Farias, 1988:1225). Headaches are the most common physical symptom reported by women. Other physical complaints include: chest tightness, difficulty in breathing, and a sense of choking. Women in this study also mention dizziness spells and fear of falling, but not as frequently as the men. The emotions expressed by women are fear, anger, confusion, despair, and a sense of a loss of control. These emotional states are usually related to such issues as spousal abuse, exploitative working conditions, and concern for family members still living under the threat of violence in El Salvador.

Based on her outpatient clinical sample, Low finds that the experience of *nervios* in Costa Rica is associated with an "interesting pattern of other symptoms" ranging from such physical states as headaches, insomnia, trembling, disorientation, fatigue, itching, altered perceptions, and vomiting to emotional states as depression, fear, and anger (Low, 1981:33). Unlike Guarnaccia and Farias (1988), Low does not mention whether these symptoms differ for men and women. Although the range of symptoms reported for *nervios* in Costa Rica seems to be more extensive than for what has been documented for *nervios* in the United States, both groups of *nervios* sufferers share a common, if not ubiquitous, underlying attribute of nerves sufferers: the feeling of being "out of control". In Low's study, patients mention feeling "out of control" or alienated from their body and self. This sensation is described as an undesirable and abnormal body response that the individuals have no control over. Feeling physically out of control, in turn, expresses the lack of social and economic control *nervios* sufferers experience in their immediate environment. *Nervios* patients differ from the rest of the outpatient sample in that they experience a higher rate of family disruption. Similarly, in Guarnaccia and Farias' study, an individual's *nervios* symptoms are physical manifestations of concerns related to the marginal social and economic status of Latin American refugees in the United States.

In eastern Kentucky, as in Newfoundland, Costa Rica, and Latino immigrant communities in

the United States, the experience of nerves is not correlated with a discrete set of symptoms, but varies for each individual. Symptoms reported during interviews include "feelings of nervousness, anger, impatience, fearfulness, and depression, as well as a physical agitation and restlessness, insomnia and crying" (Van Schaik, 1989:19). The feeling of "restlessness" is the only emotional state common to all interviews. Informants also mention somatic complaints such as, "gastrointestinal disturbances, weight loss, increased heart rate, elevated blood pressure, `smothering', headaches, and `blackouts'" (Van Schaik, 1989:19). Van Schaik identifies nerves as a chronic experience within which is contained periods of acute crisis, and an intensification of symptoms, or periods of remission and an abatement of symptoms. Again, the course of nerves differs for each individual. For some, symptoms remain unchanged from episode to episode, while for others symptoms change from one episode to the next.

Migliore found in his study of Sicilian-Canadians a lack of symptom specificity associated with the experience of *nierbi*. As mentioned earlier, the precipitating factors as well as the disequilibrium states vary between individuals and from case to case. Given the distinct and idiosyncratic nature of *nierbi* this study, unlike the others considered thus far, does not include a general summary of predominant symptoms elicited in interviews. In general, an individual must first experience *nierbi* as an emotional state in order for the condition to progress into an illness. The difference between the physical and the emotional state is one of severity. As mentioned in the studies of Low (1981) and Guarnaccia and Farias (1988), feelings of being "out of control" characterise the emotional state of *nierbi*. Unless the individual is able to regain a state of balance the disequilibrium process will in turn manifest itself by the way of physical symptoms. The physical symptoms associated with *nierbi* as a folk illness are idiosyncratic. Some of the participants mention heart palpitations and fainting spells; others describe tremors and uncontrollable shaking. One woman in the study describes her nerves symptoms as the tightening of muscles around her neck and head that have led to her inability to see and hear properly.

Similar to Guarnaccia and Farias' study (1988), the physical and emotional manifestations of *nierbi* differ for men and women. Among Sicilian-Canadians, men usually report their episodes of *nierbi* in terms of physical injury to muscles and tendons. In contrast, women are more likely to somatize their emotional and physical distress. Unlike men, women not only focus on physical symptoms but express their emotions as well. Feelings of fright, sadness and grief are a few of the emotional states reported by women. The author relates this difference in symptom presentation between men and women to impression management techniques that are influenced by culturally

constructed gender roles within the Sicilian-Canadian community. In general, men manipulate *nierbi* to promote a positive image of themselves as hard working individuals who endured long term pain and suffering that enabled their family to succeed in Canada. The male experience of *nierbi* then, is transformed into a symbol of individual determination and the economic and social success of the entire family unit. Women on the other hand, rely primarily on the language of emotional distress to "buttress their moral character" (Migliore 1994:289). Unlike men, women manipulate *nierbi* to promote a positive image of themselves as victims of chronic suffering within the context of concern and deep attachment to family members. The female experience of *nierbi* is linked to hardships women endure in their roles as dutiful wives and daughters within the Sicilian-Canadian family. In doing so, women indicate implicitly that they deserve the respect and recognition of family members and the rest of the community.

Nations, Camino and Walker found that women are more likely to suffer from nerves than men. Furthermore, almost sixty percent of patients suffer from weekly nerves attacks, and half of these occur daily (Nations *et al.,* 1988:1248). Nerves attacks are described as,

> "a wave of tension which breaks over the patient in a fit of body shaking and quivering, stomach pains and nausea, headaches, heart tremors, shortness of breath, chest pains, dizziness, trembling in the extremities, blurred vision and hot flashes; it then calms down into a state of lethargy, sadness, tension, insomnia and feelings of weariness, of weight pressing on the chest, arms and head, and of obsessive worrying" (Nations *et al.,* 1988:1248).

As the above studies demonstrate, a variety of physical symptoms and emotional states are associated with nerves. The most common physical problem is the sensation of "shaky, jumpy or jangly" which is experienced either internally, "just under the skin", or externally in the hands, chest, or stomach (Nations *et al.*, 1988:1248). Other symptoms include a faster heart beat, gastroenteritis, severe headaches, shortness of breath, chest pain, dizziness, and insomnia. In terms of emotional symptoms, the most common are crying and anger. Furthermore, more than half of patients report symptoms of social dysfunction in relation to work, social relationships with others, and family interactions. Individuals suffering from nerves are less likely to be productive or motivated at work, isolate themselves socially from others, and experience tension and conflicts with family members.

Low's (1985) model of "culturally-interpreted" system is used to analyse patterns of nerves symptoms. The authors compare their data to previous research on nerves that include different populations and geographical settings and discovers that a striking pattern of similarity exists between

their description of *nervios* symptoms with those of nerve sufferers elsewhere. Low attributes this similarity in symptom patterns that transcends cultural and geographic boundaries to a basic physiological process common among all peoples. When physical variations occur, Low suggests that they are the results of "particular cultural constraints on patterns of body expression" (Nations *et al.*, 1988:1254).

2.2.3 Treatment of nerves/*nervios*/*nierbi*

In Grey Rock Harbour, the experience of nerves is shaped by the egalitarian structure of the community as well as local values, norms and standards for individual behaviour. Women can use nerves to enhance their status within the community, but must follow "complex rules of impression management so that they do not present themselves superior to others" (Davis and Whitten, 1988:1218). Women must present their complaints as being legitimate; they must be able to convince others that they deserve their nerves. The way women cope with nerves can also enhance or damage their social status. Women are ideally expected "to fight their nerves" on their own, since seeking medical treatment is considered as a sign of weakness (Davis and Whitten, 1988:1218).

Unlike Grey Rock Harbour where visits to the physician by women suffering from nerves are negotiated at a community level, Latino migrants in the United States resort to seeking medical treatment for *nervios* because of the loss of support from family and social networks due to migration. De La Cancela, Guarnaccia and Carrillo (1986) point out that most Latinos do not consider *ataques de nervios* as an illness that requires medical intervention. Instead these episodes are seen as an expression of anger at a stressful event, and which should ideally elicit support from family members. Given the disruptive effects of migration upon social support networks, health care providers have come to assume such supportive roles. Although health care professionals can provide psychological aid and economic assistance, they are primarily trained to focus on medical diagnosis. The medical focus of the consultation results in the experience of *nervios* reduced to a set of physical symptoms. The authors underline several consequences of "medicalization of social problems". By seeking medical intervention, *nervios* sufferers learn to

> "identify their distress as personal and individual, to take medication for relief, and to voice their distress without directly confronting the social relations underlying it" (De La Cancela *et al.*, 1986:445).

The medicalising of *nervios* however, can legitimise the sick role of the individual and can lead indirectly to a confrontation of the underlying social issues. Physicians, with their professional authority and high social status, in labelling the individual as ill can indirectly influence the family of the *nervios* sufferer to be more sympathetic and responsive to the person's needs.

In discussing the treatment of *nervios* in Costa Rica, Low focuses on how *nervios* symptoms function as symbolic messages that serve to elicit a positive response toward the sufferer from both medical practitioners and family members. *Nervios* is accepted by physicians as a legitimate complaint and, like patients, they attribute its origins to social factors. A propitious symbolic function of *nervios* is that it allows the patient within the consultation process to divulge personal information in a coded form. This allows the presentation of sensitive interpersonal issues which would otherwise be difficult to discuss. Within the family context, the impact of *nervios* as a symbolic message is even more pervasive in that it,

> "redirects attention to the individual and any related problems such that behaviour can be changed through social support or group sanction" (Low, 1981:39).

Unlike De La Cancela, Guarnaccia and Carrillo (1986), Low does not mention the possible limitations inherent within the doctor - patient consultation process; namely the medicalisation of social problems. A possible explanation for this omission is that in Costa Rica, unlike the United States, both physicians and patients look outward toward the wider social context as a means of explaining *nervios*.

In Van Schaik's study, individuals suffering from nerves express the need to talk about their difficulties and receive support from someone. Given that the dominant cause of nerves is attributed to familial responsibilities and conflict, most participants are unable to find support within their immediate family. Instead participants turn towards their physicians, extended family members, and the Church in their need for support. Like De La Cancela, Guarnaccia and Carrillo (1986), Van Schaik points out that individuals seek to legitimise their sick role through eliciting support from others, by prescriptions of Valium and injections, and by hospitalisation for nerves. As with the case of *nervios* among Latino immigrants, seeking medical support and treatment for nerves in eastern Kentucky reinforces the notion of nerves as an individual, personal experience caused by biological or psychological factors. As a result, the social and cultural relations of inequality and domination embodied in the complaint of nerves fail to be addressed. By somatically voicing their dissatisfaction through the discourse of nerves, "these individuals participate in the medicalization and mystification of their own lived experience" (Van Schaik, 1989:25).

In his study of *nierbi* among Sicilian-Canadians, Migliore does not describe in detail the types of treatment sought by *nierbi* sufferers. The types of treatment that are mentioned in the study include visits to the physician's office, where tranquilizers are the most common prescription, and seeking help from traditional healers within the community. The author also mentions that for nerves sufferers, being able to discuss one's problems within a caring and supportive context can serve to alleviate, and in some cases prevent, episodes of *nierbi*.

The majority of patients interviewed by Nations, Camino and Walker chose self-treatments as a means of coping with their nerves. These involve behaviour modifying strategies believed to be related to the psychosocial origin of nerves. The most common lay therapeutic practices include isolating oneself from others, resting or napping, and smoking cigarettes. Over-the-counter medications, home remedies, and seeking advice from family members, friends, community social workers, and the local parish pastor comprise other self-treatments considered by nerves sufferers. The authors point out that the majority of nerves sufferers do not discuss their condition with their physician in spite of their debilitating symptoms. Clinic patients attribute their reticence in talking about their nerves to the lack of an open and ongoing therapeutic dialogue with their doctors. Most physicians are unfamiliar with the chronic nature of nerves, its emotional and physiological symptoms, and lack appropriate resources and treatments. Patients who complain of nerves are either ignored, referred to another physician or clinic, or undergo an exhaustive routine of tests in order to rule out all potential medical causes. The most common treatment prescribed to nerves patients is tranquilizers in the form of Valium and Librium.

2.3 Nerves from the Physician's Point of View

In addition to the above studies on nerves/*nervios*/*nierbi* which examine somatic and emotional symptomatology of nerves sufferers from a meaning-centred perspective that takes into account social relations and cultural context, a recent study (Reynolds and Swartz, 1993) on nerves as a "lay" or "popular" illness in South Africa offers an additional perspective worth considering. It approaches the concept of nerves from the point of view of the physician. As the results of this study indicate, the crucial factor in analysing the use of the term nerves within the patient-doctor relationship is not *if* the physician employs a lay idiom of distress, but rather *how* "nerves" is interpreted within the course of clinical practice.

Reynolds and Swartz interviewed four medical practitioners, as part of a larger study, in

Mamre, a "coloured" village near Cape Town, concerning the use of the term nerves in physician - patient interactions. The purpose of their study is to examine how this term, far from being simply a folk category, holds relevance for the area of clinical practice and health care provision. In this context, the authors argue that medical professionals, and to a limited degree, patients engage in negotiating both popular and professional explanatory models of nerves during clinical interactions. The manner in which health professionals choose to interpret the term nerves affects not only the kind of treatment prescribed to their patients, but also reflects asymmetrical political and social relations within the physician's office and in the wider community.

Results from the interviews indicate that each of the four practitioners differ in their use of the term nerves with their patients. Their different approaches range along a continuum of active opposition to the deliberate use of the term nerves in order to facilitate health care. On the one end of the continuum, the physician who actively engages in using the term nerves as part of providing diagnosis, did so even when patients did not bring up the term themselves during the consultation process. In terms of treatment, this physician prescribed "pills" to his nerves patients.

The authors point out that at first glance, this physician's approach seems to "by virtue of his powerful position, [...] invest what he believes to be the patients' models with more legitimacy" (Reynolds and Swartz, 1993:660). Upon closer examination of data on actual clinical interaction however, the authors ascertain that this physician's use of the term nerves only partially acknowledges patient explanatory models since patients are not asked about their own interpretations about what meaning(s) the term nerves holds for them. Not only does this type of clinical interaction invalidate the patients' experiences, but it also prevents them from learning more about the construction of professional categories, since the physician operates under the assumption that patients would not understand medical explanations. This physician's attitude towards his patients is explained by the authors as being partly influenced by "some of the more racist aspects of traditions in South African psychiatry" (Reynolds and Swartz, 1993:661). The assumption that working-class patients are incapable of understanding "sophisticated" medical interpretations about their disorders, is complemented by another view that sees patients bounded by, and in turn segregated in, their own universe of illness interpretations. The authors add that by deeming his professional explanations as "too technical" for patients to understand, this physician is engaging in "an unconscious strategy to avoid the potential implications of patients' realization that indeed they do not understand his perception of their disease" (Reynolds and Swartz, 1993:661). If this physician were to come to terms with such a realisation, he would then be forced to discuss patients' interpretations of the nature of their illness. By entering into a process of illness negotiation, the physician would then leave himself

open to having his views challenged and perhaps changed. Finally, the authors note that this physician incorporates certain racial stereotypes about "coloured" people, stereotypes that also permeate the larger social context in South Africa, in his understanding of the function of nerves. According to this physician, the condition of nerves serves as an excuse for "coloured" individuals, who are "inherently" predisposed to idleness, to avoid work.

At the other extreme of this continuum, the authors interviewed a physician who avoids using the term nerves in his clinical interaction with patients. Unlike the first physician, this health professional's approach to nerves aims at communicating his understanding of the underlying social issues entailed in the experiences of nerve sufferers. This physician views the term nerves as "glossing over the patient's economic and domestic problems" (Reynolds and Swartz, 1993:660). He advises his patients that their nerves are not the problem, and that they should address conflicts that arise from their material conditions and work environment. The authors fail to mention whether or not this physician, in addition to giving advice, prescribes medication to nerves patients.

According to the authors, in providing a sociopolitical analysis to the function of nerves the approach of this physician differs in two significant ways from the previous. First, he does not attribute the condition of nerves to inherent psychological or cultural factors. Secondly, in addressing underlying social issues, he allows for patients to participate within the explanatory model negotiating process where they can discuss their own interpretations and experiences. Implicit in this approach is the assumption that patients are capable of using the information supplied by their physician in order to effectuate meaningful changes in their immediate environment. Not only does this physician validate the experiences of his patients while providing potential strategies for empowerment and change, but he also recognises the limitations entailed in the clinician's role in treating a condition with purported psychosocial dimensions.

2.4 *Nevra* among Greek immigrant women in Montreal

2.4.1 The etiology of *nevra*

Lock and Dunk's study (1987) is the first to examine the cultural concept of *nevra* among Greek immigrant women in Montreal. *Nevra* is interpreted through a semantic analysis network approach (Good, 1977) within the context of a critical theoretical perspective. Individual experiences of illness, as well as ensuing meanings and metaphors are situated in relation to contradictory social and cultural forces found within a given context as well as the wider historical process. Illness

experience and expression are not only shaped by local constraints of asymmetrical power relations and inequalities found in culture, but are also modified through historical processes such as migration. In light of this theoretical approach, the cultural phenomenon of *nevra* is perceived as "a flexible and powerful metaphor" which is used to communicate distress in response to a wide range of etiological factors, including gender roles, class and ethnicity, and whose "expression and meaning is modified with time and space" (Lock and Dunk, 1987:295). Dunk in a separate study (1989) continues in a similar theoretical vein and defines *nevra* as a "form of psychosocial distress". *Nevra* is experienced primarily by women and is related to "poor working conditions, low wages and gender relations in the Greek community" (Dunk, 1989:29).

In a later publication, Lock pushes beyond the analysis of *nevra* as a form of distress that articulates structures of power. *Nevra*, Lock argues, should be regarded

> "as just one cultural genre among a large, perhaps infinite, number of possibilities whereby the powerless, sometimes consciously, sometimes unconsciously, flex their muscles. In order to situate nerves thus, one must be willing to classify them alongside, not only similar culturally constructed forms of natural symbols (embodied emotions such as *solidao, pena, ki* and so on), but also spirit possession, gossip, witchcraft accusations, carnival, and certain forms of theatre and poetry, and even what Scott describes as "everyday forms of resistance" such as "foot dragging, dissimulation, false compliance, pilfering, feigned ignorance, slander, arson, sabotage, and so forth" (Lock, 1991:93).

Given this wider conceptual scope, Lock suggests that *nevra* be considered not simply as a form of "somatization" or distress, but "in a much more positive and political light: as a form of resistance" (Lock, 1991:93). Greek women, for the most part, are aware of the social and political origins of their suffering. Most link their experience of *nevra* to conditions of class exploitation and to gender inequalities inherent in traditional Greek culture. Furthermore, Greek women are conscious of the resistance which can be enacted through *nevra*. Attacks of *nevra*, although painful, can be manipulated in order to "produce small victories for change" (Lock, 1990:238).

2.4.2 The expression of *nevra*: emotional and physical symptoms

Greek immigrant women describe an "attack of *nevra*" as a feeling of "loss of control", and the sensation of "having ones nerves 'burst out' or 'break out' or 'boil over' (Lock, 1990:238). It is perceived as a normal, although devalued and unpleasant emotional state that may be accompanied by

shouting or screaming. Other physical and emotional symptoms that may be associated with *nevra* include: headaches, dizziness, neck and shoulder pain, and depression (Dunk, 1989; Lock, 1990). Within the Montreal Greek community, women are considered to be more vulnerable and susceptible to "attacks" of *nevra* than men. Furthermore, it is believed that the experience of *nevra* varies in severity and frequency from individual to individual. One cannot generalise about the experience of *nevra* nor of its associated symptoms since, "it depends upon individual temperaments, constitutions and circumstances" (Lock and Dunk 1987:314). If episodes of *nevra* increase in number and severity, it is then labelled as a chronic illness and no longer considered as a normal expression of distress (Lock and Dunk, 1987; Dunk, 1989). The experience of *nevra* as a chronic state is usually associated with the following symptoms: feelings of acute anxiety or depression, often accompanied by *stenochoria*[7] and anger. Most Greek women complained of pain, while others suffered from dizziness, and other from nausea (Lock and Dunk, 1987).

2.4.3 The treatment of *nevra*

The types of treatments sought for *nevra* by Greek immigrant women vary, and partly depend on the degree of severity of the symptoms, and their perceived etiology (Dunk,1989). For episodes of *nevra* that are infrequent and perceived to be caused by daily pressures, such as the double burden of women in juggling both work outside and inside the home, Greek immigrant women do not feel it necessary to seek medical help. Instead, most try to cope with their nerves by various self-help treatments including: isolating themselves, taking a walk outside, napping, or by visiting a friend or relative, until the "attack" subsides and emotional control and tranquillity are regained. However, for "attacks" of *nevra* that are chronic and severe in nature women seek medical treatment. The most common medical intervention for *nevra* involves the prescription of tranquilizers, usually in the form of Valium. As other studies (De La Cancela *et al.*, 1986; Van Schaik, 1989) on nerves/*nervios* point out, Lock (1990) and Dunk (1989) also attribute the "medicalization" of *nevra* to the disruption of family support systems which are unable to provide assistance to individuals suffering from nerves. Lock and Dunk (1987) point out that physicians perceive their role in treating *nevra* sufferers as limited since they believe that social factors such as poverty, immigration and the oppression of

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[7] Lock and Dunk assign the following meaning to this word, "confinement, lack of space or cramped area" (1987:306). Etymologically they are correct - "steno" means narrow and "choria" is derived from the ancient Greek root "choros" or place. However, the Greek demotic meaning of *stenochoria* is worry.

women are ultimately responsible.

2.5 SUMMARY

The cross-cultural phenomenon of nerves/*nervios/nierbi/nevra* is found in diverse geographical settings and populations. In North America, the experience of nerves has been documented among long-term resident populations in Newfoundland and Eastern Kentucky. The concept of nerves has also been examined among recent Central American refugees in the United States, and established Greek and Sicilian immigrant communities in Canada. In other parts of the world, the occurrence of nerves has been reported in Costa Rica and South Africa. A dominant approach in the literature is the consideration of nerves/*nervios/nierbi/nevra* as an idiom of distress or a folk illness that is shaped by specific social, economic, and cultural relations and conditions in the context in which it is found. Sufferers use their experience of nerves and its associated physical and emotional symptoms to communicate their sense of powerlessness and dissatisfaction in relation to various crises, conflict and losses. Although the meaning attached to the experience of nerves is context dependant, there is a overlap in the reported physical and emotional symptoms. The treatment sought by most nerve sufferers includes both lay therapies and medical consultations. The following chapter will examine the history of Greek migration to Canada and will provide an overview of the present day Montreal Greek community.

CHAPTER III GREEK MIGRATION TO CANADA AND THE GREEK COMMUNITY IN MONTREAL

3.1 Introduction

The women who participated in our *nevra* interviews, as well as the parents interviewed in the youth study are all first-generation Montreal Greek immigrants. Historically they are part of one of the largest migration waves ever to settle in Canada. The purpose of this chapter is twofold: 1) to describe Greek migration to Canada. The various socio-economic and political conditions found in post-war Greece which sparked successive flows of immigration to North America, Australia and Western Europe will also be examined and; 2) to provide an overview of the Greek community in Montreal including its size, topography, economic activities, educational, cultural and religious institutions, and culturally significant holidays and events. The information presented in this chapter derives from numerous studies on Greek migration to Canada and the Montreal Greek community (Chimbos, 1980; Ioannou, 1983; Constantinides, 1983, Gavaki, 1979), as well as research conducted in various projects concerning Greek immigrants. Finally, my long personal experience as a native Montrealer of Greek origin has provided invaluable insights and a rich source of information on family life, social organisation, gender roles and cultural ideals, perceptions and beliefs in the Montreal Greek community.

3.2 Greek Migration to Canada

3.2.1 Early explorers

The earliest accounts of Greek immigration to Canada date back almost two hundred years. The first Greek believed to have set foot on Canadian soil, Juan de Fuca,[8] was born on the island of Cephalonia in the Ionian sea. In 1592 while serving in the Spanish navy he explored the strait separating Vancouver Island from Washington State which presently bears his name (Chimbos, 1980; Ioannou, 1983). Greek immigrants began arriving in Canada after the Greek War of Independence (1821-1827)[9]. They came from the economically deprived regions of the Peloponnese (peninsula of

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[1]There seems to be more than one version of Juan de Fuca's original Greek name. Peter Chimbos, using George Vlassis who wrote *The Greeks in Canada* (1953) as a source, mentions that Juan de Fuca was born as Yannis Phokas. Tina Ioannou refers to Juan de Fuca as Apostolos Valerianos.

[2] This victory ended 400 years of Ottoman rule leading to the birth of the modern Greek nation-state in 1828.

southern Greece) and the Islands. Their numbers were few, less than fifty, and scattered across the country. This sporadic migratory flow of Greeks entering Canada continued up until the early 1900s.

3.2.2 The first-wave

The first significant migration occurred between the years 1901 and 1951when 17, 178 Greek born individuals settled in Canada (Chimbos, 1980:30). From the early days most Greek immigrants preferred to settled in urban centres. Several factors support this urban centred migration. First, many of the pioneers were sailors who, after coming to the ports of Montreal and Vancouver, liked what they saw and decided to stay. They in turn were followed by their relatives and compatriots. Second, urban centres presented economic opportunities for wage labour and commercial activity previously inaccessible for early Greek settlers. Besides those migrants who had arrived as sailors, the rest came from poor, rural regions where farming was the only source of subsistence. Farmers in Greece faced a marginal existence of back breaking labour in exchange for meagre crops, near-constant debt, and low social standing (Chimbos, 1980). Finally, the harsh and unfamiliar Canadian winters deterred early migrants from pursuing farming as a way of life.

The majority of Greek immigrants in the early 1900s were young, single, uneducated, and unskilled males who had come to Canada to work and sent money to their families back home. Given their lack of formal education and knowledge of either English or French they were forced to accept low paying, undesirable jobs characterised by deplorable working conditions. Unlike second-wave immigrants who found employment in the industrial sector of the Canadian economy, early migrants were employed by their own countrymen, usually in restaurants and bakeries. Being non-unionised and unaware of their rights, many labourers were exploited if not defrauded by their Greek employers. Some young men worked under the "padrone system", which meant that their earnings were controlled by the men who sponsored them to Canada (Chimbos, 1980).

It was during the first-wave of migration that the first Greek Orthodox churches and other community institutions were founded in Canada. The "Greek Orthodox Community of Montreal" was established in 1906 when the total population of Greeks in this city had reached 1,000 (Ioannou, 1983). In 1909 the Greek Orthodox Community, otherwise known as the *Koinotita*, bought a building on St. Laurent street. The role of the church surpassed its function as an ethno-religious institution; it also served as the social and cultural focal point of the Greek community. Within its walls the first Greek school was created whose purpose was to keep alive the Greek language, culture, and religion among the younger members of the community.

Both the church and the *Koinotita* offered respite and moral support to early immigrants. Community members were given help to cope with the rupture from the homeland and the difficulties entailed in adapting to a harsh climate, new language, and an urban way of life. These community institutions fostered a feeling of belonging among their members and provided a link with the country of origin. They also played a significant role in the development and maintenance of a Greek sense of identity within an immigrant context.

Other social and cultural organisations to be developed within Greek communities across Canada, including Montreal, during this period include numerous ethnic and regional associations, and coffee houses or *kafenia*. Besides offering moral, and at times financial support, associations served to maintain a more localised sense of ethnic identity, namely, the tie between the immigrant and his or her natal village or region.

3.2.3 The second-wave

The present day Greek population in Montreal numbers over seventy thousand and, after Toronto, is the second largest Greek community in Canada (Constantinides, 1983:82). The majority of the city's Greek residents emigrated from Greece during the post-war period. It is estimated that twenty-five percent of Greek migration to Canada occurred between the years of 1950 and 1960, with forty percent arriving in the period between 1961 and 1970, and twenty percent in the following decade. Since 1980, the arrival of Greeks to Canada has been negligible (Constantinides, 1983; Gavaki, 1979).

