

Mature Men Matter in North West NSW – Drama and Collaboration in a rural men’s wellbeing program

Work in progress - not for citation

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Ros Foskey
Project Director
Institute for Rural Futures
University of New England
rfosey@pobox.une.edu.au

Normally if you go to a thing like this it’s a seminar and somebody gets up the front with a wealth of knowledge, and imparts that knowledge, or endeavours to impart that knowledge to the audience; and I guess that people my age, and there were plenty of people that were older than me there, older and wiser, probably switch off and go to sleep. But I was surprised at the degree to which they managed to convince the audience that they already had the knowledge and the wisdom to fix this, all they had to be shown is how to assemble the information correctly and process it, and then to begin to deal with some of the issues that the changes in their life have brought about.

Farmer in his 50’s speaking about the Gunnedah Mature Men Matter workshop September 2003 during a radio interview on the project on ABC Radio National Bush Telegraph Program November 2003

Setting the Scene

The Mature Men Matter project is based on an understanding of the links between mental and physical health and the importance of community networks to wellbeing throughout the life course (see for example - Hammond, 2002; Vaillant, 2002; Franzini and Spears, 2003; Sundquist et al, 2004). The project targets men preparing for, or undergoing, later life transitions. Change inevitably brings stress and how rural men cope with stress is dependent on the internal and external resources available to them. Learning has been identified as having a key role in assisting people to renegotiate meaning and identity through developmental cycles (Wenger, 1998). The link between learning, health and wellbeing is an overlapping and interdependent process (Hammond, 2002). Learning programs undertaken with the goal of building social networks and promoting peer programs with local people have been found to have tangible wellbeing effects (Hammond, 2002).

Mature Men Matter has focussed on adapting and adjusting the learning process and content in an ongoing cycle of planning, action, reflection and adaptation in response to the ideas, issues and recommendations of workshop participants. In Mature Men Matter, learning has been multi-dimensional as most members of the workshop presentation teams have also been active as reflective learners throughout the project.

Process is the crucial link between project aims and outcomes yet, too often, health promotion approaches pay limited, if any, attention to social and transformative learning philosophy and theory. This results in health promotion in which delivery tends towards top down medical expert driven approaches, which fail to understand the step between intellectual knowledge and the application of that knowledge in practice. To result in empowerment for change, application of

wellness related learning requires the grounding of knowledge within the life experiences, expectations and understandings of the learner.

The Project

Mature Men Matter is a project (in progress) which developed out of a consultation undertaken November 2001 in the New England region of NSW by the Institute for Rural Futures for the NSW Committee on Ageing (now NSW Ministerial Advisory Committee on Ageing) on older men's health and wellbeing. The initial consultation workshop used video-conference to link 47 men across four sites (Armidale, Gunnedah, Moree and Inverell) with experts on men's health and learning based in Sydney and Canberra (Foskey, 2001). This workshop identified the crucial role of peer to peer support by men for men.

Following this initial consultation, a regional workshop for male community volunteers was co-ordinated by the Institute for Rural Futures in November 2002 with support from NSW Health Men's and Boys Health Program. Growing out of the recommendations of the men attending the regional workshop a series of Mature Men Matter workshops were then held across the region in 2003, with a particular focus on small communities. These workshops were again co-ordinated through the Institute for Rural Futures with the expansion of the project through outreach to small communities made possible with additional support from Commonwealth Department of Health and Ageing and Commonwealth Department of Veteran's Affairs. Most recently two workshops were held during NSW Seniors Week 2004 with funding from the NSW Department of Ageing, Disability and Home Care: Gilgandra in the Macquarie Region co-ordinated by the Institute for Rural Futures, and an adaptation of the approach in Lewisham co-ordinated by Cerdic Hall, Elderly Suicide Prevention Worker with Central Sydney Health Service. A short workshop for people in the aged care sector was also held at the Association of Gerontology, Hunter Conference in early March 2004. There are plans for a further workshop to be held in Warren in Central Western NSW in June 2004 in collaboration with NALAG in the Macquarie region. Preliminary discussions are underway on an adaptation of the approach for Victorian Woolgrowers in collaboration with the Department of Primary Industries Victoria, Council of the Ageing Victoria and Mensline Australia.