The physical devastation of Greece caused by the Second World War was compounded by the ensuing Greek Civil War (1944-1949) and resulted in a period of economic depression. Both wars contributed to the exodus of Greek labour, establishing a pattern of Greek emigration from 1951 to 1972. Additional factors for this exodus included low wages, inflation, mass unemployment, and wide disparities in regional development and income (Chimbos, 1980). Furthermore, the Greek economy continued to focus on agriculture, with sixty percent of the population active in the agricultural sector (Constantinides, 1983:53). However, productivity was low and production was characterised by labour-intensive methods. Consequently, most of the Greek population in Montreal is comprised of unskilled workers of rural or semi-rural origins who found it difficult to subsist as farmers. Other factors influencing post-war emigration were the repression and political instability due to the military dictatorship in power between the years of 1967 and 1974. The dowry system that traditionally

imposed the redistribution of a specified amount of land, property, and material goods from the bride's father to the newlyweds also played a role in the exodus. Finally, changes in Canadian immigration policy during the 1960s which placed Greece within the top five preferred countries as sources for immigration made it possible for a large number of Greeks to enter the county during that decade (Chimbos, 1980).

Second-wave Greek immigrants in Montreal and other parts of Canada are primarily from rural and semi-urban villages and towns. In terms of regional composition they come from all parts of Greece, with a predominance from the Peloponnese in the south, from Florina and Kastoria in the north, and the Greek islands (Gavaki, 1979; Ioannou, 1983). Also included in the second-wave are migrants from the Greek diaspora; namely from Turkey, Egypt, Cyprus and the Balkans (Constantinides, 1983). Unlike most immigrants from Greece, Greek ethnic minorities of the Eastern Mediterranean periphery were, along with Jews and Armenians, part of a middleman bourgeoisie that was primarily engaged in commercial and professional interests, serving as a link between their Balkan communities and Western European capital (Tastsoglou, 1997). Migrants from the Greek diaspora in Montreal and other parts of Canada tend to be educated, equipped with professional skills, familiar with an urban lifestyle, and proficient in either French, English or both.

Another category of second-wave immigrants were the hundreds of young, single women, usually from impoverished backgrounds, who came to Montreal and other Canadian cities in the 1950s to work as live-in domestics. Their travel and job placement was arranged by various international agencies collaborating with the Greek government. Most went to work for non-Greek middle class families, although a few were hired by well established Greek families. In either case, these young women worked under "des conditions de promiscuité pénible et seront soumises à une exploitation économique poussée" (Constantinides 1983:71).

Most second-wave male and female immigrants were sponsored by relatives and friends, and usually found their first job through family members and other personal contacts within the Montreal Greek community. Like their first-wave predecessors, this group of immigrants was mainly composed of unskilled and semi-skilled labourers, who had at most a few years of schooling, and knew neither French nor English. As a result, most were forced to accept low-paying manual labour in the service and manufacturing sectors: clothing and textile factories, restaurants, industrial cleaning , and construction (Constatinides, 1983). These Greeks viewed their migration to Montreal as temporary, their goal being to save enough money to allow for a comfortable living once they returned to Greece. Only a small number, less than five percent, had urban origins, were educated and fluent in both or

either French or English. Such individuals found work in a variety of professional and business occupations and formed the middle positions of community social hierarchy (Gavaki, 1979).

A consequence of the influx of new immigrants during the fifties, sixties and seventies was the development of a new social and economic system of stratification within the Montreal Greek community along lines similar to the social ranking systems of the dominant host society (Constantinides, 1983; Ioannou, 1983). Descendants of first-wave of immigrants were the first to experience upward social mobility. Due to the economic success of family owned restaurants and other small enterprises they were able to join the business and professional ranks of Quebec society. Members of the second-wave migration also experienced social and economic success. More than 5 000 small scale businesses were founded during this period, many of which are still in operation today: repair shops, boutiques, grocery stores, bakeries, depanneurs, jewellery shops, and restaurants. Manufacturing and industrial enterprises were also started, mainly in the sectors of clothing and construction. In addition, a small number of immigrants joined the medical, legal and teaching professions. Finally, at the bottom of the social and economic hierarchy are the labourers and factory workers who represent 70% of the total Montreal Greek population (Ioannou, 1983).

From the seventies onward Greek migration to Montreal and other cities fell sharply, coinciding with an overall drop in European migration rates to Canada. Most Greek immigrants entering the country during the first few years of the seventies were young, urban professionals and university students who fled the political repression of the Greek military regime. During the last twenty years, immigration to Montreal has been characterised by a middle-aged and elderly population that has been admitted either as part of the familial reunification program or in the "independent" category (Les Publications du Québec, 1995).

Finally, a sparse, sporadic return migration to Greece has occurred from the mid-seventies to the present. In part, this migratory process was sparked by the fall of the dictatorship (Ioannou, 1983). Other contributing factors include the numerous difficulties and hardships working class immigrants face in realising their pre-migratory dreams of economic success and stability, as well disillusionment with host society values and beliefs. Some first-generation parents chose to return to Greece as a means of preserving traditional values and beliefs among their children. In addition, some community members have opted to spend their retirement years in their natal community.

3.3 The Montreal Greek Community

3.3.1 Population size

According to the 1991 census the Greek population of the province of Quebec numbers 56 535 (Les Publications du Québec, 1995:217). Yet since the 1980s representatives of the Montreal Greek community have maintained that there are between 70 000 to 80 000 Greeks living in Quebec. This discrepancy in population figures is due to different definitions of who can be included in the Greek ethnic category.

Statistic Canada has relied on different variables as a measurement for ethnicity over the years . It abandoned the term "race" in 1951 for "language spoken by paternal ancestors upon arrival to North America" (Constantinides, 1983). The criteria of "paternal ancestry" however excludes those women of Greek origin who have married outside their ethnic group and assumed their husband's family name.

In recent censuses, the variable of "mother tongue" has been used in defining ethnic groups. Yet the use of this criteria does not always reflect the total number of individuals of Greek origin. For instance, second-generation members of the Greek community tend to declare English as their maternal language in responding to the census questionnaire (Constantinides, 1983). Furthermore, during the turbulent socio-political climate of the mid-seventies, which saw the introduction of Bill 101, a portion of the Greek community chose "English" as its mother tongue in the 1976 census. As a result, the population figure for individuals of Greek origin went from 38 970 in 1971 to 34 660 five years later (Ioannou, 1983; Constantinides, 1983).

3.3.2 The "Greek quarter"

While there may be more than one version of the total number of Greeks living in the province of Quebec what is certain is that 97% of the Greek population lives in the Montreal metropolitan area and surrounding regions. Forty-four percent of Greeks live in Montreal municipalities, and another 23% are Laval residents (Les Publications du Québec, 1995:220). Within the Montreal region Parc Extension has the highest number of Greek residents (CLSC Parc Extension, 1994).

From the early 1900s to the 1950s, first-wave immigrants settled near St. Laurent boulevard and René Levesque boulevard. In the 1950s and 60s there was a new concentration of Greeks in the Saint-Louis-du-Parc district, with Park avenue as the commercial centre for the community. Toward the end of the 60s many Greek immigrants chose to settle further north in the Parc-Extension quarter, where Jean Talon street became the focus for cultural and business activities. From the 1970's on, as community members began to achieve greater economic stability, a shift took place away from the

inner city neighbourhood to the suburbs of Chomedey Laval, the West Island, the South Shore and Ville St. Laurent. From these four suburbs, Chomedey has the highest concentration of Greek residents and Greek owned shops, restaurants, recreation halls and other businesses.

3.3.3 Population profile

3.3.3.1 Age and gender

Much of the Montreal Greek community falls in the young adult to middle age category: Twenty nine percent are in the 25-44 age group and another 29% fall in the 45-64 bracket. Children under the age of 14 make up 14% of the population and those between the age of 15-24 comprise 20% . The elderly over the age of 65 are in the minority and represent only 7% of community members. In terms of gender there are slightly more men (51%) than women (41%) of Greek origin (Les Publications du Québec, 1995:219).

3.3.3.2 Language: Mother Tongue and Knowledge of French and English

Unlike 1976 when a segment of the Montreal Greek community deliberately chose to declare "English" and not "Greek" as its maternal language as a political strategy in response to Bill 101 (Constantinides, 1983), an overwhelming majority (89%) of community members affirmed Greek as their mother tongue in the1991 census (Les Publications du Québec, 1995:219). Only 5% possess English as their first language and an even smaller number (2%) consider French as their maternal language. Another 3% of the population regards itself as multilingual (Les Publications du Québec, 1995:219). It will be interesting to see if Greek as the mother tongue will be as predominant among the third-generation or if it will decline in use over time as in the case of Greek communities in the United States.

Just over half (52%) of community members possess both French and English language skills in varying degrees. Another 35% are competent in English while only 2% have French as their second language. Individuals who know neither French nor English comprise 11% of the population (Les Publications du Québec, 1995:219). Constantinides (1983) points out that the majority of second-wave Greek immigrants have a rudimentary knowledge of either French or English, since they are able only to speak but not write either language. Before coming to Canada the majority of Greek immigrants spoke only their mother tongue. Only 11% of second-wave immigrants knew English before their arrival, half of whom possessed a very basic knowledge of this language. This limited knowledge of French and English impedes members of the Greek community from communicating and participating

in cultural exchanges with other ethnic minorities as well as the francophone majority. Constantinides perceives this situation as a contributing factor to "l'isolement de la communauté grecque au sein de la société québécoise" (Constantinides, 1983:173). A factor that Constantinides fails to take into account is the multilingual proficiency of second and third- generation individuals of Greek origin which provides them with the necessary skills to build and maintain social and cultural ties with other communities and ethnic groups.

3.3.3.3 Education

Given that most of the second-wave immigrants come from rural and impoverished backgrounds, it is not surprising that one-third of the Montreal Greek community over the age of fifteen has only a primary school education. Furthermore, those who were of school age during the Second World War and in the following period of civil strife either were unable to receive an education because schools during this war-torn period were closed or at most were able to attend for only a few years. Individuals who have completed high school make up 30% of the population. Eighteen percent of community members possess a college diploma (C.E.G.E.P.) and another 18% have gone to University. Only 3% lack formal education altogether (Les Publications du Québec, 1995:220).

3.3.3.4 Employment and Occupation

Two thirds of the Montreal Greek community over the age of fifteen is either actively employed (55%) or actively looking for work (11%). Most are active in the hotel and restaurant trade (25%) and in the clothing industry (21%). To a lesser extent, community members are engaged in retail commerce (13%) and in other types of service industry occupations (9%) including domestic work, maintenance, and cleaning. Finally, a small number of the population (5%) is employed in financial corporations, real estate companies, and in the insurance business (Les Publications du Québec, 1995:220). The one third of the population that is outside the labour force is comprised of homemakers, students, the retired, and the unemployed.

As the above figures indicate, members of the Montreal Greek community are concentrated in the service and manufacturing sectors. Most are employed as wage workers in small enterprises, while a minority own restaurants, clothing factories, and other businesses. Factory workers and employees in the service industry typically are non-unionized and work at or just above minimum wage. As a result, this group of workers consistently earns less than the national average. Furthermore, few working class families can afford to live on a single salary. In over half of Greek immigrant

families both the husband and wife are wage earners. Second- wave Greek immigrant women, like other immigrant women from working class backgrounds, have few employment opportunities available to them. With only a few years of schooling, coupled with a rudimentary knowledge of French or English , they are forced to accept low paying, unskilled work, as sewing machine operators, hospital and office cleaners, chamber maids, domestics, and as general help in small businesses. In addition, youth in most lower income families are obliged to work in order to pay for their leisure expenses, clothing, and education (Constantinides, 1983; Ioannou, 1983).

Besides earning low wages Greek immigrants must deal with deplorable working conditions. Sweatshops in the garment industry are dusty, noisy, poorly lit, too hot in the summer and too cold in the winter, and lack proper bathroom facilities. In addition to the taxing nature of the work itself, sewing machine operators face long work days and seasonal cycles of unemployment. Furthermore, factory jobs have become scare in the last fifteen years in Montreal, as large clothing companies undercut smaller firms by establishing sweatshops in developing countries using cheap labour. The prospect of joining the ranks of the unemployed due to factory closure poses a real threat for Greek immigrant workers. Moreover, clothing factories are usually small operations employing a handful of workers. As a result, unions find it difficult to infiltrate this sector. Few garment workers are aware of their rights or have the necessary skills to claim them. This lack of union protection results in systematic exploitation for workers and deprives them of benefits and job security. Finally, a considerable number of Greek immigrant women work as sewing machine operators from their homes (8.11%) and are usually paid under the table (Constantinides, 1983:158).

3.3.4 Community Institutions

From its early years the Montreal Greek community has established various educational, religious, cultural, social, financial, and philanthropic institutions, which have served to transmit key aspects of Greek culture and identity, as well as provide support and services to its members.

3.3.4.1 The *Koinotita*

In the early 1900s the first Greek Orthodox church and Greek language school were founded by the first formal community organisation, the *Koinotita* or Communauté hellénique de Montréal [10]

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[3] The word *Koinotita* means "community" in Greek and is the term commonly used within the Montreal Greek community to refer to the Communauté hellénique de Montréal .

In 1925 a second *Koinotita* was established, with community members dividing into two factions, Royalist and Venezelist[11] in parallel with the internal political crisis in Greece during this period. This schism between the two *Koinotites* ended in the early1940s, when community members felt compelled to regroup in ethnic solidarity in response to the threat of war back home (Ioannou, 1983; Constantinides, 1983).

With the arrival of the second-wave of immigrants after the Second World War the Montreal Greek community experienced tremendous growth. The influx of new members created the need for more resources and services given that most were unskilled, knew neither English nor French, and were unfamiliar with an urban way of life. As the official community institution the *Koinotita* failed to facilitate the adjustment process of its newest members. From its first inception the *Koinotita* has been under the influence of the Orthodox Church and its conservative agenda, and governed by a small and elite group of business men and professionals who identified with the interests of the anglophone bourgeosie. Ignored by the *Koinotita*, new arrivals who came during the 1960s and 1970s developed a multitude of cultural, economic, and social associations and institutions to meet their needs. Many of these organisations are still in existence today: the Association des travailleurs grec du Québec, Association canadienne des viellards grecs du Québec, Comité hellénique de bien-être social, Association des citoyens âgés greco-canadiens de Montréal, and the Club de soccer hellénique.

At present the *Koinotita* or Communauté hellénique de Montréal continues as the main institution of the Montreal Greek community. Under its auspices fall numerous educational, social, and cultural organisations. In 1982 the Centre Héllenique Communautaire was built behind Saint Georges Cathedral on the corner of Côte Ste-Catherine and Wilderton avenue. The centre houses the head office of the *Koinotita,* as well as a Socrates school, a residence for the elderly, a library, and offices for the following organisations: Comités auxiliaires de femmes, Bande scoute de la communauté hellénique, Association des parents de l'école Socrates and Bureaux de services sociaux de la communauté hellénique. In addition, three branches of the *Koinotita* serve populations of Greek origin in Laval, the South Shore, and Montreal West.

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[4] During the outbreak of the World War I the ruling party in Greece was headed by Eleftherios Venizelos, a liberal and egalitarian minded statesman, whose political and economic reforms led to the creation of the modern Greek state. King Constantin, the monarch figurehead during this period and brother-in-law to Kaiser Wilhelm II, pushed for Greece to maintain its neutrality. However, Venizelos wanted to enter the war on the side of the Allies. After a long and bitter conflict between the "Royalists", those in support of the King, and the "Venezelists", followers of Venizelos, king Constantine left the throne and Greece (his son Alexander replaced him as King) and Greece fought on the Allied side.

3.3.4.2 Elementary, Afternoon and Saturday Schools

The Montreal Greek community has its own private elementary school system, Socrates, which is administered by the *Koinotita*. Socrates has five campuses in the following locations: Houde street in Ville St. Laurent, Wilderton avenue, Gouin boulevard in Roxboro, and Emerson drive in Chomedey-Laval. As a private school system it is recognized by the Ministère de l'Éducation du Québec and associated with three school commissions: Commission des écoles catholiques de Montréal (C.E.C.M) for the island of Montreal, Commission scolaire Taillon for the South Shore, and Commission solaire des Mille-Îles, for Laval. The primary objectives of the Socrates school system include: to teach the French, Greek and English languages, science and math; to transmit Greek culture and history; to instruct "the Christian values and practice of the Greek Orthodox faith", and to aid students in understanding their ethnic identity (Communauté Hellenique de Montréal, 1991). Socrates students are required to wear a school uniform, participate in community organised events, and attend church services three to four times per year.

Several "afternoon" and "Saturday" Greek elementary and high schools operate in parallel to Socrates. These schools are administered either by the *Koinotita* or by other community organisations including, la Fédération des parents et des tuteurs grecs de Montréal and la Communauté grecque-orthodoxe de Laval. Students usually attend 2-3 hour classes twice per week once their day-time school is over or on Saturday mornings. The school curriculum consists of teaching students the Greek language, with a minor component in Greek history and culture.

3.3.4.3 Churches

With rare exception members of the Montreal Greek community are of the Greek Orthodox faith. Less than 5% belong to other religions including Protestant, Catholic and Jehovah's Witness (Les Publications du Québec, 1995:219).

Most Montreal Greek community members as well as religious and socio-cultural institutions abide by the Gregorian or "new" calendar. Within the community there are six "new calendar" churches affiliated with the Greek Archdiocese of North and South America. Dormition de la Vierge and Annonciation de la Vierge are both in the Parc Extension district. Église de St-Nicolas is located in the sizeable Greek community of Chomedey, Laval, and Église des Archanges Michel et Gabriel serves New Bordeau residences of Greek origin. Flanked by triplex row houses on St. Urbain street in the Mile End area, Église de Ste Irène et Ste-Markela Hippolities retains a small congregation. The stateliest church of the Montreal Greek community is La Cathédrale St-Georges on Côte Ste Catherine street. In 1988 the historic Église de la Sainte-Trinite on Sherbrooke street and St. Laurent, which was

built by members of the first-wave migration was destroyed by fire. In spite of a massive fund raising campaign undertaken by the *Koinotita* shortly after the fire, ten years later only rubble marks the site.

In the ecclesiastical margins of the Montreal Greek community four Julian calendar, or "old calendar" churches exist, each with its small community of faithful followers. Église de l'Annociation de la Vierge et de St-Nektare, on Hutchison street near Mont Royal avenue, and Église de Ste-Irène Chrisovalantou in Chomedey, Laval, both belong to same episcopacy. Église de Ste-Sophie in Parc Extension, considers itself independent from the aforementioned two, answering instead to ecclesiastical authorities with the Julian calender in Greece. Following Ste Sophie's example the Église de Ste Anne, also in the Parc Extension district, operates as an autonomous congregation. Although these churches may share the same ecclesiastical calendar, they nevertheless remain fragmented and divided by petty politics. In turn, these Julian congregations are shunned by ecclesiastics of the Greek Archdiocese of North and South America. Such is the tension and mistrust between the "old" and "new" calendar that neither side recognises the other's sacraments and rites.

Bitter relations between the "old" and "new" churches have tainted social aspects of community life as well. Until recently children baptised in the old calendar could be refused admittance to Socrates on the grounds that their baptismal certificate, which also served as their birth certificate, was not recognised by the new calendar abiding school system. In order for students to be registered at Socrates, they must be able to prove that at least one parent is of Greek origin. Such students can no longer be refused entry into the Socrates school system since changes to the Quebec civil code introduced a mandatory state issued birth certificate.

3.3.4.4 Cultural, social, and political organisations

There are over eighty social and cultural organisations within the Montreal Greek community. The majority are regional associations, each comprised of members that are from the same natal locale, island or region in Greece, or from Greek communities in Asia Minor and Egypt. The Association crétoise du Canada (founded in 1912), the Association canadienne des Hellènes d'Égypte (founded in 1961) and the Société roumeliotain "Georges Karaïskakis" (founded in 1962) are a few examples. Activities organised by regional associations include annual dances, philanthropic fund raising organised by the ladies' auxiliary, folkloric dance lessons for youth, and just before Christmas, gifts for the young handed out by Santa Claus. Over the course of the last fifteen years or so, some regional associations have added a youth wing to their organisational structure, as a means of involving the second-generation in association activities, while at the same time ensuring the organisation's continuity in the years to come. Other cultural organisations include university Greek student

associations for Concordia, McGill and the Université de Montréal, and a literary group, Cercle des écrivains grecs de Montréal.

The Montreal Greek community, like the Italian and Jewish communities, has its own political organisations including a "congress" at the national level. In provincial politics, the Parti Québécois includes a "section grecque". In addition, a few organisations exist within the community whose agenda and mandate is linked with political parties and groups in Greece including, PASOK (Mouvement socialiste grec), Les amis de nouvelle démocracie, l'Association québécoise des membres de la résistance grecque, and l'Association des membres de la résistance nationale grecque 1941-1944.

While the Montreal Greek community may have achieved an impressive level of institutional completeness over the past 30 years in the areas of education, religion, politics and culture, the control of these resources is in the hands of the few and the interests of certain segments of the community, namely those of working class women, continue to be ignored. As mentioned earlier, the most important community organisation, the *Koinotita* is run by an elite group of businessmen and professionals. With few exceptions, women are absent from executive positions and are instead relegated to either clerical, middle management posts, or to organising philanthropic activities as part of auxiliary committees. In regional and cultural association they fare no better. Regional associations are usually headed by men, and if women are elected on the executive, it is usually as a secretary or as part of the ladies' auxiliary. Furthermore, few resources exist for empowering women, be they in the form of support groups, information about legal rights and the types of health and social services available, such as programs to help women cope with physical and emotional abuse. Only one women's group exists, Association des femmes grecques de Montréal, and one women's shelter, The Shield of Athena founded in 1991. The few cultural organisations which cater only to women, such as the Ordre d'ahepa seem to function as social clubs for middle class women.

Although Greek women are largely absent as key players in internal community politics, they are more visible in municipal, provincial and federal arenas. For instance, Helen Fotopolous, a Montreal municipal counsellor (Mile-End/Plateau), Helen Bakopanou, a Liberal member of Parliament (Papineau) and Maria Sotiriades, a staff member and spokesperson of the Ministère du transport have been politically active for many years.

3.3.4.5 Media: Newspapers, Radio and Television

A number of Montreal produced weekly and monthly Greek newspapers enjoy wide readership within the community, particularly among members of the second-wave immigrant group. Weekly newspapers include, *Ellinikos Tachydromos* (Le courier grec) which was founded in 1958, *Elliniko*

Vima (La tribune grecque-canadienne) which began circulation in 1964, and *Ellinokanadiko Reportaz* (Reportage Canadien Grec) which was launched in 1973. In addition, two monthly journals are in circulation: *Drasis* (l'Action) established in 1971and *Ergatika Nea* (Nouvelles ouvrières) which is the newsletter of the"l'Association des travailleurs grecs. With the exception of *Nouvelles ouvrières*, whose focus is mainly on worker's rights and labour issues, the content of these journals consists of local news and events within the Greek community, Quebec and Canadian politics, international stories, and current affairs in Greece.

The English language monthly, *Nostos*, which covers social and cultural news and events of interest to youth in the Montreal Greek community began circulation in December 1998. The appearance of *Nostos*, a publication produced by and for second-generation youth is culturally and socially significant. The creation of this journal provides second-generation youth with a voice for the first time within a community whose cultural, social, and political institutions and resources have been traditionally dominated by the interests of an older generation. Besides creating a forum where prevalent issues pertaining to ethnic identity and cultural values and beliefs among the second-generation can be explored, *Nostos* is an active participant in the construction of emerging forms of identities. The fact that the magazine publishes in English, as well as its editorial decision to use the terms "Hellenic", "Hellene" and "Hellas" in place of "Greek" and "Greece", are both indicative of unfolding trends in the process of identity formulation among youth. Unfortunately, *Nostos* does not divulge its reasons for choosing "Hellene" and "Hellas" as identity ensigns for second-generation youth, nor is the meaning attached to these terms defined. Perhaps the usage of "Hellene" and "Hellas", terms deriving from ancient Greece, is an attempt to reaffirm and reclaim a link with the Classical era and its achievements. The terms "Greece" and "Greek" may be equated with a modern and European political identity conceived when Greece became a nation-state. As Herzfeld points out, Greece as a nation-state was founded on the "idea of European culture and treated as an inferior variant by its politically stronger champions" (Herzfeld, 1987:95). The historical continuity between ancient and modern Greece has been called into question by some scholars who argue that present-day Greeks must constitute a separate race from their forbears given the former's perceived inability to accomplish cultural and scientific feats similar in scope and magnitude to the latter's.

Three radio stations broadcast in the Greek language in Montreal: CFMB (1410 AM), Radio centre-ville (102, 3 FM) and the FM cable station, CHCR. Greek programming on CFMB and Radio centre-ville is limited to a few hours per week, since these stations serve many other ethnic communities. In terms of approach, Radio centre-ville is the more progressive of the two, in critically addressing social issues as drug addiction, conjugal violence, unemployment, and women's rights;

issues which otherwise would either not be heard on CFMB, or if they were, would be accorded conservative coverage. Due to its cable format, CHCR is able to broadcast Greek programming the entire week, from early morning to midnight. In addition to providing news and music, CHCR is known for its lively, if at times inflammatory, call-in show in Greek. Guests are invited to vent their feelings and opinions on current political and social community affairs with minimal moderation by the host.

The Greek television program, Hellenic Pulse (channel 12) first aired in 1969. It continues to provide coverage of community current events, every Sunday morning from 10:00 to 10:30. Three other Greek televison shows air on Télévision ethnique du Québec (channel 24): La Voix Hellenique, Télé-Drassis, and La voix de Chypre. Their programming includes local and international news coverage, Greek cultural events, interviews with community representatives, and music videos.

3.3.4.6 Financial institutions

The Banque nationale de Grèce has established four branches to serve the Montreal Greek community, two in Laval, one in Parc Extension, and another on Parc avenue. In addition, a caisse populaire from Greece has opened up in Laval. The presence of Greek financial institutions within the community points to the existence of an active economic relationship between the members of the Montreal Greek community and their country of origin. Savings are used by Greek immigrants to purchase property, build homes, and run businesses in their country of origin.

3.3.5 Holidays

The day marking Greek independence from Ottoman rule in 1821, March 25th, is considered a national holiday in Greece, and constitutes the most important cultural event in Greek communities across Canada. This holiday incorporates a religious dimension in that the Annunciation of the Virgin also falls on the same date. In Montreal annual celebrations take place on the Sunday following March 25th. First the *Doxologia,* a series of adulatory hymns, is sung at the end of Sunday mass in each of the Greek Orthodox churches. In attendance are community leaders, diplomats, Socrates and other Greek school students, as well as large numbers of community members. The services usually close with a message from the Consule General of Greece, and with the singing of the Greek national anthem. Afterwards a parade is held on Jean Talon avenue in the Parc Extension district. Row upon row of school children in their blue and grey uniforms waving paper blue and white pennants, led by youth clad in folkloric costumes shouldering Quebec, Greek and Canadian flags, march past cheering crowds lining the street. Other participants include groups of scouts and guides beating drums, altar boys

holding religious banners, war veterans, sport teams, numerous representatives of regional associations, as well as marching bands from other communities in Montreal and elsewhere. When the procession reaches the wooden podium erected for community officials, the clergy, and visiting dignitaries, flags are dipped slightly and salutes are given as signs of respect. In the evening poetry recitations, plays, and other cultural activities are organised by Greek schools, regional associations, and other organisations. Images of the parade are replayed on Greek television programs, and radio shows mark this event with patriotic programming, and newspapers print special editions.

According to Greek Orthodox tradition Easter is the most important religious holiday. During the Holy Week the devout observe a strict fast that prohibits meat, fish, and dairy products. On Ash Wednesday the church performs an anointment rite, which involves the priest rubbing blessed oil on the foreheads and palms of parishioners. Holy Thursday is reserved by Greek women to dye Easter eggs red and bake traditional breads, cookies, and sweets in preparation for Saturday night's meal following midnight mass. In the evening a church service is held in remembrance of Christ's Passion. On Good Friday, churches open their doors early to allow the faithful to visit the Epitaph *(Epitaphios)*, a latticed four poster canopy adorned with hundreds of brightly coloured flowers covering an encased shroud placed on flat surface a few feet off the ground. After lighting a candle congregants first cross themselves before bending to kiss the shroud. Those who are physically able kneel and pass under the Epitaph for added blessing and protection. At night, if the weather is agreeable, each church holds its procession of the Epitaph outdoors. Led by the priest and altar boys, the Epitaph circumambulates the church in clouds of incense, accompanied by the lamentations of the choir, and the flickering light of a multitude of cone-cupped candles clasped by the faithful. At the end of the service the priest picks flowers from the Epitaph and hands them out as a blessing.

Easter midnight mass has the highest church attendance of the year. Churches are crammed and crowds spill unto the street, past vendors selling candles decorated with ribbons and boys throwing fire crackers and sparklers into the air. At midnight, the lights are turned off and the priest emerges from the altar bearing a lighted candle. He passes the flame to the altar boys who in turn give it to the front pews, and within minutes, everyone inside and outside the church is holding a lit candle and exchanging wishes of joy. Shortly thereafter, each household celebrates with a traditional Easter réveillon. On the menu is *magereista*, a dill flavoured offal soup and family members engage in Easter egg cracking contests . On Easter Sunday related households feast on roasted lamb and other traditional dishes and sweets.

In the fall a memorial church service is held to mark October 28th 1941, the day when the then Greek dictator Metaxa denied Italy access to Greek territory. His response, a thundering "NO!" has

become a national symbol and inspired numerous works of poetry and music. School children, dignitaries, World War II veterans, and scouts participate at this service.

Christmas and New Year's are celebrated within the Montreal Greek community albeit with less festivity than the Québécois de souche. As mentioned earlier Easter eclipses all other religious holidays in importance. Traditionally family members exchange gifts on the first day of the New Year, Saint Basil's day. This custom however has been largely abandoned in favour of the Western practice of opening gifts on Christmas morning. One ritual that has remained intact is the *vassilopita,* a round flat cake that contains a hidden coin. On New Year's day the head of the household cuts the *vassilopita* into pieces: first "for Christ", then for "the poor" , afterwards for the "house", and finally for each family member. It is believed that who ever ends up with the coin will have luck for the coming year. Ideally if the coin is found in the piece destined for "the poor" family members must give to charity. If "the house" gets it then the entire household will be blessed with prosperity. If the coin is found in "Christ's" piece then money should be donated to the church.

3.5.6 New cultural trends

In the last five years or so a new cultural activity has emerged among the second- generation within the Montreal Greek community; the widely popular "Bouzouki Nights". Held on the average once a month at well-known dance clubs in Montreal and Laval, "Bouzouki Nights" attract thousands of partygoers. Adopting traditional Greek dance form youth arrange themselves on the dance floor in small groups, with arms clasped on each other's shoulders as they gyrate to the quick tempos of the latest hits in Greek popular music. "Bouzouki nights" are culturally significant since they are part of a web of transnational links between the Montreal Greek community and Greece which perpetuate the exchange of economic and cultural resources. Current bouzouki music produced in Greece allows the second-generation to keep in touch with urban popular culture in their parent's place of birth. In embracing bouzouki music, youth establish a more direct and contemporary cultural connection to the country of origin. This process differs from the way which cultural values are transmitted to youth by their parents; whereby cultural values and beliefs whose origins can be traced back to a rural post-war setting become mediated and transformed through the older generation's migration experience and adaptation to host society conditions. Moreover, "Bouzouki nights" represent a cultural hybridisation in the sense that traditional dance forms and movement are enacted in a urban and hip setting, to ever evolving bouzouki rhythms, and according to social and gender codes of the Generation X cohort.

3.4 SUMMARY

Greek migration to Canada is characterised by two successive migration waves. The first occurred in the first half of the 20th century when less than eighteen thousand Greek migrants from poor, rural origins settled in the urban centres such as Montreal and Vancouver. The second and most significant migration occurred after the economic devastation and political turmoil following the Second World War in Greece. Most of the seventy thousand Greeks living in Montreal arrived between 1950 and 1970. Like their first-wave predecessors, most second-wave migrants are unskilled, possess little formal education and second language skills, and come from rural and semi-rural regions in Greece. They were sponsored by family members already living in Montreal and found low-paying, menial work in manufacturing and service sectors. Second-wave immigrants also established numerous cultural and social organisations within the Montreal Greek community. The *Koinotita* is the principle institution of the Montreal Greek Community that organises educational, social, and cultural programmes and activities. In spite of the high level of level of institutional completeness, few organisations exist within the Montreal Greek community to meet the needs of working class women. The next chapter will present the way Greek immigrant women perceive and live their experience of *nevra*. Also included will be interviews with Greek immigrant parents and second-generation youth as a means of illustrating the way gender and ethnic identities are transmitted and negotiated within the working class Greek immigrant family.

Chapter IV: In Their Own Words:

Nevra, Gender and Ethnicity within the Working Class Greek Family

4.1 Introduction

The way in which Greek immigrant women perceive and live the experience of *nevra* will be explored in this chapter. Data will be drawn from the two sets of interviews considered in this study: 1) fifteen interviews with Greek immigrant women as well as two with family doctors; and 2) twenty interviews with second-generation Greek youth and five interviews with first-generation Greek parents. The first section will focus on what the experience of *nevra* is like for sufferers. What symptoms are associated with it? What does an episode or "attack" feel like for *nevra* sufferers? When and under what circumstances are *nevra* sufferers most vulnerable to an "attack"? How Greek women and family physicians explain what causes *nevra*, as well as what treatment is appropriate will also be discussed. The second and final section will deal with Greek family life, cultural ideals, and intrafamilial relations. Information provided by Greek parents and second-generation youth on various aspects of family life including household organisation and division of labour, social activities, and marriage will provide a cultural setting in which to better situate and understand the concept of *nevra*.

4.2 In their own words: Greek immigrant woman and *nevra*

"My *nevra* are broken!" (*echoun spasei ta nevra mou*) or " I have my *nevra*!" (*echo ta nevra mou*) are familiar expressions in the Montreal immigrant Greek community. *Nevra* is considered a normal, if unpleasant, emotional state. Women are perceived as more vulnerable to *nevra,* although men can on occasion suffer from it as well. Individuals are not born with *nevra* rather it is a condition that may be provoked in some depending on their particular circumstances. Furthermore, the expression and experience of *nevra* varies for individual women. For some episodes of *nevra* are a frequent if not daily occurrence, while for others *nevra* is an experience linked to specific crises and events in the course of their life. *Nevra* symptoms as well as the intensity and severity of episodes can also differ among sufferers.

Out of fifteen participants interviewed fourteen recounted their experience with *nevra*, while one (Irene) presented herself as a non-*nevra* sufferer. Five out of the fourteen women considered themselves as chronic *nevra* sufferers and perceive their experience of *nevra* as an illness requiring medical treatment.

4.2.1 Emotional and Physical Symptoms

When Greek women exclaim: "I have my *nevra!*" they are emotionally agitated and weary. Some resort to yelling and screaming, throwing objects, and even hitting their children. Others, instead of externalizing their emotions become withdrawn, passive, and silent. Participants report feeling a wide range of strong and unpleasant emotions when experiencing *nevra* such as: anger, anxiety, frustration, worry, depression, and a general sense of "loss of control" or powerlessness. Maria, a full-time homemaker, describes how she feels when she suffers from *nevra*:

> "I cannot sleep, I feel weak and I have no appetite... the pain hits me in the back of the head (points to neck). I am like a living dead person (*nekri zontani*)! When I have my *nevra*, I do not want to talk to anyone. In fact, if I happen to be outside the house and I recognise someone - I will cross the sidewalk and pretend that I did not see that person (laughs)."

Marianna, a sewing machine operator, mentions feeling,

> "... agitated (*tarachmeni*)and angry (*nevriasmeni*). Many times I screamed and hit the children for no reason... my hands would shake and tremble. The blood rushes to the head (*anaveni to aima sto kefali*). I felt tired afterwards and my head hurt."

Apart from emotional symptoms the experience of *nevra* can be associated with a number of physical symptoms including, insomnia, fatigue, dizziness, headaches, chest pains, as well as with the bodily sensations of "boiling over", "the blood rushing to the head", and of *nevra* "breaking" or "bursting out".

Georgia, a full-time homemaker portrays her symptoms as,

> "When I'm seized by *nevra*, I can't think straight. I feel paralysed.. I don't have any strength left. If I have a lot of nerves, then I lapse into an atonic (*atonia*) state... [...] If I am really upset (*tarachmeni*) then my head hurts. I'm in such a state that I have to calm myself down... If I am really angry (with emphasis) then I feel my *nevra* boiling over and I shake and tremble - luckily that does not happen often! (Laughs)."

4.2.2 *Nevra* as Part of the Daily Routine

For some participants *nevra* is as much part of their daily routine as household chores and child caring responsibilities or sewing garments in dusty sweatshops. According to the three ex-

sewing machine operators who have become full-time homemakers, their daily routine consists of a monotonous "endless" series of household chores which leaves them feeling drained and tired at the end of the day.

> "Staying at home is worse than working outside [...] I can't understand how some women have time to watch t.v. I'm always so busy - my *nevra* are broken! In the morning, I have to prepare breakfast, then do the dishes, and then fix lunch for the kids when they come home from school. When the kids leave again for school, I feed the baby, and put him down for his nap. In the afternoon, I prepare a snack for the children when they return from school. Then I will start preparing supper. Afterwards, there's all the washing to do - or the shopping... Usually, my work ends at around ten o'clock in the evening...I have no time to relax... to do things for myself." [Maria, full-time homemaker and ex-sewing machine operator]

There are also emotional consequences to being a full-time mother and household manager or *nikokyra*. Staying at home made women feel confined, lonely, and isolated. They complain of having no one to chat with, to share their feelings, and exchange news and small talk.

> "When I came here (Montreal), I did not have any friends and my husband was not there when I needed him. My husband - he has his two sisters here - but I am not close to them. They're not someone you can call up to talk with. My children were young, and I had responsibilities. I started to choke, I had no one to talk with. And I couldn't call my parents all the time - it's expensive!" [Demetra, full-time homemaker and retired sewing machine operator]

Participants who work outside the home, eight as factory workers, two as office cleaners and one as an assembly line worker, mention that their daily routine is characterised by long hours and an hectic schedule involving housework and tending to the individual needs of family members both before and after wage work.

> "My day starts early - at 6:30 in the morning. I will fix breakfast for my husband and kids - and prepare their lunch. I have to make sure that the children don't miss their bus - and then I run to work. Afterwards, I come home - start supper and help the kids with their homework. The pressure starts from the morning until night. The children - with their fighting - the housework - it all makes me sick. I'm on my feet all day - until eleven at night. I - I'm very tired. My husband will not do anything. He wants his supper ready for him on the table - even if he is not here to eat it! (Laughs). I'm the one that does the shopping - the groceries - all these things..." [Panagiota, forelady in a garment factory]

Paraskevi, a homeworker for a fur manufacturer, left her previous job at a clothing factory in order

to be able to sew at home. She works alongside her husband who is also a sewing machine operator. She describes their daily routine as follows,

> "I worked by the piece. So, the money I got depended upon how much work I could produce. I worked eight hours a day - and on the weekends.[...] It is difficult work at home. I must control the work. It's very tiring. There's a lot of pressure to hurry, to finish. It's fast - fast - fast. The first year was really difficult. We had to work hard to pay off the machines. [...] Well, it's better than factory work. The kids are still young. When they come home from school, we are here. They are not left alone. When they are a bit older, I think I will go back [to factory work. It's better - my hours will be more regular, and I won't feel shut-in (*kleismeni*). Now, I don't get the chance to talk to other people, to exchange a few words - anything to break up the *routina*! [...] I feel tired. I don't have enough time to spend with the kids. The kids are so happy when I don't work. Because I'm at home, I can finish the cooking in the morning. I don't have to rush home from the factory. [...] I do the cooking and cleaning. My husband will not help. He sits in the chair. I am the one who helps the children with their homework."

These interviews illustrate whether women are wage earners or full-time homemakers they are responsible for all household chores and childcare duties. The end result is the same for both groups of women. Not only do they have very little, if any leisure time, but by late afternoon or early evening they are physically and emotionally worn out. According to most participants, such an exhaustive state leaves the individual vulnerable to an episode or "an attack" of *nevra*. In fact the most often cited time for *nevra* attacks occurs between supper and bedtime.

> "My father would argue with my mother, often in the evenings. I felt anxious and I would take my mother's side. Afterwards, I would feel angry at having to put up with such quarrels. My *nevra* would seize me. I would vent my anger at my husband. Especially around bedtime, we would have a fight before going to sleep... but in spite of my outbursts, my husband would not respond by yelling back. He is a calm and supportive person. He would listen and keep quiet..." [Marianna, sewing machine operator]

Aside from evening hours at home, another environment conducive to *nevra* attacks is during a factory work shift. Participants who work as sewing machine operators in the garment industry or who have since retired, cite the pressure to work faster, the piece rate system, lack of job security, and competition among workers as factors that could provoke a *nevra* episode.

> "I get paid by the hour - but I still have to give in tickets. I can see no difference - I still feel the same anxiety as with piece work. You have to produce the required

amount - or you get fired! (Laughs). I am relaxed when I start work, but at the end of the day - my *nevra* are broken! My hands are shaking - all my body is trembling... And there's the forelady - who is rude - and who differentiates between us. Those who gave her expensive gifts at Christmas - she treats them better than the others. They get the better work. She has her favourites... But for the rest of us - this causes a lot of tension. When I would see her give another woman the easier work - my whole body tenses up. I would grab the pantyhose in front of me - and really force it through the machine. I have ruined many stockings this way (laughs)!" [Marianna, sewing machine operator]

"What gives me *nevra* is the *rush* - the pressure. The boss waits to grab the clothes right out of your hands! Particularly if the order has to leave that same day. We don't get paid at lunch time, if we have to work. What breaks my *nevra* is if the rest of us are forced to work during lunch - and he doesn't. It's subtle. A way of showing us who is in charge - and that he can fire you if you don't do what he says." [Helen, sewing machine operator]

4.2.3 *Nevra* as part of a major crisis

A few participants point to specific stressful events in the course of their life in describing their experiences of *nevra*. The loss of a family member, a mother-in-law's visit, or the discovery of an extra-marital affair are examples of the type of crises perceived capable of triggering a *nevra* attack. In situations where the stressful event was prolonged over a period of several days or even weeks, women report experiencing several episodes of *nevra*.

"After the second child was born, my husband went ahead - without asking me - and invested all of our savings into trucks. He wanted to start a transportation business. Anyway... the business failed... (sighs). It was a terrible situation - my nevra started bothering me. And you know what else? I don't think that he has learned anything from it." [Paraskevi, sewing machine operator at home]

"My sister is going through some difficulties at the moment.... (hesitates) she and her husband are not getting along. They are not communicating. He leaves the house at night and stays out late... She thinks he's found someone else. She feels paralysed and is unable to work..." [Irene, sewing machine operator]

"My in-laws came from Greece for a visit in 1977. My mother-in-law was crazy! She found fault with everything. She stayed with us for four months and then she went to my sister-in-law and stayed for another three months. And then she hung herself... for fifty days afterwards, I did not want to go into my house, hear about death, sickness or anything else. My whole body trembled. I felt pain everywhere - even when I tried to relax I still felt pain." [Maria, homemaker]

Although episodes of *nevra* that occur as part of one's daily routine or major crises are intense and unpleasant emotional experiences, often accompanied by uncomfortable physical symptoms, they nevertheless are considered by Greek immigrant women as a "normal" event. Episodes are short in duration, usually lasting between fifteen minutes to under an hour. Afterward women are able to calm themselves down and continue with their daily activities.

4.2.4 *Nevra* as a chronic illness

The experience of *nevra* for some Greek immigrant women can become a painful, chronic illness if episodes or "attacks" become more frequent and emotional and physical symptoms increase in severity and intensity. Unlike "normal" episodes of *nevra* which are short lived, "attacks" for chronic *nevra* sufferers can last for several hours if not days. Such episodes are characterised by acute, debilitating symptoms including an overwhelming sense of anxiety, feelings of hopelessness, despair and "loss of control", long term depression, chest pains, dizzy spells, insomnia, and fatigue. Given the serious nature of their symptoms women who experience *nevra* as an illness are unable once the "attack" is over to fully resume their daily activities. In some cases spells of depression or insomnia can linger on for days, sometimes weeks, now and again punctuated by painful physical symptoms. As a result, chronic *nevra* sufferers seek medical attention to alleviate their pain. Usually they turn for help within the community seeking out general practitioners and specialists of Greek origin.

Out of fifteen participants five considered themselves as chronic *nevra* sufferers.[12] Most have experienced *nevra* as an illness for long periods of time, interspersed with short periods of relief and well-being. The following case study will help illustrate the course and impact *nevra* as a chronic illness has on individual women and their families.

4.2.5 Eva: A portrait of chronic *nevra*

Eva is twenty-five years old, married, and has two children: a boy aged seven, and a five year old girl. Born in Germany, she moved to Athens at the age of eleven when her family returned to Greece after more than a decade of exile. During her stay in Athens she completed her high school education, and at the age of sixteen married Costa, a man nine years her senior. After two years of

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[12] Eva, Maria, Demetra, Panagiota and Ourania.

marriage she had her first child and the second followed two years later. Shortly after Eva's twenty-first birthday Costa decided to emigrate with his wife and children to Montreal. As a young man Costa had left Athens to spend a few years with relatives in Montreal. When he came back home it was with the intention to marry and eventually return to Montreal on a permanent basis.

As her narrative suggests, Eva has suffered from *nevra* for many years. She experienced two acute *nevra* crises, each requiring psychiatric treatment and hospitalisation. Before the onset of her first *nevra* "attack" she worked as a janitor, as did her husband, cleaning office buildings. A year and a half later she found clerical work at a community centre, and Costa was hired as an night time cook. After her second *nevra* "attack" she was forced to quit her secretarial position. At the time to the interview Eva remained at home, taking care of her husband and children. She plans however to continue her studies in the near future by attending college on a part-time basis. The following is her story,

> "I have suffered in the past... (hesitates). I can talk about it but do not mention my name (laughs). I was suffering a lot from my *nevra*, until it reached such a point that I was hospitalised.... The first time that I was bothered from my *nevra* was three and a half years ago. That was because I got pregnant at that time, I did not know it and conception always bothers me. In the meantime, my husband was working night time, and I was working - we were both janitors - and the children were much younger. So he was away all night, and in the morning he was sleeping, and we had to keep quiet in order for him to sleep. We hardly saw each other... And like I told you I did not have friends to talk to, I was lonely it and it was winter too. I was stuck indoors, and..... I became pregnant without knowing, and this started to bother me [...]
>
> This was my third pregnancy, but I lost it... it wasn't a miscarriage, I had to have an abortion. So, my *nevra* started to bother me a lot. I went to the doctor - a pathologist, he gave me pills so that I would be able to sleep at night. But they did not help me. I - uh - did not also want to take them. But sometimes I took the pills, and other times I didn't. Until in the end, I suffered a real *nevriki* crisis. One day, it was in the evening, it was also Costas' day off and we were watching television. I wanted to have a talk with him that evening, but he was tired and was not in the mood. Just like we have this problem - that we do not discuss things. And I realised that we could not reach a point where we could discuss things. I became angry, and I went outside. I had the intention of going to my *koumpara* (relative), she's close by - uh - just one block down (gestures). And as I was walking down the street, I suddenly found myself in the middle of the road. The cars were stopping, and shortly afterwards a police car came by and took me. The police asked where I lived and took me home. My husband came downstairs to greet us, but I did not want to go with him. At which point, the police took me to the hospital.
>
> I stayed inside the hospital for two days. I saw a psychiatrist. After two days I left and I felt better. When I arrived at the hospital, they gave me a strong injection, and they also gave me pills. Tranquilizers. But when I got home, I did not take the pills. In the meantime, I was pregnant, and the psychiatrist told me that I could not keep the

child, since the drugs that they gave me were strong and cause damage... Then I had to have the abortion. However, from then on I felt fine. I started to work at the community centre - we also went to Greece for vacation, and I had a wonderful time. I felt renewed... [...]

Like I said - I had started to work at the community centre - a year and a half later - I felt fine. Then my husband started to call me at work to complain about the children. "The children are yelling!" and so on... I think it was because he felt inferior. I was working in a clerical position and he was a cook. He still tells me: "Go back to work. Find a few houses to clean". That is what he likes me to do.... So, at the beginning everything was fine, and from the start of winter, I began to feel the pressure. One day my husband calls me at work to inform me that my son had hit my daughter on the head with a hammer. He was screaming at me, "Come home! I am going to kill you!". I had to leave work and go home to find out what was going on. I took my daughter to the hospital for stitches. From that moment on, I - I suffered a shock [...]

From that day onwards, I started to feel upset. My *nevra* started to bother me again. Again I could not sleep, I was anxious, depressed... I would think of my parents in Greece and cry... In the meantime I was pressured at work. The boss gave me to type a big document. But I was slow in getting it finished - my mind was elsewhere (laughs). There is another thing that bothers me. My *nevra* always become worse when spring approaches [...]

Little by little my *nevra* were bothering me - this is during May 1987, and the last time it was during February 1986 - and in the end I decided that I had to find again the psychologist to talk [...]

He found me very upset, and suggested that I stay for a few days in the hospital. Anyway, he was not very good. He suggested that should stay in the hospital for a few days, and I ended up stay for two and one half months (chuckles). The idea was that I would be taken care of by the nurses in the hospital, and the situation at home would calm down [...] I returned home... I was apathetic. I kept everything inside. It got to a point that I thought someone did something to me and all that - I wasted my time with my friends trying to *na me xematiasoune* (ward off the evil eye) - they even thought that I had become possessed! Stupidities! Superstitions! Instead of trying to help me, they were making the situation worse! Oh I forgot to tell you that before this - my mother-in-law came to visit us (from Greece) at Easter - in April. This was after the shock I received with the little one. As the days passed, I increasingly forced myself to keep things inside [...]

After some time I changed doctors - I started to see a different psychologist - a woman who understood me better. Little by little I became well. I hope that I won't get something like that again (laughs)... The good thing was that with the woman psychologist, she made me understand that whatever I want, I am able to do. And when I have something, I must talk about it. I should not keep it inside. Do you understand? I mean, it reached a point when she told me that, "your husband is not for you, and that you should divorce him in order to get well". But I did not want to ruin my family (*na xalaso tin oikogenia mou*). At least not now, the children are

young. Maybe later on, who knows, I might do it! (Laughs). If my husband continues to remain the same [...]

From now on I will start looking after myself. And what is bothersome I will avoid, and what I like I will do. Whether my husband likes it or not. From the time we came to Canada, because everything was unknown to me, he was the one who supported us and made the decisions. If I wanted to go to the supermarket, I had to go with him. I did not know how to take the bus and to go from one place to the other. I did not have any friends - I had nowhere to go... Little by little I made friends, and I did not have to wait for him to come back form work - or for his next "day off"... I - I know what provokes my *nevra* - and I will do what I can to avoid these things. I am planning to start school, the children are older... and... I try - no - I have started not to be afraid. I know - my husband has yet to realise what the basic problem was. He does not show support - and this is why he has yet to change (laughs). But I do not care. For instance, this past couple of days, I pleaded with him to take us to La Ronde. His reply is, "next week". Time passed and he did not take us. In the meantime, he wanted to see a baseball game. He took the boy with him, and I thought that he would also take me and the little one. He did not take us. So I said, "that's the way you are going to be!" I took the little one and we went to La Ronde by ourselves. The next day, all of us went to La Ronde. Do you understand? I know how to play it too! (Laughs)."

4.2.6 How Greek immigrant women explain *nevra*

The strenuous working conditions of the garment industry, the double work day, and poor communication with one's husband are the three most often cited reasons for *nevra*. As mentioned earlier, participants working in the garment industry link their experience of *nevra* to the pressure to work faster, the strenuous nature of the work itself, as well as the exploitative practices of factory owners.

"*Nevra* is caused from work. The bosses degrade and humiliate women. I can talk back. I am a good worker - I have experience. The other women can't complain. I have been working for twenty years as a machine operator and seamstress. I can find a job - anywhere. But the other women, they are not experienced. They feel insecure." [Ourania, sewing machine operator]

"The owner did not pay the same price for piece work to all workers - and he cheated workers by saying that he gave twenty pieces when he had only given eighteen... I did not complain because I was afraid of getting fired. There was a lot of unemployment and I was afraid of not being able to find work... He - he also used to make advances towards me. It was really stressful. I could not tell anyone - especially my husband! (laughs)." [Viki, sewing machine operator]

"WhenI finally left - I was exhausted. My back hurt - the ski jackets were heavy. I was working eleven hours - with all that noise and dust. After a while, I started to

lose my mind! (laughs)." [Demetra, retired sewing machine operator]

The additional burden and responsibility entailed in juggling wage work with childcare and household chores is also mentioned by participants as a contributing factor for *nevra*. Full-time homemakers weave into their explanations of *nevra* the monotony and drudgery of their daily routine coupled with feeling isolated and shut-in. Furthermore, participants perceive an etiological connection between *nevra* and domestic order and cleanliness. A disorderly and messy house could trigger a *nevra* attack:

> "Women suffer from *nevra* more than men. In my family - the women are the ones that have more responsibilities. The men - the men leave the house. They can come and go as they please. They don't have the same worries (*stenochories*). Women however, should have control.. otherwise it's unacceptable. I think the more responsibilities a woman has - the more *nevra* she gets. I see this in myself... A clean house is - is - cleanliness is important. If things are not in their place, the house is upside down - it provokes *nevra*. Or it also could be a person's character... maybe some individuals are more vulnerable. I don't know..." [Cathy, sewing machine operator]

> "My husband won't help with the housework. He is lazy - he want's to be spoon-fed! He thinks that cooking and cleaning are for women - not work suitable for men. He comes home after work and he expects supper to be ready. [...] He doesn't care that I have had a full day's work too.." [Ourania, sewing machine operator]

> "Cleanliness is very important. I must attend to the household chores - the dusting, the washing - whatever is necessary. I find that it's important to do, because afterwards I feel less tired. Otherwise, if it's not done, I will get mad (*nevriaso*). Everything must be in it's place! (Laughs). Yes. Yes. Household chores are more important than going out for a walk. What happens if let's say an outsider - a neighbour - were to come inside, only to find a dirty and messy house? It would be shameful! In order for an outsider to come in - the house must be clean. Otherwise, the neighbours will start talking and gossiping about me - that I am not a good *nikokyra*. [...] In this neighbourhood there are many Greeks. Everybody talks and gossips. I don't want to give them reasons to gossip. The neighbours will say that [if the house is messy] the woman is undisciplined... Anyway, if the house is dirty, it makes me angry (*nevriaso*). You've heard the expression, "cleanliness is half the wealth of the household" (*i kathariotita einai i misi archontia tou spitou*)... And what's more, if the house is clean, the husband can relax too... and the wife will feel more relaxed... If the house is not clean, the husband is not attracted to come home..." [Georgia, full-time homemaker]

Lack of support and poor communication with one's spouse is often cited as a causal factor for *nevra*. For the most part, husbands are portrayed as indifferent and insensitive to the emotional and

social needs of their wives. They did not help with household chores, ask their wives how their day went, nor did they involve them in household decisions. Arguments over money and the husband's social activities are the most frequently mentioned sources of intra-familial conflict. Furthermore, two women divulge being physically and emotionally abused by their husbands.

> "We do not communicate with each other. He frequently comes home drunk and in a quarrelsome mood. I try to avoid talking to him... He expects me to fulfill my motherly duties during the day, and my wifely duties at night (laughs). [...] He is the one who holds the money. I get only $110 a week for groceries. That's it. Nothing else. So even if I wanted to buy something for myself - I couldn't. With a family to feed, there is no money left over. I try to talk with him but he won't listen. He complains that I do not work outside the home - as if I sit around the house all day!" [Maria, full-time homemaker]

> "My husband is the one who works - he is the one who makes the decisions. Since he is the one who controls the money... this leads to squabbles - and sometimes screaming matches! *Nevra* are caused not only from arguments over money, but if - let's say - the husband cheats on his wife or plays cards. That would cause a woman to have a case of hyperbolical *nevra* (with emphasis)!" [Georgia, full-time homemaker]

> "Like I said, we don't have a good communication between us. He doesn't even give me the chance to argue - he shuts me up. I can't say what I feel. And he wants to be served - although he will make his own coffee... (Sighs). Now he wants to go to Greece alone.. Why he wants to go alone I don't know. Is it because he wants to be free of his family responsibilities? I don't know what's on his mind." [Paraskevi, sewing machine operator at home]

Only four of the fifteen women interviewed express satisfaction with the state of their marriage. They describe their husbands as caring individuals, who provide emotional support and lend a helping hand around the house. These women are able to share their feelings with their husbands and participate in decisions involving the household and family life in general.