Rural Environment

It is important to consider the physical, social and economic environment in which people live their lives, as learning new information and practicing new behaviours includes the risk of being perceived as 'different' in a social or professional context (Lefebvre, 2002). There is a stereotype that rural communities are resilient, however, there are aspects of rurality, particularly rural masculinity defined as stoic individualism, which can undermine individual and community resilience. There are also differences within communities, based not only on gender but also class, education, generation, occupation and ethnicity, which can be masked by a 'one big happy family' rhetoric (Dempsey, 1993).

In 1996, 24 percent of the Australian population lived in communities of less than 10,000 people (ABS, 2000), with many rural areas in inland NSW ageing at a more rapid rate than larger urban centres due, in part to the out-migration of younger community members for education, employment and lifestyle opportunities. Changes in the agricultural industry have been a significant influence on the changing demographic profile of rural Australia. Early in the 20th Century over a quarter of the Australian workforce was directly employed in agriculture, by the end of the 20th century this had dropped to just five percent (Hugo, 2001). Even in good seasons a

fifth of Australian farms are unviable, and another 50 to 60 percent are viable only because of the contribution of off-farm income (Alston and Kent, 2004).

Not only has the proportion of people employed in agriculture been declining, but the agricultural sector is also ageing. In 2001, the median age of Australian farmers was 51 years, and fifteen percent of farmers were over the age of 65 years (ABS, 2003). A recent study of the impact of drought on three inland NSW communities found that older farmers are particularly at risk of stress, social isolation and health problems (Alston and Kent, 2004). There are concentrations of older farmers in areas known to be experiencing long term decline (Garnaut and Helati, 1999) and in the early 1990's the average cash income of Australian farms where owner / managers were over the age of 65 years was 25 percent lower than for farms with younger operators (Stayner and Lees, 1995). Thus, a relatively high proportion of older farmers are likely to have been under considerable financial stress even before the impact of the recent drought.

Many reports on rural welfare identify the importance of responding to the specific issues of rurality in the design and delivery of programs and services (eg Stayner and Barclay, 2002; Alston and Kent, 2004). However, the question arises as to whether a dominant discourse within some rural communities is compounds the risk for social withdrawal by rural men in response to stress, and thus increasing the risk of depression and suicide among older rural men? There is some evidence to suggest that this may be the case.

Communities cannot be built from the top down or from the outside in, rather, any initiative which seeks to transform communities must begin by recognising and building on community assets (Ketzmann and Mc Knight, 1993). In this process listening and responding to the ways in which people talk about issues and experiences is vital. Thus, health promotion seeking to ensure rural men are able to make choices which improve their wellbeing as they age needs to focus, not only on individuals, but also on encouraging cross-community engagement. Working with rural communities assisting them in moving towards a positive discourse of inclusion and social participation, are important factors in enhancing mental wellness in rural communities.

Interactive Drama

Three part interactive scenarios presented by experienced actors with the assistance of a facilitator with expertise in mental health formed the core of the Mature Men Matter workshops. Rather than focussing simply on delivering information and content centred on promoting wellbeing, the interactive process of exploring and expanding on the scenario presented by experienced actors draws out, acknowledges and values participants experience and understanding of the issues around life change. The process is one of detached engagement.

The script and character development was undertaken and directed by Grant Dodwell of Innerplay, who has a background in using this process within workplace learning. The scenario involves a five stage process lasting around one and a half hours:

1. Presentation of scripted scene/s
2. Actors stay in character and the facilitator invites the participants to question the characters on their feelings about the situation.
3. Facilitator invites the workshop participants to select one character to coach – the other two characters then leave the room.
4. Replay of the scene/s improvising the recommendations made to the selected character.
5. The facilitator invites comments from the workshop participants and the actors in character on the replay. The actors then “de-role” explaining how they differ from the character they play.

Three scenarios were specifically written for the project, however, the majority of workshops have used “Jack’s Dilemma” about an older widowed farmer being pressured to move into town by his daughter / carer and her new partner. In the scenario Dodwell plays one role and the other roles have been taken by experienced Armidale based actors. This scenario integrates a range of issues including loss and grief, family relationships, health, care and support, farm management, identity and place values. Different groups choose to draw out and explore different aspects of the scenario, dependent on their own experiences and perspectives.