> "I can say that I can communicate with my husband and family. When we had our children, he did not want them to be left at the neighbour's in order for me to work outside the home. When I started to work again, he would pick up the kids at lunch time and feed them. He has helped raised he kids as well... even though he is busy (laughs)! Unlike some (husbands), he has never pushed me to work. We share our responsibilities... I am responsible for work around the house - the cooking, cleaning - but we make our decisions together. When it comes to money, the kids - we discuss it together. He doesn't push me to give him money. He believes that women should save their money (laughs)... I consider myself lucky. We love each other and we can talk to each other." [Helen, sewing machine operator]

> "I am the one who is responsible for our financial matters. Uh - my husband, he - can't handle money... I guess over all I'm satisfied with this arrangement [...] My husband and I - we're very different people. This was difficult for me to accept earlier on - in the early years of our marriage. Now I have decided to regain some control over certain aspects of my life - that I can control. I focus on my own interests - what I like doing - and also what we can share as a couple. I like reading - so I do just that (laughs). We're doing all right (laughs)." [Eudoxia, office cleaner]

> "My husband is supportive towards me. He listens to me. He doesn't yell at me nor at the kids. He shows interest. I don't know how - how to say it - he calms me down (with emphasis). Also my husband is a family man. He goes to church - and when we go out together as a family [...] Even though he is tired when he comes home from work, he shows interest toward the children. He talks to them - he has a good rapport with them... they have a good relationship." [Marianna, sewing machine operator]

Apart from the dominant themes of factory work, the double work day, and lack of support from one's husband Greek immigrant women also weave into their explanations of *nevra* a number of other causal factors including, seasonal changes in climate, menopause, menstruation, nostalgia for Greece, and feelings of being "shut-in" (*kleisoura*). Although these topics appear at first glance quite disparate in that they relate to different symbolic and physical domains, most are nevertheless connected by an underlying common theme, that of change.

> "When it's damp and cloudy - this can cause *nevra*. Also when the weather suddenly changes. During the fall and spring.. I feel worse - more vulnerable."[Chryssa, office cleaner]

> "I become anxious. I want to return to Greece. I feel like a stranger here. I know the conditions are better - but my family is over there... I don't know. Sometimes at work, I get really nostalgic - and then I get depressed. Right now, I feel that I have no control over my life..." [Paraskevi, sewing machine operator at home]

> "When a women reaches "the change" (*i allagei*) her hormones go crazy and she experiences hot flashes. She can get headaches - and feel depressed. And uh - because when a woman is tired - when she works all her life and does not have the time to relax or calm down - when she reaches this stage of her life - she feels stressed. The organism is weakened - and she is more likely to get *nevra* [...] And *nevra* can also be brought on if a woman is *kleismeni* (shut-in) - and uh birth control pills can provoke *nevra* - or if a woman is trying to avoid having children. She will always worry about getting pregnant, because she won't let nature take its course! Each time a woman gives birth, the body is cleansed." [Irene, sewing machine operator]

> "... especially when I have my period, I have a lot of *nevra*. The few days before it starts I am ready to break down the walls (laughs)! Also when "the change" happens -

> that can also provoke *nevrika* problems. With hormones shot you feel better though. I think hormones are necessary to restore the body's balance [...] I think the change in the weather can bring on nevra. It brings on melancholy - it's like being depressed but not quite. From October until the winter. In the spring I feel better. I want to open windows in the winter. Not to feel this *kleisoura*..." [Helen, sewing machine operator]

4.2.7 Treatment for *nevra* sufferers

With the exception of the one non-*nevra* sufferer, the women interviewed seek various treatments for *nevra* depending on the nature and the severity of their symptoms. Most women choose self administered treatments in coping with their *nevra* "attacks". Going out for a walk, talking with a friend, taking a nap, isolating one's self, are all perceived as appropriate remedies for helping the individual regain her emotional control.

> "To overcome *nevra* you have to take long walks. If you stay inside the house you will find fault with everything. Also, talking with someone outside the house - who is not directly involved in the situation helps. It helps to express yourself. It calms you down." [Katerina, assembly line worker]

> "A woman has to be able to control herself. And to be able to talk about herself - her problems with someone who understands - who cares." [Paraskevi, sewing machine operator at home]

Since for most women the experience of *nevra* is perceived as a "normal" albeit an unpleasant event medical treatment is regarded as unnecessary, if not dangerous. Unnecessary since "attacks" are short lived and respond well to self help cures, and dangerous since "pills" prescribed by doctors can aggravate one's condition and make it worse.

> "Doctors just give pills. That's all. But there is no need to take pills, it just depends on an individual's effort... Pills cannot cure *nevra*. Even if one takes pills, they will still suffer from *nevra*." [Viki, sewing machine operator]

> "Pills won't help a woman that has nevra. What a woman needs is advice (with emphasis). They need to talk. That's the only kind of therapy that is needed. Pills will only increase *nevra*." [Irene, sewing machine operator]

For chronic *nevra* sufferers however, seeking medical help is necessary if they are to find respite from their painful physical symptoms and emotional discomfort. The most common medical treatment prescribed by family doctors for *nevra* is tranquilizers, usually in the form of Valium.

> "Women that suffer from *nevra* should under all circumstances see a doctor. And there are psychiatrists for those that have reached the point of a break down - like I did." [Eva, homemaker]

> "I began taking Valium after my second child was born. I took it three times per day - and then gradually only every night. Because of my *nevra* – I had difficulty sleeping... I felt overwhelmed and Valium calmed my *nevra*..." [Pangiota, forelady]

> "Going to the doctor is not necessary if your *nevra* can pass in a day or two. Only if your *nevra* continue - then you need pills to calm yourself down [...] If they don't take pills right away to calm their *nevra* a bit, this person is either going to commit a murder or go insane (laughs)!" [Maria, homemaker]

Finally, intertwined in *nevra* narratives on appropriate (and inappropriate) forms of treatment, women express the need for regaining "control" and installing "order" as a necessary step for overcoming their suffering. Women talk about seizing control over how they organise their time, manage their money, relate to their husband and children, and the manner in which they express their feelings and wishes. Keeping one's house immaculately clean is another means of implementing order in one's immediate environment.

> "I don't think taking pills would have changed anything. It's important to - for self-preservation (with emphasis) to take control over the situation and to look at whatever problems exist and to establish some kind of order. You can try to solve the problem - or if you can't then you leave it alone. It's important to take control over some aspect over your life... We always had money problems... What changed was I decided to change what I could [...] Now when I get *nevra* - I can feel it coming when I start getting tired. So I try to calm myself down. At worst, I will get a headache. But before, I wanted to break everything (laughs)!" [Cathy, sewing machine operator]

> "First of all the family environment is important. A person suffering from *nevra* needs to have compassion and understanding. Therefore, you must change the home situation. And the climate - if that was possible (laughs)! I don't think pills can help the situation - they cause the person to become addicted - it becomes a habit... But before anything else, a woman must first (with emphasis) take the initiative to help herself. If she won't take the first step - then no one in her family will be able to help her. She must take the decision - and the rest will follow". [Georgia, homemaker]

4.2.8 Irene: A portrait of a non-*nevra* sufferer

Irene is fifty years old, married with six children between the ages of twenty-six to ten years. In 1962 at the age of twenty-five she left the poverty of her rural village in Crete, and accompanied

by her husband and their five month old infant she came to Montreal in search of a better life.

Since her arrival Irene has worked in the garment industry. Her first attempt as a sewing machine operator lasted only one day due to her lack of experience and skill. She persisted and soon found similar work in another clothing factory. After a period of three months however, the owner fired her for "not working fast enough". This scenario was repeated four more times before Irene managed to acquire enough training necessary to keep pace with the rest of the sewing machine operators.

Irene is currently employed as a sewing machine operator in a sportswear firm, while her husband works as a cook in a Greek restaurant. Like all women interviewed, Irene is primarily responsible for childcare and household chores. In addition to a seven hour factory shift, she spends six hours after work tending to her family's needs. Her daily domestic responsibilities include, cooking meals, washing clothes, and helping the younger children with their homework. Furthermore, Irene mentions that her youngest sister, who is divorced with two children, relies heavily upon her for encouragement and financial assistance. Unlike the rest of the participants however, Irene does not suffer from *nevra*. As she explains,

> "I do not suffer from *nevra*. I have patience towards my children, my family. I try not to become overwhelmed with whatever obstacles may come along... I don't have *nevra* because I can communicate with my husband. If a woman is not able to communicate with her husband - then she will suffer from *nevra*. I feel that my husband and I have a good understanding. We do not fight over money and things like that - like some other couples do. He trusts me with the - the - our money. He gives me his pay cheque. I make the decisions. I pay all the bills - do the shopping - whatever we need. Also, he does not object to me going to church every Sunday. That's... that's important to me... Basically, I feel an inner calm. It does not matter how physically tired I may feel - but how I feel inside. [...]
>
> I have a lot of responsibilities - my children, grand children, my nephews.. I can't say that I won't get mad - I do (laughs)! But it passes... I don't let it spoil my serenity... And I do feel tired (with emphasis)! The children don't really help me that much with the housework. It all falls on me - the cooking, the laundry - all the other household chores... And then - there's the sewing (clothes) for the children. My husband wants to be pampered - just like a baby! As if he is the youngest in the family! He wants to come home after work and find supper ready. He does not want to cook. From morning to night I'm on my feet. I don't stand still - not even for a minute... My legs hurt - and my back. All of my muscles - and my head is full of the noise of the factory [...]
>
> In my opinion, *nevra* is not caused by working in a factory, but from how well a woman gets along with her husband. If he gets angry with her - and shouts and swears

> at her or the children. There are some who cheat or go to the horses. It's the anxiety, the worry that interferes with work - and can ruin your health [...]
>
> Above all, it is my faith that helps me cope each day. My faith in God gives me strength to face all my problems. I have the patience to face my work, my husband and children. And I receive hope, since one day I will see the rewards of all my efforts."

4.3 *NEVRA* FROM THE FAMILY PHYSICIAN'S POINT OF VIEW

The two physicians interviewed, a general practitioner and a specialist in internal medicine with a clinical practice are both familiar with the cultural concept of *nevra.* While both physicians receive and treat patients who suffer from *nevra*, they differ with respect to the number of *nevra* complaints brought to their attention. The general practitioner estimates that "less than five percent" of her patients mention *nevra* as the reason for their visit. The majority of her patients, including those of Greek origin, come for a "check-up" or general examination. According to the specialist, most of his female patients, of Greek origin or otherwise, seek medical attention as a result of depression. As he points out,

> "We are generalizing now. Most of them (Greek female patients) are depressed. Most patients that go see doctors are depressed or have related symptoms."

Concerning the number of specific cases of *nevra* that are treated in each clinical practice, only the general practitioner specified that "less than five percent" of her patients complain of *nevra*. The specialist did not provide an exact number stating instead that *nevra* is a condition which he encounters "often" among his Greek immigrant female patients in their twenties to late thirties. In both practices the majority of *nevra* patients tend to be chronic sufferers who have established a long term relationship with their doctor.

4.3.1 Physical pain and medical tests

In spite of the difference in the number of *nevra* cases, both doctors point to a similar consultation process with *nevra* patients. The way in which Greek immigrant women present and label their suffering appears to be similar for both practices. They begin the interview by focussing only on

their physical pain and ailments, without offering additional information on their personal and social circumstance. *Nevra* is only mentioned later on in the interview as the primary reason for the visit.

> "They do not walk in and say "I have *nevra*!" They come for specific symptoms. The most usual symptoms are weakness, generalised malaise, insomnia, jittery - not being able to concentrate, not having enough energy - actually this would be the most common symptom." [Specialist]

> "Most of the time it is either migraine headaches or pain with their periods - or sometimes it may be palpitations or it may be eating habits... they put on a lot of weight - internalising their problems." [General practitioner]

The response of both physicians to these types of physical complaints is one and the same. *Nevra* sufferers are prescribed a battery of medical exams that may include: an assortment of biochemical tests, xrays, ultrasounds and mammograms. Patients also undergo a rigorous and complete physical examination.

The prescription of medical tests is justified by the two doctors as necessary in order to rule out the possibility of physical abnormalities. With *nevra* complaints test results are usually negative, unless of course an individual's medical history indicates an existing illness or medical condition. Both doctors make a point of showing n*evra* sufferers the test results as a means of reassurance.

> "I have not found anything physically wrong with them. I have sent them for ultrasounds and blood tests without finding anything wrong [...] Once I send them for tests and the tests come back normal – I make them read it. To calm them down a bit. I'm not just reading it to them. If they can read, I show it to them and underline the word normal. It seems to reassure them and they do not come back with the same problems. They will come back with other problems – some other kind of pain... but these problems seem to go away, once they're reassured that it's okay."
> [General practitioner]

Medical tests can also serve to strengthen the doctor-patient relationship. According to the specialist, *nevra* patients perceive the prescription of medical tests as a sign that their doctor cares and takes their complaints seriously.

> "So after they go through all these intensive investigations, they realise that my doctor is interested in me, if he is doing all of this. He does not dismiss me as being sick."
> [Specialist]

4.3.2 Delving into personal issues

Once *nevra* patients have gone through myriad medical exams, the next step in the

consultation process involves attempts by physicians to uncover the underlying personal, social, or cultural issues believed to be the origin for *nevra* complaints.

Both doctors perceive *nevra* as a physical reaction to stress caused by various social factors and pressures. Neither believe that *nevra* is due to pathological disorders or abnormalities. As the specialist explains,

> "*Nevra* is a physical manifestation of their psychological state. They will develop symptoms. Either they will have headaches or they have stomach ulcers, high blood pressures... all sorts of things."

Individual cases of *nevra* are explained in terms of the patient's migration history or "the loss of the familiar", the physical strain of factory work, familial tensions and conflict, as well as the "culture shock" of adjusting into a new society with its own set of values and beliefs.

> "There is this one woman about 43 years old. She has three children. All born in Canada. They are all teenagers, some are in college but all are still living at home. She cannot really accept the fact that they have grown up. So she always worries about them. So this gives her *nevra*. She worries about their jobs. One girl is going to be a model, and she thinks this is awful because you don't do this kind of thing. This girl is only 21 years old and wants to go to New York, and has an agency. According to the mother this is very bad." [General practitioner]

> "Usually the woman who presents herself with this type of syndrome is rather young. Late twenties to late thirties. She is usually a working mother, and usually the husband works as well. The typical case scenario is when they work at different shifts, so they can make ends meet. And the usual type of work is either in the factory or maintenance - cleaning etc. - or in a restaurant [...] These are recently arrived immigrants. I mean in the last five to ten years. They come here from a rural background, and they are suddenly transplanted here for one reason or another. Many do not have relatives here, and their social structure revolves around their villages [...] Actually their social life is quite minimal. They might go to a dance once a year or now and then see a movie. Or they rent videos of Greek movies that they watch at home. Usually they put long hours into a very stressful situations, but the key symptom is the loss. They are always talking about their islands, villages..." [Specialist]

Nevra sufferers in both clinical practices are encouraged to talk about their personal issues and problems. The specialist tries to point out to his patients that their symptoms are a reaction to stressful conditions in their personal and social environment, and are not linked to disease. As a form of treatment he recommends exercise, a balanced diet, and lifestyle changes that permit more recreational time. Likewise, the general practitioner encourages her patients to verbalise their problems, as well as

to eat properly and to become more physically active. In cases where family conflict is the central issue, she holds family counselling sessions during office hours.

> "Generally the men don't want to come. They think that it's their fault. But the children come. I will talk to the mother separately, the children separately, and if two parties agree, I will bring them together. I will try to find a solution. I say to the parent: `These kids have grown up in this country, do not think about how you did it when you were in Greece`. It does help, but it does not take away the problem completely."

4.3.3 "The magic pill"

In addition to coaxing *nevra* sufferers to verbalise their problems, both doctors routinely prescribe tranquilizers. Tranquilizers are given in order to calm patients, relieve their anxiety and to help them sleep at night. As the specialist points out, many *nevra* sufferers perceive the prescription of tranquilizers as a necessary and integral part of the treatment process. Not only do they readily accept such medication, but more often than not, they are the ones that ask for it.

> "[...] you give them the medication. They all want the magic pill. They know what tranquilizers are. Most of their friends are taking them anyway. Many of them are on tranquilizers."

Other types of medication prescribed by both physicians include pain killers, anti-inflammatories and anti-depressants. For cases involving deep prolonged depression, patients in both clinical practices are sent for psychiatric care where they can be given intensive medical treatment.

4.3.4 The limits of treatment

The limitations in treating *nevra* patients within the clinical consultation process is raised by both doctors. The prescription of tranquilizers and other types of medication as well as the family counselling and "verbalizing" approach are seen not as effective cures for *nevra*, but as interventions that can bring temporary and measured relief. *Nevra* is regarded as a chronic illness whose origins are inextricably woven into the personal life and histories of individual patients.

> "Oh yes this goes on and on [patients who experience *nevra* on a chronic basis. Usually it's very difficult to treat these people. [...] The women immigrate from

> Greece in their early twenties. Been here about ten years. Usually as soon as they immigrate they get married. They have been married for eight to ten years. Everything is fine and dandy when they come, and suddenly it hits them. And it goes on in their forties and fifties. [...]The problems become more complex as time goes on. The kids grow up, and they too have problems. The children cannot relate to the parents. The children live in another world, and the parents live in another world." [Specialist]

Furthermore, physicians feel limited by their professional role and structure of clinical care. In spite of attempts at family counselling, their efforts failed to bring the husband in the office. Also, the time allocated for individual consultations with patients, on the average fifteen minutes, is perceived as being too short to allow a profound discussion of personal issues.

4.3.5 Ethnic matching

Finally, the issue of ethnicity as a mediating factor in the doctor and patient relationship is raised only in the interview with the specialist. Being of the same ethnic origin as his *nevra* patients is thought to facilitate the treatment of *nevra*. *Nevra* sufferers have faith and are thus more receptive to his advice, recommendations and treatment, because they are able to identify with him. As he explains,

> "[...] As long as they have faith in what you do. This is the difference between a Greek speaking doctor and a non-Greek speaking doctor. If they can identify with you somehow, that you are an immigrant too, you went through all the same stages. And if they can have a feeling from what you tell them, the curing aspect is facilitated quite a bit".

An outcome of being able to secure the trust of his Greek patients, including *nevra* sufferers, is being able to administer, in very specific cases, an alternative treatment approach or what he refers to as "faith healing". He relies on the placebo effect in situations where the problem is psychosomatic, but not chronic in nature. By administering a syringe filled with saline solution, he convinces the patient that with this shot they will be "cured".

> "Many of these people I have learned to deal with in a very unscientific way. It is almost like faith healing. [...] I use the placebo effect quite a bit. Sometimes, if it is a young person that comes in, I tell them, 'I know exactly what is wrong with you'. So I pull out this huge syringe, with a terrible needle. And I tell them, 'It's going to hurt you, but you are going to have this needle, and everything will disappear'. They get this terrible shock. It has worked many times. It shakes them up... The worst cases are chronic cases that go on and on. There is nothing you can do for them."

When asked if this kind of approach contradicts what he learned in medical school, the specialist replied:

> "No, not really. Because we were always taught about the placebo effect. If I can convince you - even if you have cancer - that you are going to get better, and if you believe it you will. It's a phenomenon that no one can explain."

4.4 GREEK IMMIGRANT FAMILY LIFE AND INTRAFAMILIAL RELATIONS

4.4.1 Relevance of Parent-Youth Study for the Cultural Phenomenon of *Nevra*

The interviews conducted with ten Greek immigrant parents and twenty second- generation Greek youth contain considerable information on various aspect of Greek immigrant family life. Elicited in these interviews are viewpoints held by parents and youth on gender roles, social activities, household organisation, and the division of domestic responsibilities. In comparing areas of similarity and difference between perceptions and attitudes of the two generations on issues such as gender roles and ethnic identity , lines of both cultural continuity and rupture from the parent's place of origin to the present context of Montreal and its immigrant Greek community can be traced.

Descriptions of various facets of family life provided in the parent and youth interviews can be applied to the study of *nevra*. Both groups of participants, the women interviewed on *nevra* and the parents in the youth study live in the same community and under similar socio-economic conditions. Most participants and their families dwell in Parc Extension and are of working class background. Members of the first-generation tend to hold menial jobs as garment workers, restaurant cooks and cleaners. In all households, parents are concerned that their language and cultural traditions be kept alive. Major religious and cultural holidays are observed and celebrated. Children and youth are sent to "Greek school" and discouraged by the older generation from speaking English inside the home.

Furthermore, interviews with Greek immigrant women focus primarily on perceptions of etiology and treatment of *nevra*. Issues such as household organisation and intrafamilial relationships are only referred to when relevant to the experience of *nevra* and not elaborated upon in great detail. In contrast, the parent and youth interviews concentrate solely on Greek immigrant family life. In particular, they examine how family members negotiate both mundane and meaningful decisions, and the influence of various factors such as age, gender and perceptions of ethnic identity on the resolution

process. This information is also useful for understanding the multiple roles and identities of *nevra* sufferers, as women, mothers, wives, household managers, immigrants and labourers.

In the following section, data from the parent-youth study will be presented that complements information given in the *nevra* interviews on such issues as gender roles, the division of household chores, and the decision-making process in Greek immigrant families. First, a portrait of one family will be given in order to illustrate how such issues are perceived and negotiated between family members. Interviews were conducted with two family members: a first-generation Greek immigrant father "John Papadopoulos" and his second-generation daughter "Georgia". Second, dominant themes in elicited both parent and youth interviews on gender roles, division of household responsibilities and ethnic identity will be presented. We hope to show how perceptions of gender permeate a multitude of routine household events as well as significant life course decisions such education and marriage within the Greek immigrant working class family. Beliefs on appropriate male and female behaviour within the family form a semantic context which in turn shapes the experience of *nevra* among Greek immigrant women.

4.4.2 The Papadopoulos family

John Papadopoulos is a fifty-six year old garment factory worker who lives with his fifty-eight year old wife, Toula, and their unmarried son and daughter in Park Extension. Their son, Michael, is twenty-four years old and studies engineering at McGill University at the master's level. Georgia is twenty-one years old with a grade nine high school education. At the time of the interview she was unemployed. In the past she has worked as a sewing-machine operator.

The Papadopoulos family rents a three bedroom apartment in the heart of the Parc Extension district. They live within walking distance to the numerous shops on Jean Talon avenue, as well as the three Greek Orthodox churches in the same area. Their flat is modestly furnished. Family pictures and Greek souvenirs line the walls. A small room at the back of the apartment, behind the kitchen, contains two industrial sewing machines and a small cutting table.

4.4.2.1 John's migration history

The eldest of two children, John left his rural village in Corfu at the age of twenty for Athens in hopes of finding a job "and make something of himself". In Athens he found work through relatives as a tailor's apprentice.

> "I stayed (in Athens) for seven years. I didn't have a steady job. I worked sometimes, was out of a job other times. I would get upset since I wanted to help my parents financially. In the meantime, an acquaintance arranged for me to marry my wife and that's how I came to Canada. [...] My wife took action and got a paper from her boss claiming that they needed me for work. They had a factory and gave me work."

In 1962, within a month of arriving in Montreal at the age of twenty-nine, he and his wife married. Toula Papadopoulos was born in a small village in the olive growing region of the southern Peloponnese. Like her husband she has an elementary school education. In 1959 she left her family at the age of twenty-three when her brother sponsored her to come to Montreal. Toula began working as a sewing machine operator in the Chabanel garment district.

During their first year of marriage, John and Toula shared a four bedroom apartment with her brother and his family in the Plateau district, near Saint Laurent and Mont Roya avenue. Just before Michael was born John and his wife rented their own flat in the same neighbourhood. After six years, the family moved to their present Parc Extension residence.

Before migrating to Montreal John had planned to stay five to six years in Montreal. As he explains,

> "Back then the dollar was worth more. I thought in five years I could save $5 000 and would be able to buy a house in Greece and start my own business."

Over the course of five years however, John married, had two children, and the eldest began elementary school. John and Toula found it difficult to put money away while raising a family on their factory wages. Another decisive factor was the opportunity to educate their children if they remained in Montreal. As John points out,

> "I stayed. After five years what I was expecting didn't happen. The child went to school, then the second came along... I couldn't ruin what my children could get here - an education."

At the time of the interview, both John and Toula continue to work in the garment industry as machine operators. John describes his employment experience in the following manner,

> "I've changed factories five to six times. But now I've been at the same factory for the past eleven years. .. The factories are all the same. They are dusty and unhealthy. The leathers I work with smell. But for economic reasons it's better here than in Greece."

4.4.2.2 A father's expectations toward his son and daughter

Through out the interview, John emphasised how he wanted both of his children to succeed. "Success" for John and Toula meant that both of their children receive a college or university education, marry within the Montreal Greek community, and start their respective households and families. According to John, these goals have to ideally be attained in a successive order: once the child completes their education, then they leave the parental home to marry and start a family.

In discussing the educational accomplishments of his son and daughter, John is satisfied with Michael's progress with his university studies. Georgia's decision to quit high school however, is a source of great concern.

> "I kept telling her to go back and complete her high school degree. After many times of telling her the same thing, she still does not listen. I can't do otherwise. I couldn't exactly hit my child..."

At times family discussions have resulted in arguments and screaming matches between Georgia and her parents. John admits that this issue has yet to be resolved. After seeing that his advice has not changed his daughter's mind, he "gave up". He told his daughter,

> "[...] 'You must find wage work, because there is no other way.' I also told her that she should learn a trade".

Another area where John expects compliance from his children concerns contributing to household expenses and helping with chores. Ideally, John believes that once children enter the work force,

> "[...] they are obliged to give a portion of their income to their family. Not really to pay the rent, but to be put in the bank for later. When in a couple of years they leave home, we can give it to them."

He does not expect any money from Michael who is still in school, and confesses that Georgia has yet to give him a portion of her earnings to be put aside for safekeeping.

Concerning household chores, John holds different expectations for his son and daughter. Indoor domestic tasks such as vacuuming, washing dishes, dusting, and cooking are perceived as "women's work". Physically demanding chores such as yard work, putting the garbage outside, carrying home groceries are the responsibility for the men in the household. As he explains,

> "My daughter can't be expected to carry a heavy bag from the market but my son can. I do not expect my son to vacuum or wash the floor."

In general John is satisfied with his children's participation and contributions toward the household. From time to time he still needs to remind them of their respective responsibilities. Their first response is, "I'll do it later!" He replies, "You will have to do it now." He leaves them alone and usually they comply soon after.

Social activities and dating is another area of family life where John applies different rules for Michael and Georgia. In general John advises both of his children to tell him,

> "where they are going. I tell them to pick good kids as friends. You hear so many things in the news about kids and drugs. It's catastrophic! I don't want my children hanging around drug addicts or thieves! [...] I tell them to come home at a certain hour. It's a different story if they listen to me or not. Most of the time they don't listen (smiles)!"

John admits being more "strict" with Georgia. As he points out,

> "She's a girl. She is more vulnerable and can fall into danger. If she occasionally comes home late, I get upset with her."

Concerning the North American custom of dating, John perceives it more as a courtship ritual than an adolescent experimentation phase. The ideal age for either young men or women to start dating is in their early twenties, at time when "they have overcome their pubescent years [...] and are rational". The dating or courtship period should ideally last between six and twelve months and then culminate in marriage. Going on dates with more than one individual or dating without the intent of marrying is consider improper. Although John maintains that he expects both his son and daughter to follow his wishes, he believes it is far more important for Georgia to do so.

> "The couple should get to know each other in that way (sex) after they marry. Not before. If something goes wrong when they are dating and they separate.... Let's say if the girl then finds a nice guy to marry. If they should fight, he will always remember that she wasn't a virgin and bring it up."

Both John and Toula would like their children to marry within the Montreal Greek community. The ideal age for marriage for both sexes is in their early to mid-twenties, once studies have been completed and the individual is ready to enter the work force. Marrying someone who is Greek is important,

> "[...] because of similar culture, religion, traditions. Relationships will be better between the families. A non-Greek person can't integrate him or herself in the Greek family."

John believes that his son and daughter can choose their own spouse, but they should consult with their parents before deciding to marry. Parental consent is important "in order for harmony to exist within the family". He strongly opposes the idea of couples "living together" before marriage. As he explains,

> "[...]the church states that marriage should take place to legalize the union. Also, outsiders will gossip."

In general John feels satisfied with his children's behaviour concerning their contribution to the household and social activities.

> "There will always differences between how I perceive things and the way my children do. Also, children are influenced by outside factors. But generally, if I compare my family to others, I'm content with my children. My children are not involved in drugs or robbery."

According to John, the ideal relationship between a parent and child should be characterised by "mutual understanding" and "respect". Although a parent and child will occasionally disagree,

> "[...] the parent must wait until the child calms down and then tell him: 'This is not right'. After all, the child can never have the experience of the parent."

If a child shows disrespect toward their parent,

> "[...] it is as if they are saying, "You are not my parent and I don't care about you!' Respect means that the child should comprehend and agree with my opinion."

John admits that although family argument are infrequent when they erupt are not so easily resolved. The principle issues over which he and Toula disagree with Michael and Georgia concern housework and "staying out late". He points out,

> "It (conflict) is usually not resolved. If the child wants to do something, he will do it. If I want to do something, I will do it. We will reach a point when we argue until one of us backs down."

4.4.2.3 From the daughter's point of view

Georgia is familiar with her parent's migration history. She is aware that her parents struggled as new immigrants to "make a few dollars" in hopes of returning to Greece and start other projects. She

believes her parents decided to stay "because their dreams did not come true". As she explains,

> "Well, they did not make a lot of money as they thought they would. Because even here you have to work hard to make ends meet. Plus the economical situation in Greece was always worse than here... After we were older and in school, it would have been too hard to uproot the entire family."

She feels that although her parents have adjusted over the years to living in their new country,

> "they're mentally still stuck in the era they left. Even to this day, they're still stuck in the 1960's or 50's... Laughs)."

In discussing her education, Georgia admits quitting high school because she lacked "patience" and felt "under pressure". She mentions,

> "The first time I dropped out, it was after grade eight. Then I decided that I wanted to go into hairdressing or some kind of trade, and I needed a secondary three education. So I went back, made it through six months before I dropped out again. I was sixteen at the time. Finally, I went back for a third time and I completed my grade nine."

She describes her parents reaction in the following manner,

> "We had fights, I suppose in the beginning. They understood in a way that I was very high strung or whatever."

Georgia believes that her parents would have reacted worse if Michael had dropped out of school. Her parents believe that as a "guy", Michael needs and education since he will one day have to support a family. She adds that her parents place less emphasis on her education since she is a "girl":

> "They don't think it's that important, they think I'll get married. If I want to work, then fine. But you know my first job will be being a good housewife. I don't think that necessarily true, but you know, I don't try to change their mind. This way they don't push me! (Laughs)."

Concerning her parent's expectations toward the ideal educational level that they hope she achieves, she admits that her parents have encouraged her to learn a trade such as hairdressing. According to her parents,

> "[...] getting into a trade is in some ways better than going to university for a masters. It takes too long and the pay is not always that great. They feel that with a trade, your training is over within a year and you can go out and find a job. Usually you get paid pretty well in some of those things.. like a mechanic or something."

In discussing her work history Georgia mentioned her previous jobs include working as a sewing machine operator in various garment factories. She describes sewing machine work as "boring and very tiring!" She adds that her parents "pushed" her to find work since she will not continue her studies. Although Georgia may not agree with her parent's "pressuring" her to find work, she shares their view that an individual should enter the workforce "as soon they are not in school".

Concerning financial and other types of contributions to the household, Georgia points out that her parents expect her to hand over a certain portion of her income for them to put in the bank. Her parents are worried that she spends her wages without investing in any form of savings. Contrary to her parents, Georgia believes that her income is her own personal responsibility and for her to make the financial decisions. She perceives her financial responsibilities as a personal matter, separate from collective familial interests and household expenses:

> "I don't give the household nothing. I won't pay rent, but I usually eat out. I take care of my personal needs."

With regard to household chores, Georgia is expected to help on a weekly basis. As she explains,

> "It's my responsibility according to them, to do all this housework [...] I vacuum, I cook, I don't do laundry or windows (laughs). I dust.. stuff like that."

Now that she is unemployed, she feels that her parents put additional pressure on her with regards to domestic responsibilities. According to Georgia, her parents are "never satisfied" with her contribution to domestic chores since they perceive her as "staying at home all the time". She adds that her brother is spared from housework. As she points out,

> "[...] They just come down on me for all that. They are never satisfied. What does my brother do? Nothing but study. I try to tell him that he should help out a bit too. I mean he should. But he is a guy and he doesn't have to do that. *Malakies!* (It's stupid)."

Like her father, Georgia acknowledges that parental "rules" and expectations regarding dating and other social activities of the second-generation household members are differentially applied according to gender. Her parents perceive Michael as,

> "[...] bigger and stronger than I am. He can take care of himself - which he can't (laughs). I don't think he could do it better than I can. But they (parents) think that he

> can resist temptation or some stupidity like that. Plus he's not open to rape or mugging.. Which is not necessarily true either".

Whereas Michael is seldom chastised for how or where he spends his leisure time, her social activities and behaviour are closely scrutinized and monitored. Unlike her brother, Georgia is counselled to protect her "reputation" otherwise she risks "affecting her future happiness as a housewife". According to her parents, the foundation of a successful marriage depends on the woman's ability to safeguard her virtue. In other words, she ought to be "careful" and to "stay pure" for her future husband Safeguarding her reputation means "coming home early", socialising with "Greek, good girls" and "avoiding certain places" such as "clubs" and "bars".

Contrary to her parents' wishes, Georgia socialises with both Greek and non-Greek friends of both sexes, has had "boyfriends" in the past, and routinely stays out late. As she explains,

> "They (parents) want me to come home early and things like that, but I don't do it. They think that after midnight all the 'low lifes' come out - which is not necessarily true. A lot of them are out in the daytime (chuckles). They're also worried about what people are going to think if I come at three in the morning. I don't think that there's anyone to watch me coming home..."

Furthermore, Georgia admits having lost her virginity. Not only does she perceive virginity as irrelevant to the success of her future marriage, but as a potential liability as well. She asks,

> "'What does virginity have to do with the way I feel about people?' Plus, from what guys and boyfriends tell me, they don't like virgins too much. Plus you hear what happened to women who married young or were virgins. They ran off. They wanted to broaden their horizons cause they never had any experiences before."

Georgia feels that she of age to decided for herself "what's right and what's wrong", and is willing to take responsibility for her actions. She admits that her nonconformity has provoked " yelling and shouting matches". She adds that her parents also complain if her brother comes home late, but to a much lesser degree. Disputes between parents and children over issues such as "going out" are perceived by Georgia as a "normal" part of family life.

When asked about her plans for marriage, Georgia shares her parents' view that the ideal age for an individual to marry is in their early to mid-twenties. Unlike her parents however, ethnicity is not the most important quality to take into account when choosing a spouse. As she explains,

> "Well, his nationality is not that important to me. In a way I can see their (parents)

> point of view about a person being Greek. It's practical. But it's not the most important thing for me. Neither is religion or culture. I'm adaptable."

According to Georgia, decisive criteria in choosing a husband include interpersonal qualities such as "compatibility" and "being able to understand one another".

Although Georgia and her parents may disagree on whether or not she should marry within her ethnic group, she shares their disapproval toward the practice of "living together". As she explains,

> "It's not me. I don't know. I wouldn't live with somebody I wouldn't be marrying. Tradition. It's been conditioned in me I guess."

She is quick to point out that her reticence is not based on moral reasons. Instead, she views "living together" as a precarious arrangement that offers no material security, and little incentive for long-term plans and goals.

Georgia attributes intergenerational differences on matters such as dating and social activities to the older generation's rural origins, migration experience, religious convictions, and traditional values. Like her father, she admits that intrafamilial conflict due to differences in opinion and values between the two generations rarely results in a solution satisfactory to all family members. Once conflict erupts, family members "yell", "argue", "discuss", "analyse", and then "everybody does whatever they want".

Although Georgia and her parents may espouse divergent views on issues such as gender roles and social activities, they nevertheless converge on certain values and beliefs perceived as central to familial and ethnic identities. Georgia agrees with her father that the ideal parent-child relationship should be characterised by "respect" . As she points out,

> "We may not be able to communicate very much or very often, but I respect my parents a lot and I like that. And I think they know it even though sometimes they say: 'You don't respect me'. No matter how hard we fight or how bad we come apart, we never really hold a grudge or anything like that."

Also, the tendency of her parents and other Greek families to be "over protective" toward the second-generation is seen as a positive attribute that serves to solidify the family unit. Not only do such values and practices promote familial harmony and a sense of well-being, they also act as ethnic markers in distinguishing "the Greeks" from ethnic groups judged as culturally distant. For instance, Georgia contrasts her upbringing to "the Quebecois", whom she views as being "more permissive" with their

children. She mentions,

> " From the Quebecois families that I've seen the parents are more free, irresponsible. They sort of let their children do what they want at a young age. [...] It's not good to let your kid do whatever they want, because they will not judge things properly."

In discussing her own sense of ethnic identity, Georgia describes herself as "a Greek-Canadian". She says, "I come from two cultures and they're both mixed in me."

4.4.3 *Nikokyris* and *Nikokyra*: Ideal Models of Gender and Household Responsibilities

Among the parent interviews, four central notions underlie beliefs and expectations concerning household organisation and the sharing and distribution of economic, social and other types of responsibilities. First, all five Greek immigrant parents espouse an ideal and implicit representation of the household as collective entity whose economic, social and moral success, or failure, depends on the reciprocal actions and efforts of its members. This view of the household as an integrated unit shapes parental expectations and beliefs concerning the younger generation's education, marriage, social and financial activities. Joanna, a mother of three teenagers, points out when discussing the importance of education,

> "Studies are very important. This is the reason I work, without stopping, to save money so that my children will be able to study. So that they won't have the difficulties I had in my life [...] I want them to have an education so that they can be comfortable. They'll get married someday, and then have a house, and be able to offer their family everything that is needed."

Second, parents tend to use the terms "family" and "household" in a symbolically proximate manner when discussing various economic, social and cultural ideals, roles and activities of family members. According to Yannis, a father of five, the most positive Greek cultural ideals include,

> "[...] family, children, a home, a wife by your side... The most important thing is to have a family."

Another parent, John Papadopoulos, employs both "family" and "household" interchangeably when listing the types of ideal qualities desired in a future daughter-in-law:

> "I would prefer a Greek girl, who likes working, who likes having a family. Who is *tou spitiou* (of the house).I know a lot of women who want to marry but don't want children. So, what is their predestination then? "

Third, the various roles and responsibilities of family members are ascribed according to age and gender. In general, parents perceive the younger generation's participation in household activities as an "obligation". Youth are not expected to contribute financially toward household expenses, but are required to assist with household chores. For the most part, domestic tasks and duties are allocated based on traditional and ideal notions of gender roles, and on the symbolic opposition of "inside" and "outside" spheres. Domestic tasks that take place inside are ideally considered the responsibility of female members of the household, while outside chores are seen as a predominantly male activity. As Helen, a cleaner and mother of three sons points out,

> "I expect my sons to pick up their clothes and things and put them in their place. I do not expect them to cook, or to wash clothes… these tasks are not for men. They can help with other things, like helping their father with the car..."

It should be pointed out that not all parents espouse gender specific views toward their children's household responsibilities. Yannis discloses,

> "Some of my children help in the house and some don't .. my daughter and the youngest son helps but the oldest (son) doesn't. If you tell him to do his bed, he won't do it… I expect the house to be clean, everyone's bedroom to be neat […] Personally I like doing housework. I come home from work and I will mop the floors, and dust the entire house. It depends on the individual."

Finally, parents consider the gender specific household roles and tasks assigned to the younger generation as a form of preparation for the latter's eventual marriage and creation of a family and household (*nikokyrio*). Daughters are urged to develop the ideal moral qualities of "womanhood" as well as acquire the necessary practical skills deemed essential to their future role as a household manager or *nikokyra*. The parents interviewed mention wanting their daughter or future daughter-in-law to: "be a good mother", "know how to cook and keep the house clean:" and "know that their place is in the home". Sons were encouraged to succeed financially in order to become "good providers" once they established their own families.

Second-generation Greek youth share their parent's ideal notion of the family as a tightly-knit collective characterised by relations of reciprocity, obligation, and respect. As the following section illustrates, familial cohesiveness and traditional based values such as respect are perceived by youth as salient traits in the definition and construction of their personhood and ethnic identity. Furthermore, the youth interviewed feel obliged to contribute to household chores and responsibilities. In this respect, they share their parents' view that all family members have an obligation to participate in the domestic activities of the household.

Differences between the two generations are more likely to occur over perceptions of appropriate gender defined roles and behaviour. Dissatisfaction with the allocation of domestic responsibilities on the basis of gender is raised only by female second-generation participants. As Stella, a 22 year old boutique manager points out,

> "It's unfair... my brothers won't help out. They expect me to serve them. I won't do it and they know it. My mother wants me to do more."

Most female participants question traditional notions of the woman as the primary domestic caretaker and nurturer, responsible for meeting the various physical and emotional needs of family members. A dominant view among the young women interviewed is that both sexes should contribute toward domestic tasks, as well as chores that take place outside the home. In terms of their actual contribution to household duties, some young women help out weekly with the cooking, cleaning and laundry, while most admit neglecting their domestic responsibilities.

Although their parents may "yell" and "scream" when they refuse to comply, none of the youth report serious family disputes over household chores. This absence of conflict may be explained by the consensus among parents and youth regarding the priority given to activities of the younger generation. Most participants of both generations agree that studies and employment outside the home take precedence over domestic tasks.

An area of contention between parents and youth related to gender roles concerns social activities of the younger generation. As with the division of household responsibilities, young women in the study are most vocal in expressing disapproval over imposed restrictions on social activities simply on the basis of gender. The most common complaints include, being obliged to come home earlier than male siblings or non-Greek friends, and not being allowed to date or engage in friendships with the opposite sex. Dimitra, a 21 year old C.E.G.E.P. student mentions,

> "If I go out with my brother I could come home anytime I want to. If I go out with my friends I have to be home at a certain time [...] If I don't then I'm going to get shit the next day."

The young men interviewed admit being granted preferential treatment with regard to leisure activities. Unlike their female counterparts, they have fewer rules and restrictions governing movement and behaviour "outside" the house. Peter, a 20 year old C.E.G.E.P. student explains,

> "My father treats me like a man. If I was to tell him: 'Dad, I'm not coming home tonight. I'm staying at a girl's apartment'. He'd say: 'Are you okay? What time you're coming home in the morning?' 'Around ten'. 'No problem'. With that there's no problem whatsoever. But with my sister, she can't date until she's twenty-two [...] only if she was going to get married."

Although female participants are more likely to complain of restrictions placed on leisure time, most youth of both sexes mention some type of parental control and concern regarding social activities. According to second-generation youth, Greek immigrant parents espouse a fearful and negative perception of the outside world. Parents believe if their children are allowed uncontrolled access to the outside world, the family's honour and reputation may be lost. In contrast, youth consider their parents' reservations as exaggerated. The young men and women in this study explain their parents' attitudes in terms of the older generation's rural origins, as well as their unfamiliarity with the younger generation's social scene.

The reaction of youth to parental restrictions on social activities varies: some attempt to negotiate a compromise, while most refuse to comply. Indeed, the younger generation's noncompliance to parental controls placed over leisure time proves to be the most frequently cited source of intergenerational conflict. Family quarrels as described by youth involve a "wearing down process" for parents. Screaming and shouting matches occur and reoccur until parents wearily resign to their children's disobedience.

4.4.4 Ethnic Identities

Three out of the five immigrant Greek parents identify most strongly with "being Greek" over being "Canadian". As Yannis, a cleaner and father of five points out:

> "I'm Greek, born in Greece. I'm also Canadian, but I'll never stop saying I'm Greek".

Another parent sees herself as equally belonging to both groups as a "Greek-Canadian, while the fifth participant chose a single identity, that of a "Canadian". The latter explains:

> "I have been in Canada for 30 years. I have become a Canadian. When you live in a country and you become a citizen, for me you're a Canadian".
> [Helen, 54 years old, cleaner]

In discussing what being "Greek" means, participants refer to the importance of family in Greek culture, their distinct traditions, the Greek language, and Orthodox religion.

Second-generation Greek youth possess multiple identities defined in relation to a myriad of symbolic and cultural references. When asked to describe their identity some chose to highlight their dual sense of belonging as both a "Greek" and a "Canadian":

> "I am a Canadian first, then a Greek".
> [Elias, 22 year old engineering student]

> "I'd say a Greek-Canadian [...] I wouldn't be ashamed of saying I'm Greek-Canadian (at work, at home and with friends). If you say you're ashamed of being Greek-Canadian then you're saying that you're being ashamed of yourself." [Peter, 21 year old stock room worker]

One second-generation participant spoke of her dual "Greek-Canadian" identity as changing according to whether or not she found herself inside or outside the home:

> "Being Greek means being different. In a sense you must be different people. When you are inside the house, you have to be Greek, and when you are outside you must be Greek and Canadian or Quebecois at the same time."
> [Anna, 21 year old clothing boutique employee]

Other second-generation youth choose perceived distinctions between "immigrant" Greeks and Greeks living in Greece in defining their sense of ethnic identity. Greeks living in Greece are perceived by youth as "less conservative", "more educated" and "up-to-date" with current issues and lifestyles than those living in Montreal. Helen, a 22 year old social science student born in Montreal explains why she identifies as "Greek-Greek from Greece more than Greek from Canada":

> "Let's put it this way, Greeks from Park Ex (Parc Extension) I don't identify with. Others, yes. They (from Park Ex) have a bastard identity. They're not Greek - it's hard to explain. They have a mentality - they're loud and stupid. Not well educated.. the dress code, the way they talk...."

Many youth discuss their ethnic identity by comparing their ethnic group to other minority groups in Quebec society, as well as to dominant groups like the Quebecois "de souche" and "Canadian-Anglophones". Some second-generation participants point to cultural similarities between Greeks and Italians, while others widen the comparison to include a number of other ethnic groups:

> "I would say the Italians... they are also very close family-wise."
> [Thomas, 19 years old, commerce university student]

> "The Armenians, Italians, Portugese.. we're basically all the same."
> [Matina, 22 years old, religious studies university student]

In comparing the "Greeks" and the Quebecois "de souche", a few respondents note points of similarity, while most choose to highlight what they perceive as fundamental cultural differences. A common trait attributed to both ethnic groups is a keen sense of national pride and struggle for independence. Conversely, the most frequently cited discrepancy between the groups concerns notions of family "cohesiveness", parental authority, and values such as "freedom", "autonomy" and "respect". Second-generation Greek youth perceive "the Quebecois" tendency to "trust" their children and allow them more freedom, particularly in the areas of dating and social activities, as positive attributes. Also regarded in a favourable light is the perceived egalitarian and reciprocal nature of the Quebecois parent-child relationship characterised by friendship and camaraderie. Many second-generation Greek youth wished that their relationship with their parents were based on friendship and open communication instead of one defined by parental authority, overprotectiveness and rigid rules of conduct.

> "I think that Greeks are more traditional, whereas the Quebecois families are more liberal toward their children. You see more young French people moving out at a younger aged than young Greek people. More independent. Greek kids depend on their parents a lot longer."
> [Manolis, 21 years old, C.E.G.E.P. student]

While youth may wish their parents accord them more trust and autonomy, they nevertheless hold certain norms and values of their family life and upbringing in high esteem. The perceived tendency of Greeks to be more family oriented, combined with the importance by values of respect and obligation are viewed as essential traits in the second-generation's construction and transmission of ethnic identity. Indeed, most second-generation participants would prefer to marry within their ethnic group as a means of retaining their family values, religion and language. Peter, a 20 year old

C.E.G.E.P. student explains why he wants to impart the value of respect to his future children:

> "I would teach my child to have values and principles [...] I'm talking about respect. Respecting your elders, respecting your aunts, respecting your family. You see, my father is from Greece and my values now are roughly the same as his. Roughly. So I would bring up my child as he brought me up."

In contrast, the Quebecois family is seen as less "close" and lacking the value of respect.

> "Well there is less respect. It's not that they (youth) don't care about their parents, but they have their own minds. They will do what they think is right. They don't care what their parents say. They won't even listen to when their parents are talking to them." [Anthony, 19 years old commerce university student]

> "They're not family oriented like the Greeks, like as much as our family. They're not as respectful to their parents. I have a French friend - just to give you an example - when it comes to cigarettes, you don't smoke in front of your parents because it's disrespectful. End of story. He says: 'Dad, donne-moi du feu'." [Peter, 20 year old, C.E.G.E.P. student]

The positive value attached to marrying within the Greek community and to transmitting traditional values such as respect and obligation to future generations has varying implications for young men and women. In general, the young men seem willing to adopt a future parental role which holds a certain measure of authority in the same way they unquestionalby accept their male privilege of having fewer restrictions imposed on their social activities. In other words, their adoption of traditional values is compatible with the traditionally defined male gender model. For young women however, the transmission of family oriented values may present a potential paradox in their future roles as married women, mothers and *nikoyres*. Their strong opposition to traditional notions concerning female sexuality and the social division of "inside" and "outside" spheres in matters of household chores, dating and social activities questions not only parental authority but strikes at the very core of the values which shape relations and roles within the family. The integration of traditional family values for young women appears to be a far more ambiguous process than for young men. Some participants seem oriented to seeking out an egalitarian relationship with their eventual husband, whereas others are more likely to follow an asymmetrical model where the woman is the primary nurturer and caretaker. Interviews with first-generation Greek women indicate a relationship between the experience of *nevra* and the type of marital relationship. As we shall see in the following chapter, chronic sufferers tend to endure unsupportive and male dominated marriages. Whether the adoption of an asymmetrical marriage model among the second-generation will lead to chronic cases of *nevra*

among women remains to be seen. Yet either way, second-generation women possess more social resources, education and skills than their mothers did. Apart from their family, they have a wider social network that spans a multitude of formal and informal spheres (friends, schoolmates, co-workers etc..) and access to services aimed to the wider Quebec society.

4.5 SUMMARY

The experience of *nevra* is considered as a normal if not unpleasant experience within the Montreal Greek community. Women are perceived more vulnerable to *nevra* attacks than men due to their heavy responsibilities as wage earners, *nikokyres* and immigrants. Participants highlighted the double workday, the exploitative working conditions in the garment industry, and lack of communication and support in the husband-wife relationship as the primary reasons for *nevra* complaints. *Nevra* attacks are associated with numerous emotional and physical symptoms including: anger, anxiety, worry, depression, the sense of loss of control, fatigue, dizziness, insomnia, chest pains, and with the bodily sensations of nevra "bursting" and blood "boiling over" . Furthermore, the expression and experience of nevra varies for individual women. For some attacks of *nevra* are considered a normal response to daily pressures or crisis if they are in short duration and the individual can afterwards resume her routine. For others, the experience of *nevra* is lived as a chronic illness when pressures and crisis escalate and episodes become more frequent and severe. Chronic *nevra* sufferers are unable to fully resume their responsibilities and seek medica attention for their painful symptoms. The two physicians interviewed perceive *nevra* as primarily a psychosocial condition. They try to get *nevra* sufferers to discuss their personal problems and prescribe tranquilizers to alleviate painful symptoms.

Interviews with first-generation Greek parents and second-generation youth indicate that areas of convergence as well as divergence exist concerning cultural values, gender roles, the sharing of household chores, and social activities. Although the second-generation, and in particular young women, strongly contest parental restrictions on their social and dating activities, both generations perceive traditional values such as respect and the central role the family in Greek culture as salient features in their sense of Greek identity. Moreover, second-generation youth posses multiple identities defined in relation to key values in Greek culture, as well as perceived similarities and differences with ethnic minorities and dominant groups. The following chapter will situate the experience of *nevra* in relation to the concepts and models outlined in Chapter I.

CHAPTER V: *NEVRA* AND PERFORMANCES OF DISTRESS AND RESISTANCE

5.1 Introduction

In the preceding chapter, interviews with *nevra* sufferers and two physicians illustrate the multiple meanings attached to the cultural phenomenon of *nevra* as experienced by first-generation Greek immigrant women in Montreal. Also considered are the various physical and emotional symptoms associated with *nevra* and the types of treatment deemed appropriate by these Greek immigrant women and the two physicians. Furthermore, interviews with both parents and youth serve to highlight the role key cultural values such as *nikokyra, nikokyris,* and "respect" play in shaping intrafamilial relations, as well as contributing to the formulation of gender and ethnic identities.

This chapter will situate the polyphonous experience and expression of *nevra* within the specific social context in which it is found; namely the working class Greek immigrant family in Montreal. Attention will be given to the way in which local economic, social and cultural pressures and inequalities are articulated, enacted, and performed in a multitude of everyday settings: the sweatshop, the family flat in Parc Extension, and the doctor's office. Beyond the local context the cultural phenomenon of *nevra* is shaped by wider socio- historical processes like migration and culture change. Resonating in *nevra* narratives are transplanted cultural symbols, roles, rituals, values, and beliefs whose social meaning is modified by the migration process. Beside reflecting and giving voice to aspects of cultural and social transformation the experience of *nevra* can in turn play an active role in further transforming the way gender and ethnic identities are perceived and lived.

The first part of this chapter will situate the experience of *nevra* among Greek immigrant women in Montreal within the wider framework of health, migration and ethnicity. The second and third sections will deal with how the experience of *nevra* as a core symbol within a semantic illness network condenses a multiplicity of meanings for the sufferer. In particular the two most frequently cited etiological explanations for *nevra* will be explored: 1) The enormous stress, hardship, precariousness, and exploitation of working as a sewing-machine operator in the Montreal garment industry; and 2) The tense and at times contradictory process of applying traditional and rural based gender roles and relations to an urban, post migration milieu. The fourth segment will examine the breaking point of *nevra*. In other words, at what critical moment does the experience of *nevra* cease to be a normal if not a disvalued metaphoric state and become a painful and chronic illness? The complexities entailed when *nevra* sufferers turn to their family doctor to treat a condition which both parties identify as psychosocial in origin will also be addressed. Finally, the potentially transformative role that *nevra* can play as a form of resistance will be discussed. Is it possible for Greek immigrant women to modify the sources of their suffering through *nevra* as a cultural performance?

5.2 Immigration, Health and Ethnicity

Numerous studies on immigrants and refugees have examined the interrelationship between immigration, integration, ethnicity and health (Littlewood and Lipsedge, 1982; Rumbaut, 1997; Sévigny and Tremblay, 1999). As Bibeau *et al.* (1992) point out in their study of mental health in ethnic and immigrant communities in Quebec, health problems arise when an imbalance occurs in the dynamic interplay between "risk" and "protection" factors usually brought on by what the authors describe as "des expériences pivots".

In a similar vein, Beiser *et al.* (1988) argue that migrant individuals are more vulnerable to psychological problems if the following conditions are present: a) poverty and economic hardship due to difficulty in entering the workforce, b) language barrier, c) separation from family members, d) racial and discriminatory attitudes and practices from host society groups and individuals, e) loss of ties and support with the community of origin, f) pre-migratory stress due to social and political factors in the country of origin, and g) if migration occurred during adolescence or old age. Other risk factors affecting the health of immigrant populations include: difficulty in learning and adjusting to host society norms, values and practices, asymmetrical rates of acculturation between family members, social isolation and lack of a support network (Berry, 1988; Meintel et Le Gall, 1995; Sue and Sue, 1990; Barankin *et al.*, 1989; Gold, 1989). Factors which serve to protect immigrant populations from illness and lessen the shock of migration are associated with the following conditions: employment, knowledge of host society language, support from family and the community of origin, acceptance of host society values while retaining those from the culture of origin, and the degree of racial acceptance and tolerance (Ghuman, 1994; Jacob *et al.,* 1997; Lasry and Sayegh, 1992; Westermeyer, 1989).