The project team

The actors, facilitators and other professionals involved in presenting the workshop during 2003-2004 are active and reflective learners in formal, non-formal and/or informal contexts. The team members brought into the workshops, not only their professional skills and knowledge, but also a rich and diverse range of life experiences:

Ros Foskey - project co-ordinator from the Institute for Rural Futures, University of New England had a background in work within the welfare and community sectors, before moving into applied research eight years ago. Foskey has a particular interest in third age learning and retirement transitions. Her applied research has included a three year qualitative study on older farmers and retirement undertaken with support from the Rural Industries Research and Development Corporation, which provided the foundation for the script of the interactive drama “Jack’s Dilemma” (Foskey, 2002).

Grant Dodwell, Innerplay – a Sydney based professional actor, scriptwriter and director with experience in using interactive drama in workplace education. Dodwell wrote, directed and acted in the three scenarios used in the interactive drama which formed the core component of the workshops.

Alison McConnell-Imbriotis – a lecturer in workplace education with the School of Professional Development and Leadership, University of New England, with a background in professional acting and community theatre. McConnell-Imbriotis played the female role in the scenarios used in the workshops in each round of workshops (regional workshop, Armidale, Bingara, Nundle, Tamworth, Gunnedah, Boggabri, Narrabri, Wee Waa, Moree and Warialda) with the exception of the November 2003 round.

Alan Avery – a senior lecturer in the School of Health, University of New England has been involved in the project as both a participant observer, as well as facilitator (regional workshop, Gunnedah, Glen Innes and Yetman). Avery is co-ordinating a study on innovative approaches to community mental health promotion, for which workshops in five communities (Nundle, Gunnedah, Warialda, Glen Innes and Yetman) have been filmed.

Julie Collins – an Armidale based adult educator and postgraduate student with Charles Sturt University in ecology and anthropology, with a background in professional acting and community theatre. Collins played the female role in the November 2003 round of workshops (Glen Innes, Inverell, Yetman, Emmaville and Tenterfield).

Martin Mantle – a postgraduate student in School of English, Communication and Theatre, University of New England with a background in acting and production in community theatre. Mantle played a role in the redundancy scenario in the November 2002 regional workshop, February (Armidale and Bingara) and May (Tamworth) 2003 round of workshops.

Chris Ross-Smith – former head of Theatre Studies at the University of New England still active in professional and community theatre. Ross-Smith played the senior role in the “Jack’s Dilemma” scenario in the May round of workshops (Nundle).

Bill Crocker – former deputy principal of Armidale Teachers College with expertise in communication, and a background in community theatre. Crocker played the senior role in the “Jack’s Dilemma” scenario in the September and November 2003 rounds of workshops (Gunnedah, Boggabri, Narrabri, Wee Waa, Moree, Warialda, Glen Innes, Inverell, Yetman, Emmaville and Tenterfield).

Joe Levy – head of the Wellness Centre, York University, Toronto Canada was a presenter at the November 2002 regional workshop and was to attend the May 2003 workshop in Nundle however when he had to cancel his Australian visit due to a SARS outbreak in Canada his presentation was made via video followed by a teleconference link-up between Nundle and Canada.

Terry Melvin, Manager, Mensline Australia was a presenter in the February 2003 round of workshops (Armidale and Bingara) and also at the Gunnedah workshop in September 2003 en-route to the National Men’s Health Conference.

Graham Ascough, semi-retired family and sexual counselor, and author on retirement transitions was a presenter at the November 2002 regional workshop and again in the November 2003 round of workshops (Glen Innes, Inverell, Yetman, Bingara, Emmaville and Tenterfield).

Bill Whitting, manager of Older Men New Ideas program of NSW Council on the Ageing was a presenter at the November 2002 regional workshop and February 2003 round of workshops (Armidale and Bingara).

George Perakis, retiree active as a community volunteer and member of the Hornsby OMNI group was a presenter in the May 2003 round of workshops (Nundle and Tamworth).

John Maclean, retiree active as a community volunteer and member of the Griffith OMNI group was a presenter in the September 2003 round of workshops (Gunnedah, Boggabri, Narrabri, Wee Waa, Moree and Warialda).