As the literature review in Chapter II indicates, the experience of nerves sufferers among immigrant and non-immigrant populations has been linked to conditions similar to the risk factors mentioned above. The phenomenon of nerves/*nervios/nierbi/nevra* has been explained in terms of: breakdown of family and support networks, family separation and concern for loved ones, poverty, social isolation, intrafamilial conflict, and hardships and crisis related to pre and post migration trajectories (Guarnaccia and Farias, 1988; Low, 1981; Davis and Whitten, 1988; Migliore, 1994; Van Schaik, 1989; Nations *et al.*,1988). Likewise, protective factors identified in the prevention and treatment of nerves/*nervios/nierbi/nevra* include similar conditions mentioned in studies on health and immigrant populations. For instance, the presence of a social and community support network has been linked with the prevention of nerves (Guarnaccia and Farias, 1988; Van Schaik, 1989; Lock and Dunk, 1987).

The overlapping risk and protective factors faced by both immigrant/refugee populations and nerve sufferers, and as with the case of Latino refugees in the United States and Greek immigrant women in Montreal individuals may belong to both categories, suggests that there are some key similarities that underline the experience of both groups. Perhaps the most striking comparison between the two is that members who succumb to illness or nerves in either group can be considered as too vulnerable, oppressed and "weak" to overcome the adverse conditions of daily life.

A dominant approach in studies on nerves/*nervios/nierbi/nevra* is to interpret the "meanings of nerves" as a culturally appropriate response to or communication to sociopolitical and familial distress. The metaphoric language of nerves is tied to local experience, cultural usage and meaning. Hence, explanations of etiology and cultural meaning provided by nerve suffers varies from cultural setting to setting. In contrast, the numerous physical and emotional bodily sensations reported with expression of nerves are cross-culturally similar. The following section will explore the multiple meanings assigned to *nevra* by Greek immigrant women in Montreal.

5.3 *NEVRA* AS A CORE SYMBOL AND IDIOM OF DISTRESS

The *nevra* narratives in Chapter III illustrate that Greek immigrant women express and voice their dissatisfaction to numerous cultural, economic and social pressures through metaphoric language and bodily suffering. In this respect, the cultural concept of *nevra* acts a core symbol or idiom of distress within a semantic illness network (Good, 1977).

As defined earlier in Chapter I, semantic illness networks are part of explanatory models (EMs) produced by individuals to explain and assign meaning to a particular illness experience and episode (Kleinman, 1980). Semantic illness networks comprise and juxtapose a network of words, lived experience, feelings and symptoms linked with illness. They are used by individuals to make sense of and provide meaning to their suffering. In addition, semantic illness networks produced by sufferers are organised through multifaceted core symbols which can express a multitude of meanings, situations, and values. Although core symbols at first glance may appear to saturate semantic illness networks with diverse and at times seemingly incongruous elements they nevertheless provide a unifying pattern and cohesiveness. Core symbols can link the emotional to the physical and the symbolic to normative patterns of behaviour.

With regard to the specific experience of Greek immigrant women in Montreal, the cultural phenomenon of *nevra* acts as a multivocal core symbol in that it condenses personal and cultural meanings, symbols, beliefs, and a variety of situations and conditions. Through the metaphoric

language and embodiment of *nevra* Greek immigrant women communicate and link their emotional and physical symptoms to pressures, burdens and constraints associated with their roles as immigrants, wage workers, *nikokyres*, wives and mothers. Contained in causal explanations of *nevra* are fragmented pieces of meaning and suffering that refract myriad moments, feelings and contexts: the oppressive work conditions in garment factories, the "double work day", of feeling socially isolated and "shut-in" (*kleisoura*), the importance of "order" and cleanliness play in the role and duties of a good *nikokyra*, and nostalgia for the homeland. In spite of this diversity of meaning, *nevra,* as with core symbols in general, retains an overall cultural and symbolic coherence. Resonating through the idiom of *nevra* are traditional Greek values, ideals and beliefs on kinship, marriage, gender roles, and ideas about the intrinsic nature of men and women. Also evoked are culturally defined symbolic and natural boundaries that pertain to the body, social spheres, and the divine and profane.

5.3.1 Bursting at the seams: *nevra* and garment work

A dominant theme in explanatory models (EMs) provided by Greek immigrant women to explain and give meaning to their experience of *nevra* concerns their social class status as semi-skilled female immigrant workers in the garment industry. Twelve out of fifteen participants are either presently working or have worked in small-scale Montreal clothing firms as sewing machine operators. Women link their experience of *nevra* to the strenuous and exploitative working conditions that mark the garment industry as a whole. As indicated in *nevra* narratives episodes of *nevra* or "attacks" can occur during working hours and are triggered by the pressure to work faster, the piece-rate system, competition from other workers, lack of job security, and the double workday.

The migration trajectory and socio-economic insertion of Greek immigrant women in Quebec society is similar to that of other female migrant labourers in Canada and elsewhere. Like other female migrants from the Third World and southern Europe, Greek immigrant women constitute "a racially and sexually categorised fraction of the working class" (Phizacklea, 1983:2 cited in Labelle *et al.,* 1987:17). As numerous studies indicate, the last three decades saw a sharp increase in demand by industrialized countries for cheap and unskilled female migrant labour (Arnopoulos, 1979; Labelle *et al.*, 1987; Bernier, 1979; Raymonde Folco, 1991; Anthias, 1983). In Canada and in Quebec, unskilled female migrants from southern Europe, South East Asia, Asia and the Middle East are over-represented in the service and manufacturing industries and in small-scale commerce when compared to women belonging to dominant groups. Otherwise known as the "weak" sectors of the economy, immigrant women work in textile and garment factories as sewing machine operators, in private and public

services as domestics and cleaners, and in shops, boutiques, grocery stores and bakeries as clerks and cashiers.

Female (and male) migrants in "weak" economy sectors face working conditions characterised by labour-intensive means of production, inferior health and safety standards, low wages, long hours, lack of job security and benefits, and seasonal rates of employment. In addition, their immigrant status renders them more vulnerable to exploitation and racial discrimination due to such factors as the language barrier, lack of knowledge of labour and civic codes in place for the protection of worker's and citizen's rights, and the fear of getting fired. Furthermore, the concentration of immigrant women in the service and manufacturing sectors has lead to a ghettoization of female labour and has introduced an additional component to their exploitation. Immigrant women are subordinated not only by their marginal and inferior position in the job market but also "du fait de leur appartenance sexuelle" (Labelle *et al.* 1987:18). As a function of their gender, women are confined to a "pink" ghetto where they receive a lower wage than men, have less job security and fewer opportunities for career advancement (Labelle *et al.,* 1987).

The Canadian clothing industry is primarily concentrated in Quebec and Ontario and employs 75, 000 people (Gannagé, 1986). The majority of textile and clothing factories in Montreal are small in size, often employing less than 50 workers, and are located in ethnic enclaves (Bernier, 1979; Labelle *et al.*, 1987). A dominant trait of the clothing industry is its division of the labour force along gender and ethnic lines as well as according to skill level (Bernier, 1979; Teal, 1986; Gannagé, 1986). Small clothing firms are characterised by minimal capital investments in machinery and equipment and operate under fierce competition from foreign companies and local owner-occupied garment firms. Since the late sixties small clothing firms and the Canadian garment industry as a whole have suffered a severe economic loss due to competition from transnational corporations shifting production from industrialised countries to the Third World. Companies are able to produce cheaper products in developing countries due to lower costs of productions, and in particular the presence of an unskilled labour force that can be hired for one-tenth the wage of Canadian workers. In the early eighties the clothing industry lost over 15,000 jobs due to foreign competition and technological changes in production (Gannagé, 1986; Bernier, 1979).

Intense competition and the labour-intensive nature of the garment industry have led to deplorable conditions for factory workers. Small firms try to remain competitive by pressuring workers to speed up production, work long hours and by keeping wages at a minimum with no benefits. Factory owners also try to cut costs by investing very little in the upkeep of machinery and facilities. As a result, shops are crowded, noisy, poorly lit, and dirty (Gannagé, 1986). As in other "weak" sector

industries, workers are subject to seasonal fluctuations in employment, and for the most part lack union protection. Furthermore, poor enforcement of provincial labour standards coupled with fear and ignorance of labour rights on the part of workers has lead to systematic labour abuse that includes sexual harassment. This lack of protection has placed Greek and other immigrant women in a dependent position since they are forced to rely on the good will of their employer (Arnopoulos, 1979).

Approximately 55% of Greek immigrant women in Quebec work as sewing machine operators in clothing factories and as homeworkers (Labelle *et al.* 1987:149). As interviews with Greek immigrant women indicate, the stress and pressure to work faster has a negative impact on the psychological and physical health of workers in the clothing industry. Women workers are particularly vulnerable to health problems as a result of the sexual and informal ethnic division of labour that characterises the industry's system of production. Montreal clothing factories and contracting firms are owned and managed by men. Employers of larger firms usually belong to the Jewish anglophone communities, while small contracting firms are predominantly owned by Greeks (Labelle *et al.*, 1987). In factories men work as cutters, a job that demands skill and experience. This position is usually filled by workers from long-time established Eastern European immigrant groups. Cutters receive the highest wages and are paid by "time work" or a weekly salary. In contrast, the low paying and unskilled positions of operators, finishers and special machine operators such as button sewers are occupied by immigrant women from diverse backgrounds. Sewing machine operators are usually paid on a "piece rate" system; that is the wage they receive depends on how much they produce. Differences between male and female garment workers extend to other facets of factory work. While cutters enjoy more autonomy in their work, sewing machine operators are closely supervised and pressured, if not harassed, to work faster. Also, the work performed by cutters is creative and challenging, while machine work is repetitive and monotonous (Gannagé, 1986).

A dominant theme in *nevra* narratives is the tension and stress that results when owners deliberately pit operators against each other by using divisive tactics such as favouritism and different methods of payment for the same type of work. A common practice is for fast sewing machine operators to be put on an hourly wage and slow workers on a piece rate. Owners can also arbitrarily assign different prices for the same kind of piece work . Whatever the form these type of conditions create a competitive atmosphere among workers and prevents communication, reciprocity and a sentiment of solidarity. More often than not sewing machine operators direct their anger and frustration either inward as our study has shown, or at co-workers from different ethnic groups (Teal, 1986).

Besides working at factories many Greek immigrant women are employed as homeworkers and often by Greek contractors. Although exact figures are difficult to come by given that homemakers are usually paid under the table, Constantinides mentions that 8.11% of Greek women work as sewing machine operators from their homes (Constantinides, 1983:158). As Johnson and Johnson (1982) point out in their study of industrial home sewing in Canada, homework in this country 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" (Johnson and Johnson, 1982:54).

Homeworkers are comprised mainly of immigrant women who try to juggle their housekeeping and childcare duties with wage work. The authors describe these workers as a "captive labour force" in that they have few viable opportunities and options in the job market due to their lack of knowledge of either French or English, low level of education and limited job skills and experience.

Contracting out work to a house-bound labour force proves to be very profitable for employers and an exploitative experience for workers. Conditions faced by homeworkers are worse than those endured by clothing factory workers. As a group homeworkers form an isolated workforce which lacks the protection of trade unions and, for the most part, provincial minimal labour standards. Due to their physical and social isolation homeworkers have little means nor opportunity to improve their work conditions. Homeworkers earn substantially less than their factory counterparts and are paid on a piece rate system with no overtime or other benefits. They are responsible for their utility expenses and the cost and upkeep of their machines and equipment. Transportation fees incurred in bringing materials and goods to and from the factory are also at the homeworker's expense.

In addition, homeworkers and their children are exposed to numerous health and safety hazards. They often work in poorly lit and ventilated spaces such as basements. Industrial sewing produces large amounts of dust, fibres and lint which can lead to respiratory problems and allergies if inhaled for prolonged periods. Homeworkers, as garment factory workers, are prone to back problems due to sitting bent over a sewing machine for hours on end.

Furthermore, homeworkers suffer from the stress involved in meeting quotas and deadlines, making on-the-job errors, and isolation. Perhaps the most stressful condition of homework is the pressure to perform two jobs at once, as homemakers and homeworkers. Concerning the latter, women are forced to keep long and irregular hours as they alternate housework and childcare care responsibilities with wage work. Their daily routine keeps them indoors with very few opportunities for relaxation and leisure activities (Johnson and Johnson, 1982:61-79).

As we have seen, working as a sewing machine operator whether at home or in a factory poses numerous risks and problems for Greek immigrant women. In addition to the exploitative and stressful working conditions, wage work also affects how women live and organise their lives in a much wider sense. With few exceptions, the women and men who migrated from Greece after the Second World War came from rural, agricultural, and underdeveloped regions. While some migrants may have stopped in Athens for a limited time to raise money for their voyage, the first contact with wage work in an urban industrialised setting for most occurred upon their arrival in Montreal. Working in the garment industry for Greek immigrant women means confronting a new, much more rigid, and frantic daily pace and rhythm. As Friedl (1962) describes in her ethnography of Ambeli, a rural village in Central Greece, the work of women takes place within the family and the wider social fabric of the village. Work in Ambeli is organised by the seasonal dictates of cash crops and subsistence farming. Women are responsible for all domestic chores and during the peak seasons of planting and harvesting also work along side relatives and co-villagers in the family's fields. In contrast, wage work in the Montreal garment industry usually involves the separation of the worker from her family and from the commodity produced. Only one participant, Panagiota, works with her husband in their small contracting firm.

In addition, the nature and schedule of sewing machine work is the same throughout the year. Unless sewing machine operators are laid off during slow periods, their weekday routine consists of long hours bent over their machines performing repetitive, monotonous, and compartmentalised tasks while under pressure and scrutiny from the floor supervisor or the owner. Unlike the daily routine of village life, there is little room for flexibility, variety and socialising for workers in the garment industry.

Furthermore, as we shall see in the following section on gender roles, women face a double burden as wage workers and as *nikokyres* or household managers. Before and after wage work Greek immigrant women are responsible for cooking, cleaning and childcare duties. For young mothers like Paraskevi who are homeworkers, their daily routine is fragmented and scrambled as they juggle wage work with childcare and domestic chores.

Finally, the low wages paid to garment workers make it impossible for women to be economically independent, and are forced to rely upon their husband's earnings in order to support themselves and their children. Being financially dependent on their spouse has significant implications for Greek immigrant women. In most cases, women are excluded from major financial decisions and the managing of daily household expenses. Perhaps the most serious limitation of being economically dependent involves women who are psychologically and physically abused by their husbands. Without

a viable means of financial support, coupled with the general lack of awareness and services on conjugal violence within the Montreal Greek community, such women and their children remain trapped in a dangerous cycle of domestic violence.

5.3.2 The transformation of gender roles in an urban immigrant setting

Women are perceived as more vulnerable to *nevra* attacks or episodes within the Montreal Greek community. As interviews with Greek immigrant women indicate, the experience of *nevra* is explained in terms of the additional burdens and responsibilities women endure as wage earners, wives, mothers, *nikokyres*, and immigrants. Most participants link their suffering to their double work day and lack of support and understanding from one's spouse. Some *nevra* sufferers complain of being economically dependent on their husbands and excluded from partaking in financial and household decisions. Others identify disorder and lack of cleanliness inside the home as the cause of their discomfort and distress. *Nevra* sufferers also talk about feeling isolated and shut-in, *kleismenes*, and of being dependent on their husbands to take them "out" socially. The questions that will be addressed in this section are as follows: How descriptions of the Greek immigrant husband-wife relationship contained in causal explanations of *nevra* compare with dominant and culturally defined aspects of gender roles as presented in the ethnographic literature on Greece? If traditional gender roles have changed through the migration process, how is their transformation linked to the experience of *nevra*?

As discussed in Chapter I, ethnographic studies on rural and urban Greece have described the husband-wife relationship and their respective roles and obligations as complementary and interdependent. A dominant and ideal model of gender roles portrays women as physically and morally connected with the house and all domestic and spiritual concerns, while men are linked to the public sphere in their role as the family's economic provider (Friedl, 1986; du Boulay, 1986; Hirschon, 1978). Before examining the relevance of the notions of "private"/ "public" and "open"/ "closed" to gender roles in the Montreal Greek immigrant context, several issues pertaining to these concepts need to be addressed. First, the association of women with the "private" or "closed" and men with the "public" or "open" is neither rigid nor dichotomous. As Dubisch mentions,

> "the private and public realms also represent two sets of values in Greek life, values which are significant to both men and women" (Dubisch, 1986:12).

For instance, values that are associated with domestic life such as intimacy from public scrutiny and gossip are important to all family members. Furthermore, women have culturally sanctioned economic and religious activities that take place outside the home. For instance, in rural areas women often work

in the fields and care for livestock. Also, as the family's spiritual caretaker, women attend church services, participate in religious pilgrimages to monasteries and shrines, and invest considerable time and effort in maintaining the graves of their deceased kin (Hirschon, 1983). Moreover, the institution of the *nikokyrio*, or household economy, spans both the private and public spheres and involves the economic activity and contribution of both men and women. The husband-wife relationship according to the *nikokyrio* model has been described as a "partnership" and a "balance of power" (Salamone and Stanton, 1986:98). The social prestige accorded to the husband and wife household manager in their respective roles as the *nikokyris* and *nikokyra* depends on the community's recognition of their economic success.

Another issue relating to the concept of gender roles in the literature on Greece and among Greek immigrant populations in Canada, the United States and elsewhere is the use of opposed and pair symbols such as private/public, open/closed, inferior/superior, and honour/shame as an ethnographic and literate device in interpreting behaviour. Herzfeld argues in his seminal study of Greek ethnography *Anthropology Through the Looking Glass, Critical Ethnography in the Margins of Europe*,

> "such diagrams are undoubtedly both useful and dangerous: useful inasmuch as they summarize the stereotypes at a glance, dangerous in that they easily become an excuse for ignoring the *uses* that people make of stereotypical attributes" (Herzfeld, 1987:95).

The use of binary symbols in interpreting gender roles and other aspects of behaviour is simplistic and limiting since the way in which individuals negotiate such "fixed"cultural codes and the ambiguity and variation that accompanies such transactions remains unaccounted for and unexplained. Not only are male and female roles, within certain limitations and constraints, negotiable but they can be systematically and symbolically inverted by actors depending on the occasion and social context. Herzfeld mentions that in Rethemnos, a coastal town in Crete, when the weather permits it is common for housewives or *nikokyres* in the late afternoon to sit on chairs,

> "[...] turned a little sideways but mostly toward the open doors of their houses, with their feet planted on the doorstep and their backs on the road. They pass the time knitting, chatting, and keeping an eye on the children; but, unlike their rural counterparts, they seem disinclined to watch the road directly or to remain within" (Herzfeld, 1991:91).

At one level, this occurrence is perceived as a normal part of everyday life and neither men or women remark upon it or search to explain it. At another, the author argues that women lay claim to and invert

an otherwise male privilege of "sitting" in a public space. In Greece and even in Greek immigrant communities elsewhere, "sitting" is usually perceived as a male prerogative in such public social contexts as the all-male *kafenio* or coffee bar. In this particular case, women lay claim to power through the use of a domestic object, a chair, to push the physical boundaries of their domestic domain while adopting a sexually modest behaviour. The authority and power women possess in the inside the home acquires meaning "through its defensive and contrastive juxtaposition with the public world" (Herzfeld, 1991:92).

The use of such externally constructed and imposed schemata can also be problematic if their interpretations "imply meanings which the actors are unaware" (Bibeau, 1988). Jill Dubisch, a prominent contributor in the area of Greek ethnography, in discussing the role of women and food in the maintenance of social boundaries, proposes a parallel between the kitchen of a traditional, rural home and the vagina (Dubisch, 1986:211). Not only is this symbolic association outside the 'native's point of view', but according to Greek cultural beliefs it is considered derogatory as well. A similar point can be made with the theory of "cultural value orientations" used by Papajohn and Spiegel (1975) to describe the dominant values in rural Greek society and by analogy the traditional Greek values found among Greek immigrant populations in the United States. Using a classification scheme based on five principle "orientations" the authors assign the following cultural values and traits to "Greeks": 1) A "Being orientation", a preference of the "kind of activity that is a spontaneous expression of what is conceived to be given in the human personality"; 2) A "Subjugated-to-nature orientation", or a fatalistic view that "man can do little to counteract the forces of nature to which he is subjugated to"; 3) A "Present time orientation", which places the focus on the present while the past and future is ignored; 4) A "Mixed Alternative", the view of human nature as possessing both "good" and "evil" qualities; and 5) the preference for "Lineality:" of familial relationships where the father assumes the top position in the hierarchical ordering of the family members and is the principle decision-maker, economic provider, and guardian of the family's social and moral reputation (Papajohn and Spiegel, 1975:23, 179-181, 269). Not only does such a classification system suggest a homogenous view of Greek culture and ignores important regional and class differences, but it also assigns meanings which are foreign, if not offensive, to the actors themselves. Do "Greeks" or any other "peoples" focus only on the present? With respect to the attributed trait of fatalism - a trait which the Greeks themselves deny - Herzfeld points out,

> "[...] it extremely doubtful whether such as passive philosophy characterizes an entire population anywhere in the world. It does enjoy a certain vogue, however, as a popular western stereotype of the 'oriental mentality'" (Herzfeld, 1987:36).

The concept of fatalism can be considered as a product of a power imbalance in that outsiders, often anthropologists, use it as a "discursive tool of oppression" (Herzfeld, 1987:37).

Another important factor that should be considered in the analysis of gender roles and their assigned culturally defined values, symbolism and behaviour is the marked regional variation in kinship and marriage that exists in Greece. Marriage can assume three distinct forms, virilocal, uxorilocal and neolocal, and each form is accompanied by matrilineal or a patrilineal bias that influences the construction of "relations of relative equality, or inequality, between husband and wife" (Loizos and Papataxiarchis, 1991:8). For instance in virilocal, pastoral communities like those of the Sarakatsani shepherds in northwest Greece (Campbell, 1964) or in the mountainous Cretan village of Glendi (Herzfeld, 1985) married sons live nearby their natal home. In these communities, pastoralism is exclusively a male economic activity which requires the cooperation of male family members. Virilocality and the organisational requirements of pastoralism have lead to an "agnatic emphasis in kinship" and the prominence of maleness and male values (Loizos and Papataxiarchis, 1991:9). The husband-wife relationship as well as the social position occupied by men and women is marked by inequality. Property is under male control and transferred from father to son. Women are marginalised in the making of decisions, are under the moral protection of men, and are expected to fulfill their "destiny" in producing sons and in their domestic responsibilities. At the opposite end of the continuum are the predominantly matrifocal communities of the Aegean Basin, such as the island of Tinos, that practice uxorilocality (Dubisch, 1976). Women and their families live in the woman's natal village in matrilateral clusters. Property is transferred through "gendered lines" either through mother to daughters or from father to sons and often women,

> "get the lion's share of family property and dominate in the administration of these properties as well as in the arrangement of marriages" (Loizos and Papataxiarchis, 1991:9).

Furthermore, the neolocal marriage in rural (du Boulay, 1974) and urban areas (Hirschon, 1978) can be considered as an intermediate form of the other two above-mentioned types. Kinship relations in neolocal communities are fully bilateral,

> "with only rather small areas of life where men can argue their superiority as a sex, and small and rather unimportant areas of behavior organized to stress male-male links or anything resembling agnatic descent" (Papataxiarchis, 1991:10).

These different examples of marriage and their associated patterns of kinship illustrate the regional variation of gender roles and male and female representations within and outside married life in Greece. The fact that gender roles can vary from region to region in Greece is virtually ignored in the literature on Greek immigrant communities in Canada (Chimbos, 1980; Gavaki, 1979), the United States (Primpas Welts, 1982; Papajohn and Spiegel, 1975), England (Mavreas and Bebbington, 1990) and Australia (Rosenthal *et al.*, 1989). While these studies may mention that class and pre-migration rural/urban differences exist in Greek immigrant populations, the "Greek family" and the relationships and roles between its members is presented in a monolithic and stereotypic manner. The Greek immigrant family is described as "male-dominated", "patriarchal" and as characterised by a "lineal pattern preference" (Gavaki, 1979:6). Gender roles within Greek immigrant families are perceived as "clear and unambiguous" (Mavreas and Bebbington, 1990:943) and as "highly stereotyped with little overlap between men and women" (Primpas Welts, 1982:273). The Greek immigrant man is seen as an "authoritarian" and "disciplinarian" husband and father who is responsible for the economic and moral welfare of his family while the Greek immigrant woman is considered as "subordinate" and as the "emotional axis of the household" (Mavreas and Bebbington, 1990; Papajohn and Spiegel, 1975). When the process of culture change is acknowledged, the Greek immigrant husband-wife relationship is thought to have acquired a "more egalitarian" nature as the husband's influence and authority is reduced while the wife gains entry into the workforce and more decision-making power in family matters (Gavaki, 1979). In general, the transformation of gender roles within Greek immigrant communities is seen as beneficiary to the status women occupy within the family.

Such portraits of Greek immigrant family life may contain certain truths. For instance, in present-day Greece rural-based communities exist, such as described by Herzfeld (1985) in his ethnographic study of the mountainous village of Glendi in Crete , where gender roles are clearly demarcated and distinct. However, in presenting intrafamilial relations within Greek immigrant communities in absolute and generalised terms, these studies "ignore the liability of male and female stereotypes", their subtlety, and capacity for variation and change (Herzfeld, 1991:215). If the transformation of gender roles outside Greece are to be examined in a comprehensive manner, then the following issues need to be taken into account: 1) The diverse socio-demographic character of Greek immigrant communities in terms of: migration history, urban/rural background, class, gender, age, education etc..; and 2) The regional variation among first-generation Greek immigrants. Not only are community members from disparate regions in Greece, but often this regional disparity is found *within* families, in cases where each parent comes from a different geographical area. In addition, the study of gender should take into account how Greek immigrant women and men use and

assign meanings to their behaviour and action within a framework that allows for individual variation and change. Above all, if we are to seek an acceptable level of generalisation of female and male behaviour, we must locate the analysis within its local context, that of the Greek immigrant community and not in some pastoral village in Greece.

And now, the pertinence of such ideal cultural notions as "private"/ "public", "open"/ "closed", "*nikokyris*"/ "*nikokyra*" will be examined in relation to the way gender roles are perceived and lived by first-generation Greek immigrant *nevra* sufferers in Montreal. As the interviews on *nevra* and parent-youth relations indicate, the *nikokyrio* or "household economy" model continues to be a relevant in shaping the roles of men and women towards each other, to their children and families, and to the community. Greek immigrant women are concerned with being good *nikokyres* or household managers. Keeping a clean, well-ordered home, and being able to wisely manage the household budget in taking care of the family's food, clothing and other needs are skills that are valued and taught in Greek immigrant families. One of the positive values attached to the roles of father and husband is being a capable economic provider for one's family. Indeed, the *nikokyro* model as described by Salamone and Stanton (1986) in their ethnographic research on Ambouliani, an Ionian island fishing community, with its implication of both the private and public sphere and the joint economic activity of men and women seems at first glance to be an ideal that could be functionally realised in an urban, Greek immigrant setting such as Montreal. Like the households of Ambouliani, most working class households in the Montreal Greek immigrant community depend on the economic contribution of both husband and wife. Furthermore in both communities an economically successful *nikokyrio* brings status and prestige to the *nikokyra* and *nikokyri*.

Upon closer examination however, the manner in which the *nikokyro* ideal has been adapted by most working class Greek immigrant families in Montreal differs in several significant ways from the "balance of power" and "partnership" model found in Ambouliani. The first and most obvious difference is the disruptive and uprooting effects of migration for first-generation Greeks. The losses incurred in the migration process are many. Family members, relatives, and entire communities were left behind, as were daily routines and other preoccupations. Also to be taken into account are the numerous economic and social pressures of the host society that Greek immigrant families must confront and react to. In contrast, the *nikokyro* institution in Ambouliani organises and shapes gender roles in an rural community with an uninterrupted history, and where a family's lineage can be traced back successive generations.

Secondly, although the cultural concept of the *nikokyrio* still holds some traditional significance in shaping cultural values and ideals attached to the roles of Greek immigrant men and

women, its transplantation has resulted in the loss of its principle defining trait: an independent, family owned, money making enterprise. As mentioned in Chapter III, second-wave Greek immigrants in Montreal are predominantly employed in the service and manufacture industries. Most earn their living as wage workers, while a minority own restaurants, bakeries and other small business. The introduction of wage work as part of the Greek immigrant woman's and man's economic role and contribution to the household has altered their respective traditional roles as *nikokyra* and *nikokyris*. As wage workers they are no longer engaged in a collective and entrepreneurial partnership which allows them to earn a living and gain the respect and approval of their community members. Wage work often means a break from familial relations, and the establishment of a separate contract and relationship between the worker and the employer. Notable exceptions to the two-income working class household, are the small family owned shops and enterprises in the Montreal Greek community. Although further research needs to be done in this area, the husband-wife relationship can approximate a financial partnership and balance of power depending on their respective involvement and decision-making power in their family managed business.

Furthermore the entrance of Greek immigrant women into the labour force, with most employed as sewing machine operators in clothing factories, is influenced by traditional notions and symbolic ideals about female and male nature that extend beyond the *nikokyrio* model. In her discussion of the hardships faced by Greek-Cypriot women in London who work in small-scale clothing factories owned by Greek-Cypriot men, Floya Anthias argues that "women [..]suffer a 'triple burden' as women, as migrants and as workers for migrant men" (Anthias, 1983: 73). According to Anthias, the employment of Greek-Cyprian women in clothing firms owned by co-villagers and kin "often involves the extension of the patriarchal relations of the family to those of work" (Anthias, 1983:74). Similar to the poor working conditions described in the preceding section on the experience of immigrant women in the Montreal clothing industry, Cypriot women occupy a fragile position and are engaged in a patron-client relationship with their Greek-Cypriot employer. In addition, the asymmetrical worker-employer relationship is further influenced by common ethnic and familial networks as well as shared cultural values and beliefs that pertain to the roles and behaviour of men and women. In their rural natal villages, Greek-Cypriot women were subordinated to their husbands and fathers. After migration to the urban London Greek-Cypriot community, the subordinate position of Greek-Cypriot women within the family is extended to the workplace. Greek-Cypriot women who are cheated in wages, sexually harassed, or otherwise exploited and demeaned are reticent to claim their rights and seek compensation in fear of being labelled for "creating trouble for a fellow 'Cypriot'

and 'all the community find[ing] out'" (Anthias, 1983:82). Furthermore, Anthias mentions that traditional notion of a man's honour and reputation resting upon his ability to control and safeguard the sexual virtue of the women in his family continues to be relevant in the new migrant setting. In the public and male-regulated sphere of the workplace, Greek-Cypriot women must be circumspect in their behaviour and actions in order to avoid damaging their family's name. This preoccupation with female sexual purity leaves Greek-Cypriot women vulnerable to male violence and abuse. For instance, husbands "are often suspicious of their wives if they come back home late from the factory" (Anthias, 1983:83). Also, women who are sexually harassed or violated are too frightened to tell their husbands for fear of abandonment.

Like their Greek-Cypriot counterparts, the entry of Greek immigrant women in the "public" sphere of work is potentially dangerous and replete with moral and personal risk. As mentioned in Chapter 1, the public realm is associated with danger, temptation and pollution. According to traditional cultural beliefs, women are perceived to be inherently morally weak. Therefore, it is believed that their access to the outside world should be controlled otherwise they can easily fall prey to temptation and lose their *timi* or honour. As the *nevra* interviews illustrate, Greek-immigrant women are vulnerable in the workplace. They are vulnerable not because they are inherently morally weak but as a result of external factors; namely the cultural perceptions of female sexuality, the exploitative working conditions and the characteristic patron-client relationship of contracting firms. For instance, Viki, a 38 year old sewing machine operator, attributes her experience of *nevra* to being systematically cheated out of her wages and to the factory owner's "advances" towards her. Like the Greek-Cypriot women in Anthias' study, Viki refuses to "tell anyone - especially [her] husband" that she is being sexually harassed. She is afraid that if her husband finds out he will blame her and call her a whore. Interestingly enough, although many *nevra* participants have worked in or are presently employed in Greek-owned clothing firms, the issue of ethnic loyalty as preventing the reporting of labour infractions is not mentioned. This discrepancy with Anthias' study may be attributed to differences in the number and scope of interviews.

The issue that remains to be examined is how has wage work influenced the role of Greek-immigrant women within the family and the *nikokyrio*. The entrance of Greek immigrant women in the labour force has been treated in the literature on Greek immigrant communities in Canada, the United States and elsewhere in a varied and times contradictory manner. At one extreme is Anthias' bleak and discouraging portrait of working class Greek-Cypriot women in London. Greek-Cypriot women are described as subordinated to their husband and employer, and prone to exploitation and

abuse. At the other extreme is the more optimistic view of Gavaki's study (1979) of the Greek immigrant family in Canada. Gavaki argues that the additional role of wage work of Greek immigrant women has allowed a greater participation in the decisions of family and household matters. As we shall see, a more balanced approach is necessary. In general, wage work has imposed additional burdens and responsibilities on the role of Greek immigrant women as wives, mothers and *nikokyres*. Whether or not women occupy a subordinate or an egalitarian position in the family needs to be examined within the particular familial circumstances of the individual woman. *Nevra* interviews indicate that in most cases relations between the husband and wife are asymmetrical and women occupy an economically and socially dependent position. Nevertheless, some participants enjoy an egalitarian relationship with their husbands and posses greater autonomy and a larger participatory role in the making of household decisions.

A burden shared by most Greek immigrant women that relates both to gender roles and wage work is the double workday. Without exception participants in both the *nevra* and parent-youth interviews who work or who are full-time homemakers are responsible for all domestic chores and childcare duties. Although the double workday is not limited to Greek immigrant women but is found among other groups of immigrant (and non-immigrant) women who have entered the labour force, participants attribute their double workday to their Greek background.

In her study on cultural perceptions of the sexual nature of women in Nea Ephesos, an urban community near Pireaus (the main port of Greece), Renée Hirschon notes that the sexual dichotomy and separation of roles observed in social aspects of rural life continue to be present in urban areas. The roles of men and women within marriage and family life are described as "complementary and asymmetrical" and characterised by a mutual sense of dependence (Hirschon, 1978:72). Men act as economic providers and bring goods and materials from the outside world that are necessary for the family's maintenance and survival. In turn, women in their role as the family's caretaker transform the goods into comfort and nourishment. The activities of women is described by Hirschon as "the creation of order within the home" (Hirschon, 1978:73). The author points out that the separation of roles is reinforced by the belief that neither sex is competent to perform tasks other than those deemed appropriate for their gender. Men are perceived as unable to wash dishes, do laundry, cook or sweep. Likewise, women are believed to be incompetent in dealing with concerns outside the home and particularly in the area of business. Individuals who cross the gender defined boundary are seen as committing a shameful (*dropis*) act. The author adds that the complementary roles of the husband and wife are "associated with another feature : the inequality of their status relationship" (Hirschon,

1978:73). Men are considered as the "superior sex", and hold the ultimate authority in the family. In contrast, women have a limited authority within the home and are dependent on their husbands.

It should be pointed out however, that a major limitation of Hirschon's study is it's failure to relate the ideal cultural notions and perceptions of female sexuality to actual socio-economic conditions in Nea Ephesos, nor to concrete daily behaviours and routines of its inhabitants inside and outside the home. For instance, she fails to mention whether or not women in Nea Ephesos as in other urban communities in the periphery of Athens and elsewhere in Greece are active in the labour force. Also, in presenting the roles of men and women as clearly marked and demarcated, no allowance is given for the possibility of change and variation.

In spite of its limitations, the asymmetrical and complementary gender model proposed by Hirschon is useful in understanding the double workday experience of Greek immigrant women in Montreal. Although women are obliged to join their husbands in the labour force out of economic necessity, their additional role as a joint economic provider has not altered their primary identification with the domestic sphere. Participants may complain about the additional burden of having to perform household and childcare chores before and after work, but they nevertheless consider the fulfilment of such duties as an obligation that accompanies womanhood and marriage. Likewise, the notion of "incompetence" on the part of some husbands in eschewing all domestic tasks is also mentioned in the *nevra* interviews. This is not to say however that *all* Greek husbands refuse to help with household chores. As the *nevra* and youth-parent interviews illustrate, a minority of husbands willingly assume cleaning and cooking chores.

Another dominant theme in the *nevra* interviews that concerns the transformation of gender roles is the nature of the husband-wife relationship. For the most part, the women interviewed are unsatisfied with their marriage and the behaviour and actions of their husbands. The latter are described as indifferent and insensitive to the emotional needs of their wives. Not only do they refuse to alleviate some of the household chores and responsibilities undertaken by their spouses, but they exclude their wives from the management of household budget and from other financial decisions. Husbands are also portrayed as staying out late, and as ignoring their wives' need for social outings and leisure activities. The economic and social dependence of women as well as their lack of decision-making power in household decisions in this type of spousal relationship approximates the asymmetrical complementarity model described by Hirschon. The husband appears as the "superior sex" and the sexual division of roles linked with the public and domestic spheres is clearly demarcated. Furthermore, this type of relationship is also seen by Greek immigrant women as one of the primary

causes for *nevra*. It is not surprising that after a long day of wage work, childcare and domestic responsibilities that women should find themselves in an emotionally and physically exhausted state. If in addition to their fatigue they feel economically dependent and insecure and are socially isolated and shut-in (*kleismenes*), then the need to "break-out" and voice their dissatisfaction becomes apparent.

It should be pointed out that not all Greek immigrant women are economically nor socially marginalised within the family and *nikokyrio*. Four out of fifteen participants are satisfied with their marriage and their position and role in the household. These women enjoy an egalitarian relationship with their husbands marked by reciprocal emotional support and understanding. Husbands contribute to domestic and childcare tasks, and wives participate in decisions involving the management of the *nikokyrio* and family life in general. The egalitarian nature of this type of husband-wife relationship seems similar to the *nikokyrio* model and its predominant trait of "balance of power". Although the transplantation of the *nikokyrio* institution has resulted in the loss of its principle defining feature as an self-sustaining family managed enterprise, as a gender model it nevertheless continues to inform and shape male and female roles within the Greek immigrant community.

Finally, the issue of maintaining order and cleanliness inside the home concerns both the transformation of symbolic aspects of gender roles in the Montreal immigrant setting and the experience of *nevra* for Greek women. Cleanliness and the maintenance of order within the home is of paramount concern as well as an indicator of social prestige. A clean and orderly house is symbolically associated with the positive and ideal qualities of womanhood. In contrast, dirt, disorder and pollution are things connected to the outside world, or "the road", and fraught with danger and immorality. A woman who has damaged her moral and social reputation is commonly referred to "as of the road" (*tou dromou*), while a woman with good moral standing is described "as of the house" (*tou spitiou*). As mentioned earlier, a woman should ideally spend her time in and around the house, and should only leave the domestic sphere for errands and duties relating to her economic and spiritual roles. If a woman fails to fulfill her domestic duties, she may leave herself open to gossip and criticism that will damage not only her reputation as a *nikokyra*, but that of her husband's as well. In addition, cleanliness inside the home is symbolically associated with the moral control a woman exercises over her behaviour and body. As Georgia, a full-time homemaker, mentions that it is shameful for her neighbours to see her home dirty. Not will she be perceived as having failed her *nikokyra* duties but will be seen as morally undisciplined. Furthermore, a few participants associate cleanliness inside the home with the preservation of domestic harmony. A clean and orderly home is believed to attract the husband home at night while a messy household serves to repel him.

Such beliefs on cleanliness and order inside the home and their symbolic association with female control are in part influenced by traditional representations of male and female nature as typified in the symbolic system of complementary oppositions described by duBoulay (1986). However, the importance attached to cleanliness and order indicates the loss of other traditional sources of female prestige and reflects the sense of powerlessness and dependancy that most Greek immigrant women experience in their relationship with their husband and family life.

Although Greek women are ideally responsible for religious activities and duties that include tending to the household icon shrine and the graves of family members, attending church services, observing fasting periods, religious holidays, and mourning rituals, certain of their spiritual pursuits have been abandoned upon migration to Montreal. For instance, religious pilgrimages to Greek Orthodox churches and shrines in Canada are scarce. Also, rituals associated with the cycle of death such as the singing of lament songs (*moiroloi*) during the mourning period as well as the practice of exhuming the grave after three to five years have ceased to take place. In particular, the loss of these burial rituals have deprived Greek immigrant women of a culturally constructed performance that allows them to actively voice their "pain, biography, [and] gender identity" (Seremetakis, 1990: 483). On a more general level, the loss of these religious pursuits is significant for a number of reasons. First, their discontinuation has diminished the social dimension and significance attached to the religious role of women. In Greece, religious duties such as tending the family grave are a source of social recognition and prestige for women and their families, since the family grave is considered to be an extension of the household. The symbolic demarcation in the immigrant setting between the household and the graves of family members has meant loss of a traditional source of social status and prestige for Greek immigrant women. Secondly, these activities took place outside the confines of the home and offered women a culturally sanctioned excuse to enter the public sphere without the need to be accompanied by a male family member. Finally, religious activities presented opportunities for women to create social networks and to form friendships outside the family. Concerning the latter, Robinette Kennedy in her ethnographic study of women's friendships in a small Cretan village argues that this type of social relationship functions as a "powerful coping mechanism" that frees women from their social isolation and allows them to give and receive emotional support and information that they are otherwise deprived in their male dominated marriage (Kennedy, 1986:127).

Thus when Greek immigrant women exclaim that their *nevra* attack is due to a disorderly and messy home they are socially and symbolically communicating their sense of helplessness and loss of control. On a social level, a disorderly home represents a failure to succeed in one of the few remaining

traditional areas of social prestige; namely the positive and redeeming qualities associated with being a good *nikokyra*, nurturer, and caretaker. It also points to the social and economic dependency of women on their husbands. On a symbolic level, the disorder within the home is associated with the emotional and physical "disorder" of a *nevra* attack. Contrary to the ideal state of control that a woman should exercise over her emotions, body and behaviour, the experience of *nevra* is often accompanied by out-of-control emotions such as yelling and screaming.

5.3 THE BREAKING POINT: FROM METAPHOR TO CHRONIC ILLNESS AND THE MEDICALISATION OF *NEVRA*

The cultural phenomenon of *nevra* among Greek immigrant women in Montreal as well as other occurrences of nerves/*nervios/nierbi* in various geographical contexts can be considered as a culturally appropriate form of communicating distress and suffering. In the outport communities of Newfoundland, rural communities of Costa Rica, and towns in Appalachia oppressed and marginalised individuals choose from their cultural repetoire the idiom of nerves to express their loss, anger and grief. *Nevra*, like other metaphors, are "pervasive in everyday life, not just in language, but in thought and action"(Lakoff and Johnson, 1980:3). Fernandez argues that the expressive aspects of culture are organised through metaphors which are polysemic in nature and can be manipulated by individuals to give sense to their "inchoate and troubled subjectivity" (Fernandez 1986:58). Within a similar vein, Kirmayer maintains that "bodily suffering distorts the landscape of thought" and that metaphors communicate the illness experience in a fragmented and incomplete manner (Kirmayer, 1992:329). Low adds that metaphor "allows for the communication of otherwise senseless and unspeakable suffering" (Low, 1994:143). Apart from being expressive, metaphors are strategic in that they allow for persuasion and performance (Fernandez, 1986). Metaphors can be enacted and performed in ritual or in other charged moment in an individual's life, such as illness, and allow for the definition and redefinition of identities.

Nevra as a metaphor does not only express cultural or social meaning but is also grounded in the body. The cultural metaphor of *nevra* allows the communication of distress through the use of metaphoric language and the body. In this respect the experience of *nevra* can be considered as an embodied metaphor (Low, 1994). The expression and meaning attached to the experience of nerves is channelled through the body to reflect the lived experience of the individual. The language used by *nevra* and other nerve sufferers is metaphoric and tied to bodily sensations and experience. Greek immigrant women speak of their *nevra* "breaking" and "bursting", and of the blood "boiling over" and

"rushing to the head". The metaphoric image of "broken" nerves can be traced to the etymology of the word *nevra*. Pierre Chantraine in his dictionary of etymology mentions that the origin of the word nerves lies in the sanskrit root *sne-war* which may belong to the same family as the Greek root *neo* or cord. The earliest definition of *nevra* is leather cords used for sewing leather garments. *Nevra* was also use to name the leather string of a bow. Perhaps the metaphoric expression of "my *nevra* are broken" is related to the association between *nevra* and cord. Just as the string of a bow snaps when stretched, *nevra* are thought to break in times of frustration and duress.

Although the various cultural and social meanings communicated through the idiom of nerves are context specific, the emotional and physical symptoms reported by nerve sufferers seem to overlap. In the literature the experience of nerves/*nervios/nierbi/nevra* is linked to the emotional and physical sensation of feeling "out-of-control" and "loss of control" (Low, 1981; Guarnaccia and Farias, 1988; Migliore, 1994; Lock and Dunk, 1987). Other common symptoms associated with nerves include anger, fear, worry, headaches, fatigue, and insomnia (Davis, 1989; Nations *et al.*, 1988; Van Schaik, 1989, Dunk, 1989; Davis and Whitten, 1989). As mentioned in Chapter II, the physical similarity in nerve symptomatology is attributed by Low (1985) to a basic physiological process common to all peoples. When physical variation occurs, Low suggests that it is a result of cultural influences on bodily expression.

While the pain and suffering that accompanies the bodily experience of nerves is underlined in numerous studies, it is not always clear in the literature at what point or threshold individuals label themselves ill and seek appropriate treatment. This ambiguity on the exact nature of nerves may stem from the way this phenomenon has been explored and defined. Studies which rely on clinical interviews tend to identify the complaints associated with nerves as an "ethnomedical illness" (Nations *et al.*, 1988), as a "popular illness term"(Van Schaik, 1989), and as a "lay illness" (Reynolds and Swartz, 1993). Migliore (1994) also identifies the occurrence of *nierbi* among Sicilians in southern Ontario as "popular illness category" even though his interviews were conducted within the Sicilian community. This is not to say however that the use of term "illness" in these studies eschews a social and meaning perspective in the analysis of nerves. Rather, the use of the term illness obfuscates whether or not the experience of nerves can be considered as "normal" event in addition to one marked by physical and emotional suffering. Only a handful of studies portray the experience of nerves as normal response to stress which becomes an illness when complaints become exacerbated and thought to require medical attention (De La Cancela *et al.*, 1986; Davis, 1989; Lock and Dunk, 1987; Dunk, 1989).

Concerning the specific experience of Greek immigrant women in Montreal, episodes or attacks of *nevra*, although unpleasant and painful, are usually considered as normal and not labelled as an illness. As the *nevra* narratives indicate, the symptoms and severity of *nevra* attacks can vary among individuals. In addition, some participants experienced episodes of *nevra* as part of their daily routine while others suffered attacks during moments of great upheaval and crisis. Attacks of *nevra* are considered as normal since they are perceived within the Montreal Greek community as a culturally appropriate expression of distress. More specifically, episodes of *nevra* are seen as normal if they are short in duration, usually between fifteen minutes to an hour and, once over, allow the individual to resume their activities. The transition of *nevra* from a normal albeit unpleasant event to a chronic illness occurs when episodes become more frequent and symptoms increase in intensity and severity. Episodes can last for hours if not days and are associated with debilitating emotional and physical symptoms. Chronic *nevra* sufferers are unable to fulfill their daily functions and responsibilities and seek medical attention as a means of alleviating their pain.

Out of fifteen participants, five labelled themselves chronic *nevra* sufferers. Just how prevalent the experience of *nevra* as a chronic illness is within the Montreal Greek community is unknown. Previous studies on *nevra* (Lock and Dunk, 1987; Dunk, 1989; Lock, 1990) which are based on a hundred open-ended questionnaires omit this distinction altogether. In addition, the interviews with the two physicians seem to provide contradictory findings. The general practitioner whose clientele is predominantly female estimates that twenty-five to fifty-percent of her practice includes Greek women, of whom less than five percent complain of *nevra*. In contrast, the specialist of Greek origin who also sees numerous Greek patients (65%) and of whom two-thirds are women, mentions he "often" encounters the condition of *nevra* among his female patients. Whether or not the condition of *nevra* as a chronic illness is pervasive, a factor to keep in mind is that the experience of *nevra* either as a normal condition or as an illness is not necessarily mutually exclusive. Chronic suffers must first experience "normal" *nevra* attacks, that is to say short and manageable episodes before their symptoms intensify and are labelled as an illness. Furthermore, as the interview with Irene demonstrates, although the experience of *nevra* is a culturally sanctioned means of expressing distress, it is not a necessary response to pressures encountered at home or in the workplace.

Why is it then that for some Greek women the experience of *nevra* attacks are normal while for others they are debilitating and chronic? As the interviews suggest, Greek immigrant women share common roles and experiences as immigrants, wage workers, mothers, wives and *nikokyres*. Most work as sewing machine operators and all suffer the double burden of wage work, and household and

childcare duties. Given the shared experience of *nevra* sufferers it is difficult to isolate one or more specific causal factors for *nevra* as a chronic illness. However, it seems clear that individuals who are more likely to experience *nevra* as an illness are those who are the most vulnerable, dependent and isolated and who have experienced unremitting shocks, crises and losses. In addition, chronic *nevra* sufferers often lack supportive relationships either with their husbands, family or co-workers. In times of a personal crisis they are unable to find a sympathetic person to talk about their feelings and problems. Being able to talk to a an understanding husband or friend is considered by participants to be an important coping strategy and treatment that allows the individual to overcome their *nevra* attack and regain control. Thus, *nevra* as a chronic illness occurs when repeated *nevra* attacks fail to elicit a culturally appropriate response. In particular, when family members and especially husbands remain indifferent to the anger, frustration and *message* that is communicated through episodes of *nevra*. This finding is supported by Lock and Dunk (1987) and by De La Cancela *et al.* (1986).

Unlike most participants who choose various forms of self-help therapies in overcoming "normal" episodes of *nevra*, the four chronic sufferers have sought medical treatment. According to interviews with chronic *nevra* sufferers, seeking help from one's family doctor is necessary for finding relief from their painful and debilitating symptoms. As the literature review on nerves indicates, seeking medical attention for severe episodes of nerves is common among nerve/*nervios/nierbi* sufferers (Low, 1981; De La Cancela *et al.*, 1986; Van Schaik, 1989; Nations *et al.*, 1988; Reynolds and Swartz, 1993). Only Davis (1989) mentions in her study on Grey Rock Harbour that women are expected to manage their nerves on their own since seeking medical treatment is considered a sign of moral weakness. However, seeking help from one's physician is more than just an individual strategy for symptom relief, it is also a process which carries social meaning and is influenced by social forces and relations. Allan Young reminds us that it is necessary to examine the path individuals follow in "linking symptomatologies to etiologies and interventions" within the specific social set of relations that underlie the symptom translation process (Young, 1982:270). In the case of chronic *nevra* sufferers, seeking medical treatment is also a response to their isolation and lack of support from family and friends. The link between lack of social support and resorting to medical help is also mentioned by Lock and Dunk (1987) and De La Cancela *et al.* (1986). Puerto Rican migrants in the United States suffering from *ataques de nervios* and Greek immigrant women in Montreal that complain of chronic *nevra* seek medical intervention due to the disruption of family support systems. De La Cancela *et al.* suggest that health care providers are sought out by *nervios* sufferers as a means

of replacing the lost social support network of family and close friends left behind in the country of origin.

While medical interventions can provide symptom relief for chronic *nevra* sufferers one major limitation is the risk of medicalising a condition which both patients and doctors perceive primarily as psychosocial in origin. In seeking medical treatment for *nevra*, Greek women present their suffering in the language of bodily symptoms and isolate their distress as personal. As a result, the multiple social and cultural pressures and disorder communicated through their experience of *nevra* are silenced in an intervention process where the focus is treating and restoring order to the physical body. The language of symptoms, diagnosis and tests used in medical interventions removes the social from the physical and the self from the embodiment of *nevra*. The danger of medicalising the experience of nerves/*nervios/nevra* and reducing its etiology to a set of physical or psychological factors while ignoring social, cultural and economic asymmetrical relations has been raised in other studies as well (Van Schaik,1989;De La Cancela *et al.*, 1986; Lock and Dunk, 1987). Furthermore, the limited scope of the medical intervention is reflected in the type of treatment prescribed in cases of *nevra*. *Nevra* as other nerve/*nervios/nierbi* sufferers are routinely prescribed tranquilizers in order to relieve their anxiety, the physical sensations of shaking and trembling, as well as to help them sleep at night.

To be fair, not all physicians focus on the physical and ignore the social when treating the condition of *nevra*. Although the two physicians interviewed prescribe a battery of medical tests to rule out physical abnormalities and tranquilizers to provide symptomatic relief, they nevertheless assign a social and cultural meaning to the illness experience of their *nevra* patients. Both physicians explain the experience of *nevra* in terms of the numerous shocks and losses patients have endured in the migration process including the rupture of family and social ties, conflict and tension between parents and youth, and the arduous and stressful nature of factory work. Once Greek immigrant woman are reassured that there is nothing physically wrong with them, they are encouraged to talk about their personal issues and problems. *Nevra* sufferers are also persuaded to adopt healthier lifestyles that include more leisure time. In this respect, the intervention approach of the general practitioner and the specialist is similar to that of one of the physicians described in Reynolds and Swartz study in South Africa (1993) as well as to the way *nervios* is treated by doctors in Costa Rica (Low, 1981). In both studies, patients' complaints of nerves/*nervios* are perceived as legitimate and etiological explanations centre on social and cultural factors.

Although more physician interviews are necessary to explore the issue of ethnic matching, it is interesting to note that the general practitioner possesses the same in-depth awareness of the family

and lifestyle background of her Greek patients as does the specialist who is a member of the Montreal Greek community. The similar and informed approach of both physicians suggests that shared ethnicity between the doctor and patient is not a prerequisite for understanding the various socio-cultural aspects of an illness complaint. Doctors, as in the case of the specialist, as well as patients can perceive common experiences and origins as a facilitating factor in the intervention process.

Furthermore, in being able to present their physical and emotional symptoms to their family doctor and receive medical treatment, Greek immigrant women are granted a measure of legitimacy in their suffering. Consulting a family doctor and receiving medication allows chronic *nevra* sufferers to present their physical and emotional pain to their family and friends as genuine and serious. By adopting a sick role Greek immigrant women can try to elicit sympathy and support from family members and friends, and perhaps even some positive changes in their immediate environment. It should be pointed out that in spite of the sense of legitimacy chronic *nevra* sufferers obtain in their sick role, it is nevertheless a weak and indirect strategy for effecting change. Instead of directly confronting the various sources of their oppression and suffering, chronic *nevra* patients obliquely voice their dissatisfaction and pain through the disempowered state of illness.

The resort of chronic *nevra* sufferers to use their suffering as a means of obtaining support points to the lack of other available strategies and resources available to Greek women either at the physician's office or within the Montreal Greek community. As the interviews indicated, physicians are limited by their professional role and structure of clinical care in terms of the kind of care they can provide to *nevra* sufferers. Consultation periods are generally too short to allow doctors and patient to discuss in detail personal problems. In cases where physicians are able to invest more time and hold family counselling sessions as a means of addressing intrafamilial conflict and tension, they invariably fail to bring the husband to their office. In addition, there is a scarcity of support groups and other social services offered by the *Koinotita.* for helping Greek women overcome their isolation and dependancy.

5.4 *NEVRA* AS A FORM OF RESISTANCE AND A STRATEGY FOR TRANSFORMATION

Apart from acting as an idiom of distress the cultural phenomenon of *nevra* possesses an additional facet that deserves consideration. The experience of *nevra* among Greek immigrant women is more than an embodied metaphoric state that is used to communicate suffering and loss of control in relation to oppressive working conditions, unsupportive husbands, menopause, and nostalgia for

their natal village and family left behind. Attacks of *nevra*, whether perceived as normal or lived as an illness are often accompanied by an acute awareness which enables sufferers to identify the social origins of their pain and distress and express the need for change.

Given the element of awareness and the potential for transformation, the experience of *nevra* can be seen as an active process whereby the individual engages in an cultural performance. In contrast to Dunk's study (1989) which interprets the absence of a defined organic pathology of physical *nevra* complaints as a form of somatization, our study eschews this term altogether. As Kirmayer (1998) points out, the term somatization is used in psychiatric diagnosis to label a diverse number of conditions such as panic disorder and hypochondriacal worry which present physical symptoms that are medically unexplainable. Patients who somatize transform their emotional distress into physical symptoms, and present their suffering by focussing *only* on their bodily symptoms. In this respect the experience of *nevra* is not a form of somatization since Greek immigrant women infuse multiple layers of social and cultural meaning in explaining their emotional and physical complaints. In labelling *nevra* as a form of somatization, the acute awareness possessed by Greek immigrant women is ignored and their experience translated into passive, sterile and medicalised terminology.

The experience of *nevra* as a cultural performance can be compared to performance rituals noted in ethnographic studies on Greece. Healing rituals such as firewalking among the Anasterides in Greek Macedonia (Danforth, 1983), and lamentations (*moiroloi*) (Seremetakis, 1991; Caraveli, 1986) are performed by women and involve the painful enactment of social contradictions and tensions through the body. *Nevra* attacks ensuing after an argument with one's spouse and *moiroloi* performed at funerals or in cemeteries voice and reveal a "dissonance between the self and society" (Seremetakis 1991:5). Furthermore performances of *nevra* are similar to the singing of *moiroloi* and firewalking rituals since they too contain strategies of resistance, healing, and change. Caraveli argues that the lament ritual has traditionally allowed performers to manipulate textual elements in order to protest the social role of women in the context of androcentric village life and the social isolation of widows (Caraveli, 1986). Danforth notes that the performance of mourning rituals such as crying and lamenting at the grave are perceived as a necessary "cathartic outburst" that allow women to cleanse themselves of their pain (Danforth, 1982:144). Similarly, the ritual of dancing barefoot on hot coals performed by women (*Anastenarisses*) believed to be "seized" or "called" by Saint Constantine endows the performers with social power and prestige and permits the healing of social relationships (Danforth, 1983). Danforth mentions that a woman's participation in the firewalking rite constitutes a strategy

by which a performer can "change the balance of power within the family in such as way as to resolve conflict between her and her mother-in-law" (Danforth, 1983:219).

Considered from a cultural performance perspective, *nevra* sufferers are active participants in the social order who orchestrate their embodiment as a means of resistance to cultural expectations and exploitation in the workplace. For instance, in *nevra* interviews Greek immigrant women express their resistance to traditional models of gender roles. Most complained about their double workday, lack of decision-making power in household matters, and of feeling shut-in (*kleismenes*). Eva ends her narrative of chronic suffering with the determination to assume more independence and control over her life. After her husband ignores her pleas to take her and the children to an amusement park, she decides to go on her own. Eva's decision is culturally significant since it challenges the asymmetrical complementarity gender model proposed by Hirschon. According to this model, a women must depend on her husband to take her out socially, "and it is one of her husband's obligations that he 'take her out once in a while' (*na tin vgali exo kammia phora*)'" (Hirschon, 1978:78). Instead of waiting for her husband to take her out "once in a while" (*kammia phora)*, Eva enters the public sphere alone and with the sole purpose of seeking pleasure and relaxation. Her act of resistance does not only push her social boundaries into the outside world but equally threatens her husband's previously unchallenged privilege as the family's social gatekeeper. In this particular case, Eva is able to use her illness experience of *nevra* to bring about certain positive changes in her family life. Soon after her solo social excursion, her husband agrees to take the family on a social outing. Eva has also learned certain lessons from her chronic illness experience. She knows what can provoke her *nevra* and vows to "start looking after [her]self". Eva plans to continue her studies when her two children are a little bit older, and to be less reliant on her husband in meeting her emotional and social needs.

Eva's and other narratives illustrate that the experience of *nevra* as a performance ritual suggests not only resistance to certain aspects of traditionally defined male and female gender roles, but reflects an active and ongoing transformation of gender and ethnic identities. The fact that Greek immigrant women are able to link their suffering to what they perceive as gender inequalities in their roles as immigrants, wives, mothers, wage workers, and *nykokyres* points that they are not passive inheritors of cultural values and beliefs. As actors and performers Greek women can reflect, manipulate and in the process redefine the social and cultural meanings attached to their multiple roles and identities. Current approaches on the subjective experience of ethnicity (Fischer,1986; Daniel, 1984; Oriol, 1984; Meintel, 1992 and 1993) likewise emphasise the fluidity, malleability and reinventiveness of ethnic identity.

The experience of *nevra* among Greek immigrant women suggests that gender and ethnic identities are informed by a cluster of key symbols (Ortner, 1973) and values derived from traditional cultural models and beliefs. Accentuated in *nevra* narratives are notions relating to "honour", "*dropi*", the social institution of the *nykokyrio*, natural and symbolic order, and asymmetrical symbolic representations of male and female nature. The way that these symbols and values are appropriated by individual women in interpreting their *nevra* experience varies. Changes in meaning attached to key symbols can also occur when traditional values and beliefs are applied to new contexts and situations. In the process of negotiating conditions, attitudes and pressures in the host society, some traditional values and beliefs are abandoned while others are highlighted and in the process assume new expressions as they are extended by individuals to situations absent in the country of origin. With regard to the experience of *nevra*, the social significance and prestige associated with maintaining a clean and ordered *nykokyrio* have acquired a new importance in shaping the domestic role of women even though as a social institution the *nykokyrio* has lost its traditional entrepreneurial function. In addition, the egalitarian values of partnership and balance of power traditionally expressed by the *nykokyrio* model have been integrated by individual Greek immigrant families in varying degrees. Some participants who are in a supportive marital relationship enjoy an economic and social partnership with their husband in managing their *nykokyrio*. However the relationship between most women with their husbands is influenced by other gender models based on symbolic and cultural notions of the asymmetrical nature of men and women.

Although the experience of *nevra* shares with other performance rituals such as lament and firewalking the strategic element of resistance and the possibility of healing social relationships, it nevertheless differs in one significant manner. Unlike death rituals and firewalking rites which provide performers culturally sanctioned means of enhancing their social prestige within the community, attacks of *nevra* are considered disvalued states which do not accord the sufferer any social benefits. In fact, the experience of *nevra* among Greek immigrant women points to the loss of such traditional performance rituals which enable women to voice their pain and social critique.

5.5 SUMMARY

The polyphonous experience of *nevra* as an embodied metaphor and cultural performance condenses and communicates multiple meanings of dissatisfaction and loss of control in relation to the myriad roles of Greek immigrant women as immigrants, mothers, wives, *nikokyres*, and wage earners. *Nevra* sufferers possess a keen awareness of the origins of their suffering. The two most often cited etiological explanations for *nevra* include the exploitative practices of factory owners and the harsh conditions of sewing machine work, as well as perceived inequalities and limits of traditional gender models. Aspects of the asymmetrical complementary model described in contemporary urban Athens continue to inform male and female behaviour of Greek immigrants in Montreal. In spite of their newly acquired role as wage earners, women are still identified primarily with the domestic sphere and their duties within the *nikokyrio*. *Nevra* sufferers are exhausted from their double workday and most complain of being financially dependent on their husbands, feeling shut-in or *kleismenes*, and as lacking decision making power in family and household matters. However, not all *nevra* sufferers are married to unsupportive and indifferent husbands. The relationship of four out of the fifteen participants closely approximates the egalitarian nature of gender roles of the *nikokyrio* model. Furthermore, the disappearance o f traditional death rituals and religious duties have deprived women of sources of social prestige and culturally sanctioned means of voicing their pain and anger.

It is difficult to pinpoint the exact factors responsible for the transition of the experience of *nevra* from a normal experience to chronic illness. However, it seems that the combination of a series of unremitting crises and pressures and the lack of family support can lead to a more amplified and debilitating *nevra* experience. Chronic nevra sufferers invariably seek medical treatment for their painful symptoms. Seeking medical attention can bestow a sense of legitimacy on the suffering of *nevra* patients. However, the translation of the polyphonous social and cultural meanings attached to the illness experience of *nevra* to a precise medical language of symptoms risks medicalising a condition that is otherwise attributed a social etiology by sufferers.

Finally, the experience of *nevra* as a cultural performance provides Greek women with an active and dynamic role in resisting certain aspects of traditional models of gender which are perceived as limiting and unequal. *Nevra* performers can manipulate their suffering to express their dissatisfaction, question, and in certain cases, modify their roles as wives, mothers, and *nikokyres*. In contesting and at times modifying the lived experience of sufferers, *nevra* performances reveal the formulation and transformation of gender and ethnic identities. *Nevra* narratives contain key values

and symbols, such as *dropi*, control, order, and the positive values attached to the role of the *nikokyria*, whose meaning and importance is inextricably tied to the experience of being a working class, Greek immigrant woman in Montreal.

CHAPTER VI: CONCLUSION

The polyphonous cultural concept of *nevra* among first-generation Greek women in Montreal is a culturally appropriate response to distress as well as a form of resistence to various cultural, social and economic pressures. Episodes or "attacks" of *nevra* are perceived to be normal if not unpleasant experiences within the Montreal Greek community. Women are perceived as being more vulnerable to attacks than men, and the expression and experience of *nevra* can vary from individual to individual and from episode to episode. *Nevra* attacks are associated with numerous physical and emotional symptoms including: anger, anxiety, worry (*stenochoria*), depression, the sense of "loss of control", and the bodily sensations of *nevra* "breaking", "bursting" and blood "boiling" and "rushing". Episodes of *nevra* are considered to be normal if attacks are short-lived and the sufferer can resume her routine and duties. If episodes become more frequent and symptoms intensify *nevra* sufferers label their experience as an illness.

The experience of *nevra* among Greek immigrant women in Montreal shares similar characteristics with occurrences of nerves/*nervios/nierbi*. *Nevra* and other nerves sufferers tend to be vulnerable and marginalised members of society who communicate their anger, frustration, and powerlessness through the metaphoric language of bodily symptoms and sensations. Nerves/*nervios/nierbi*/*nevra* attacks are infused with layers of social and cultural meaning and resonate a multitude of losses, crises, and conflict. Sufferers link their nerves/*nervios/nierbi*/*nevra* experience to such issues as poverty, the loss of family ties due to migration, worry about loved ones left behind in the country of origin, conflict with family members, and the physical and economic hardships associated with immigrant life. In addition, physical and emotional symptoms associated with episodes of nerves/*nervios/nierbi*/*nevra* overlap. Nerves sufferers in various cultural and geographical contexts report feeling fatigued, dizzy, weary, angry, depressed and "out of control". Most nerves sufferers resort to various lay therapies and medical treatment.

Greek immigrant women possess an acute awareness and are highly articulate on the origins of their suffering. Attacks of *nevra* are etiologically linked to numerous pressures and losses they encounter in their multiple roles as immigrants, mothers, wives, *nikokyres*, and wage earners. The most frequently cited reasons for *nevra* episodes include the low wages and long hours of bending over a sewing machine in a dusty sweatshop while being pushed to work faster by the factory owner, the double workday, and lack of support and communication from one's husband. Other causal explanations for *nevra* involve changes in the weather, disorder and lack of cleanliness in the house, nostalgia for one's natal village and family left behind, menopause, birth control pills, and feelings of being shut-in (*kleisoura*). Thus, etiological explanations of *nevra* condense a multiplicity of meanings

as well as juxtapose and link diverse cultural values, symbols, emotional states and behaviours. In this respect, the cultural phenomenon of *nevra* can be considered as a core symbol or idiom.

Analytical terms such as "symbol", "metaphor" or "idiom" are used as heuristic devices in understanding the multifaceted experience of *nevra*. Their employment however is not meant to detract from the real, physical pain and discomfort of *nevra* sufferers. The metaphoric expressions and meanings of n*evra* are firmly grounded in the body and in the lived experience of Greek immigrant women. N*evra* narratives clearly illustrate that when attacks become more frequent and intensify in severity sufferers are debilitated and unable to function. The exact transition point from normal attacks to *nevra* as a chronic illness is unclear in that it cannot easily be attributed to any one set of specific factors. Chronic and non chronic sufferers share similar burdens and worries as sewing machine operators, *nikokyres*, wives and immigrants. What can be suggested is that chronic *nevra* sufferers are vulnerable, isolated, and dependent individuals who have experienced unremitting shocks, crisis and losses. In addition, chronic sufferers often lack support from family members and in particular their husbands. Thus, when a crisis occurs they have no one to share their feelings. Being able to verbalise one's feelings in a supportive context is perceived by Greek immigrant woman as a measure of prevention against *nevra* as an illness.

The type of treatment sought for *nevra* attacks depends on whether or not episodes are normal and short-lived or chronic and labelled as an illness. For normal episodes various lay therapies such as taking a walk, napping, and talking to a friend are helpful in calming the *nevra* sufferer and allowing her to regain control. Chronic *nevra* sufferers invariably seek medical treatment, usually in the form of tranquillizers, to ease their pain and discomfort. Assuming a sick role and being prescribed medication grants Greek immigrant women a marginal legitimacy in their suffering. In being labelled ill, chronic *nevra* sufferers can manipulate their suffering as a means of eliciting sympathy, and in some instances, minor changes in their immediate environment. Considered from the anthropology of sickness perspective, the path Greek immigrant women follow in labelling and translating their symptoms as well as in seeking appropriate cures is embedded in a set of social relations and shaped according to the sufferer's social and economic circumstances. In bringing their *nevra* suffering with its multiple social and cultural meanings to the physician's office, Greek immigrant women risk having their symptoms translated into technical and discrete medical terms. This medicalisation process isolates distress as personal and divorces the experience of *nevra* from its rich web of social meaning. As the interviews with the two physicians demonstrate, not all medical professionals treat only the physical and ignore the social. This finding adds to our understanding of *nevra* and other experiences of nerves since it presents both the limitations and benefits of the medical consultation process.

Furthermore, the experience of *nevra* among Greek immigrant women in Montreal can be compared to certain aspects of performance rituals in Greek culture such as death and mourning rituals and the firewalking ceremony in the Greek region of Macedonia, which provide women an active role to voice their pain and contest perceived limitations and inequalities in gender roles. N*evra* sufferers are highly articulate and able to critically link their distress to oppressive conditions and unequal social relations in the home and workplace. Their keen awareness demonstrates that their *nevra* experience is a dynamic process that contains the elements of resistance and potential for change. Greek immigrant women are active participants in the social order who can orchestrate their embodied suffering to express their dissatisfaction with their multiple roles as immigrants, wage workers, and *nikokyres*. In certain cases, they can use their *nevra* experience to bring about positive, minor changes in their immediate environment. In contesting and at times modifying the lived experience of sufferers, *nevra* performances allow for the definition and redefinition of gender and ethnic identities.

This study adds to previous research on *nevra* among Montreal Greek immigrant women in several significant ways. First, it situates the cultural phenomenon of *nevra* within the wider framework of immigration, health and ethnicity. Etiological explanations for the experience of *nevra* are similar to identified risk factors for psychological problems among refugee and immigrant populations. Similar to migrant individuals in other communities, *nevra* sufferers are vulnerable to poverty, social isolation, family conflict and separation and hardships and crisis related to pre and post migration trajectories. Likewise, lay therapies for normal episodes of *nevra* are similar to protective factors for the prevention of mental health problems among migrant groups. In both cases, the presence of social and community support networks plays a key preventive role.

Second, the inclusion of a second set of interviews on intrafamilial relations and perceptions of ethnic identity between first-generation parents and second-generation youth within the Montreal Greek community provides a complementary perspective to *nevra* narratives. Household organisation and the negotiation of both mundane and meaningful decisions pertaining to various aspects of gender roles and other aspects of family life is useful in understanding the multiple roles and identities of *nevra* sufferers. In particular, the presence of both areas of convergence and divergence in attitudes and beliefs concerning key cultural values such as respect and obligation between the two generations allows the delineation of cultural threads of continuity and discontinuity from the parents rural origins to the urban migrant context of the Montreal Greek community. Furthermore, the strong and often negative reaction of young women to traditional restrictions on female behaviour outside the home, sexuality, as well as the importance placed on being a praiseworthy *nikokyra*, indicates that gender

and ethnic identities are contested and reformulated at varying degrees across generations of women within the same family and ethnic community.

Third, previous research on *nevra* limits the interpretation of gender roles within the Montreal Greek community to one gender model namely the ideal of asymmetrical complementarity provided by Hirschon (1978). Our study demonstrates that not only do *multiple* gender models inform female and male behaviour, but that ideal cultural values and symbols associated with gender roles are appropriated and applied in diverse ways among individuals and contexts. In general, positive attributes attached to the male role of *nikokyris* as an economic provider and the female role of *nikokyra* as an efficient caretaker continue to provide sources of social prestige for most Greek married couples. On a more specific level however, the way in which individual married couples relate to one another and share their responsibilities within the domestic and public spheres differs. The relationship between some *nevra* sufferers with their husbands approximates the egalitarian ideal of the *nikokyrio*, while for others it resembles the asymmetrical complementarity model. This difference in gender models can also help explain why some women are chronic *nevra* sufferers while others are not. Medicalised, chronic cases of *nevra* are generally found in families with an asymmetrical and complementary gender role model. Furthermore, unlike studies on Greek immigrants in Canada, the United States, England and elsewhere, our study has eschewed presenting the roles and behaviours of Greek family members in a rigid and stereotypic fashion. At the same time we did find that the overall constraints of the immigrant context in the form of the double workday, lack of extended family networks, and loss of traditional sources of status and prestige along with widely held gender norms create the setting within which *nevra* occurs.

Fourth, this study highlights the multiple identities expressed by Greek immigrant women and second-generation youth and proposes that the dynamic process of formulation and reformulation of ethnic and gender identities is organised through clusters of key symbols and values. In *nevra* narratives, perceptions of what it means to be a working class woman living in the Montreal Greek community are shaped by such dominant cultural values and symbols as *dropi*, honour (*timi*), "the road" (*o dromos*), order and cleanliness. Similarly, youth incorporate the values of respect and obligation into their formulation of Greek identity. The importance and meaning attached to key values and symbols varies among individuals and changes according to context. Implicit in this approach is that ethnicity and gender, alongside age, occupation, profession etc.., are just a few juxtaposed elements in the multifaceted process of identity formulation. This perspective allows for subtle variations, symbolic inversions, tropes of resistance, and other forms of behaviour which are invariably ignored by ethnicity models oriented to producing explanatory models and generating predictions.

Finally, our study on the cultural phenomenon of *nevra* among Greek immigrant women in Montreal has elicited several questions for further research: 1) How do Greek immigrant men experience *nevra*? Are they prone to normal episodes of *nevra* or does their experience include *nevra* as an illness? Does the fact that men occupy a dominant cultural and economic role in the public sphere and have greater social freedom curb the frequence and intensity of *nevra* attacks? 2) Does the experience of *nevra* change over generations? Will second-generation women and in particular those whose future family life may approximate the complementary asymmetrical gender model rely on the cultural phenomenon of *nevra* as a culturally appropriate means of expressing distress? Will they, and under what specific set of circumstances, also experience *nevra* as a form of chronic illness? 3) Do marginalised, working class women living in urban centres in Greece experience *nevra*? Is *nevra* a culturally sanctioned response to distress in such communities? What aspects of gender and ethnic identities do women resist and in turn modify? 4) How do other doctors as well as social workers and nurses within and outside the Montreal Greek community intervene in cases involving *nevra*? How representative is the Greek specialist's "faith healing" and placebo approach in the treatment of perceived psychosomatic complaints? What kind of resources and intervention measures are needed to help *nevra* sufferers overcome their isolation and vulnerability?

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ANNEX

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Eva	25	13	Born in Berlin, Germany. At 11 years, followed parents back to Athens. Came to Montreal in 1985, at the age of 21 with her husband and 2 children. Reason for migration: to find better work and improve economic circumstances. Her "secret" ambition was to continue her studies.	Husband (34), son (7) and daughter (5). Extended family in Montreal: husband's side of the family only.	She has been unemployed for one year. Previous employment: full-time secretary. (Husband works as a nighttime cook).
Maria	37	7	From a small town in the Peloponnese region (southern Greece). Married husband at 16 and came with him to Montreal, several months later, in 1970. Reason for migration: searching for better economic opportunities.	Husband (41), son (16), son (11), son (3) and daughter (5 months). Extended family in Montreal: on both sides of the family.	Full-time homemaker, and retired sewing machine operator. She worked in the garment industry for a total of 25 years. She retired 5 years prior to the interview (1989) due to back problems. (Husband has a factory job).
Irene	50	5	From a town in Crete. In 1962, at the age of 25, she came to Montreal with her husband and 5 month old baby. Reason for migration: She had relatives in Montreal, and wanted to find better employment opportunties.	Husband (53), daughter (26), daughter (24), son (21), daughter (18), daughter (15) and son (10). Extended family in Montreal: on both sides of the family.	Has worked as a sewing machine operator in the garment industry for 25 years. She stopped working for a brief period of time after each pregnancy. (Husband works as a daytime cook).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Georgia	33	12	In 1968, she left her village in Crete, at the age of 17, to come to Montreal. She was sponsored by an uncle. She married her husband (the marriage was arranged through relatives) a couple of years later. Reason for migration: in search of better economic opportunities.	Husband (35), daughter (14), daughter (12), daughter (9) and son (3). Extended family: Relatives in Montreal from both sides of the family.	Full-time homemaker. She worked as a sewing machine operator for the first 2 years. She stopped work after her first pregnancy. (Husband owns a restaurant).
Marianna	42	5	She left her village in the island of Cephalonia, at the age of 15, in order to work in Athens as a domestic. In 1965, the year she turned 20, her sister sponsored her to come to Montreal. She met her husband in Montreal, through an aunt. Reason for migration: to find better work and send money back home.	Husband (44), daughter (18) and son (13). Extended family: Relatives in Montreal from both sides of the family.	She has been working in the garment industry since her arrival. She began cutting threads for the first 2 years. She has been a sewing machine operator for the past 20 years. (Husband is a factory worker).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Panagiota	45	6	At the age of 16, she left her rural town in the Peloponnese to find work in Athens. In 1957, she was sponsored by her sister to come to Montreal. Her parents arranged her marriage from Greece. The groom was picked from a village nearby her hometown and sent to Montreal on a tourist visa. Reason for migration: to improve economic situation.	Husband (46), son (19) and daughter (16). Extended family: Relatives in Montreal from her side of the family.	From 1957, she began working as a sewing machine operator, until her first pregnancy. She waited until her children reached school age, and returned to work, this time as a forelady in her husband's small contracting clothing firm.
Cathy	47	13	At the age of 13 left village in the Peloponnese and went to Athens to stay with relatives, in order to study and work. In 1962, after completing high school she was sponsored by her sister to come to Montreal. She met her husband through relatives in the community. Reason for migration: her original plan was to save money and continue her education.	Husband (52), daughter (21), son (18), and son (14). Extended family: Relatives in Montreal from both sides of the family.	She has worked in the garment industry, as a sewing machine operator since 1962. She stopped working for a brief period after each pregnancy. (Husband works as a cleaner).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Paraskevi	36	13	In 1970, at the age of 17, she left her small town in Macedonia (northern Greece) to come to Montreal. She was sponsored by her eldest sister. Relatives arranged her marriage. In 1979, she left with her family to return to Greece "forever". They returned to Montreal one year later after a failed business venture. Reasons for migration: to work for a few years, save money and return back to Greece.	Husband (37), daughter (11) and son (9). Extended family: Relatives in Montreal from both sides of the family.	Upon her arrival, began working as a sewing machine operator. She stopped working after each pregnancy for one and an half years. After her return from Greece, she has worked as a sewing machine operator at home. (Husband is also a homeworker).
Helen	49	7	She worked as a seamstress in a small town in the Peloponnese. In 1966, at the age of 28, she was sponsored by her sister to come to Montreal. She met her husband through relatives in the community. Reason for migration: to find better paying work, and to send money back home to parents and siblings.	Husband (54), daughter (16) and daughter (12). Extended family: Relatives in Montreal from both sides of the family.	She works as a sewing machine operator. She stopped working during her first pregnancy, and only went back after her youngest started school. (Husband is a restaurant owner).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Demetra	57	5	At the age of 16, she left her village in Central Greece and went to Athens to work as a nanny. In 1954, she came to Montreal as part of the United Church of Canada's sponsorship program. She worked as a domestic for a few years. Her marriage was arranged by relatives in Athens. After exchanging letters with her husband to-be, she sent for him to come to Montreal as her fiancé. Reasons for migration: to earn enough money to send back home and to sponsor siblings to Montreal.	Husband (66), daughter (23) and daughter (19). Extended family: Relatives in Montreal from husband`s side of the family.	Full-time homemaker, and retired sewing machine operator. Until a three years ago, she worked in the garment industry. (Husband is also a retired factory worker).
Viki	38	11	She was born in a village in Northern Greece. At the age of 17, her brother sponsored her to come to Montreal. She stayed with her brother`s family for a few years and began working in the garment industry. She met her husband through friends. Reason for migration: to find better economic opportunities.	Husband (42), daughter (14) and son (9). Extended family: Relatives in Montreal from her side of the family.	Started working as a sewing machine operator until her first pregnancy. Stopped for a few years to raise her children. Resumed work as a sewing machine operator after youngest started school. (Husband works as a steam presser).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Ourania	43	5	In 1958, she and her sister were sponsored by relatives already living in Montreal. She finished high school and found work in the garment industry. She met her husband through family connections. Reasons for migration: to continue her education.	Husband (47), daughter (16) and daughter (12). Extended family: Relatives in Montreal from both sides of the family.	Has been working as a sewing machine operator since her arrival. After each pregnancy, she stopped working for a few years. (Husband is a factory worker).
Eudoxia	36	11	At the age of 16, she left her village in the Peloponnese to find work in Athens. In 1971, she was sponsored by her brother to come to Montreal. She met her husband through church connections. Reasons for migration: to work for a few years, send money back home, and eventually to return to Greece.	Husband (35), son (8) and son (5). Extended family: Relatives in Montreal from her side of the family.	Her first few jobs were in the garment industry. She left after finding working conditions too stressful. She has been working as an office cleaner for the past 5 years. (Husband is an house painter).
Chryssa	41	6	She and her husband are both from the same village in the Peloponnese. In 1957, they were sponsored by her husband's brother to come to Montreal. Reasons for migration: to work for a few years, save money and return to Greece.	Husband (43), daughter (14), daughter (11) and son (5). Extended family: Relatives in Montreal from husband's side of the family.	She did a number of odd jobs before finding work as an office cleaner, through connections in the Greek community. (Her husband works as baker in a Greek-owned bakery).

PARTICIPANTS IN *NEVRA* INTERVIEWS: MIGRATION, FAMILY SIZE AND EMPLOYMENT

Name	Age yrs	Educ. yrs	Context of Migration / Date of Arrival	Family / Household Size	Present Occupation
Katerina	52	5	In 1956, she left her village in the Peloponnese and went to Athens to work in a factory. She came to Montreal, as part of an international sponsorship program. Relatives in Montreal introduced her to her husband, who was already living in Montreal. He was born near her natal village. Reasons for migration: to work and send money back home. Also thought one day of returning to Greece, but never actualized plan.	Husband (55), son (25), daughter (23), and son (20). Extended family: Relatives in Montreal from both sides of the family.	She has been at the same industrial plant since her arrival, as an assembly line worker. She stopped for a brief period of time after each pregnancy. (Husband is an electrician who works for himself).