David Leonard, retiree active as a community volunteer and member of the Nundle men’s group established in February 2003 as a result of the Mature Men Matter project was a presenter in the November 2003 round of workshops (Glen Innes, Inverell, Yetman, Bingara, Emmaville and Tenterfield).

Kerrigan O’Neill, Mental Health Counsellor, New England Health Service was a facilitator in the May, September and November round of workshops in his then role as Drought Support Worker (Nundle, Tamworth, Gunnedah, Boggabri, Narrabri, Wee Waa, Moree, Warialda, Glen Innes, Inverell, Yetman, Bingara, Emmaville and Tenterfield).

Patsy Asch, Armidale based ethnographic filmmaker and counselor. Asch filmed five workshops (Nundle, Gunnedah, Warialda, Glen Innes and Yetman) in collaboration with the University of New England, School of Health.

In this project the multi-sectoral approach has also included collaboration with a range of organisations and agencies at a local and regional level in promoting, recruiting participants and participating in the workshops, including, but extending beyond mental and community health professionals. Support has come from rural financial counselling services, drought support services, local HACC services, local government community services, local neighbourhood and community centres, service clubs as well as community health staff in the communities visited. The workshop was more successful where the local services were involved in active, rather than passive, promotion of the workshop. The quality of community engagement by service providers was reflected, not just in the numbers of men attending the workshop, but also in the diversity in backgrounds of those attending and thus varied between communities.

The Journeys of Three MMM Team Members

This paper reflects on the contribution of the three of the workshop team to the community building process, all three are mature male residents of the New England region:

Kerrigan O'Neill is a Tamworth based mental health counsellor and trained mediator aged in his mid 50's. Kerry became involved in the project in May 2004 in his then role as Drought Support Co-ordinator with New England Health Service. He undertook facilitation of the interactive drama, as well as discussions on peer support by and for men. Kerry comments:

Through the workshops I got to find out what is important, or really important, to men, it comes out in their solutions, in the coaching process, you get to see what they would like to happen to themselves.

Kerry has brought to the project special qualities, for he had a number of careers – including labourer, plant operator, photographer and travelling sales representative - prior to moving into the community mental health field nine years ago. Kerry discussed how his life experience prior to moving into mental health work provides a connection in his work with rural men:

Being able to talk and have knowledge of their interests and thoughts because I'm known as someone who has knocked around a bit myself ... I have also noticed this in (mental health) assessment and counselling, recently two men both have mentioned it is good to have someone to talk with who has worked outdoors, that they had felt a common bond.

What was notable through the workshops was the quiet way in which Kerry was able to connect with ordinary rural men at their own level. Kerry's reflective learning drawing on his own life experience adds value to his professional counselling skills in working with mid life and older men.

Bill Crocker is an Armidale based actor aged in his mid 70's. As a young man Bill was offered the opportunity for a professional acting career but chose instead to enter the teaching profession. He later he became a teacher of teachers (former Deputy Principal of Armidale Teachers College) and has been 'retired' for 14 years. Bill has extensive experience in community theatre, and his skills in improvisation and depth of understanding of rurality through his experience of teaching in rural areas (including isolated one teacher schools) and friendship networks which include older and retired farmers is evident in his performances as "Jack". Bill reflected on his experience in being involved in the project:

Repeatedly on our tours men would come up and said (something like): "I know just how you feel Jack" (Continuing to identify me with my character in the play!) "I (or my father, my aunt, my nephew) faced exactly the same dilemma as portrayed". They would then tell me how the problem was, or was not, solved and how they felt about it. Sometimes they became quite emotional in the telling. Similar discussions went on among participants. It seemed to me that these men were eager to unburden themselves and that they were willing to do so after identifying with the characters in the play. I do not think even a well-crafted lecture would be as effective in helping men express their feelings. Moreover, the discussion was not limited to the dilemma in the play. There was general musing about the style and problems of older men. The closing session of each workshop gently nudged the final structured discussion towards the question of how men might support each other.

Undoubtedly many of the participants came away from these seminars feeling more analytical and objective about their lives. I was affected the same way. Anyone my age must have some “intimations of mortality” and I was left with some residual reflections.

Bill has brought a number of special qualities to the project, particularly the lived experience of the transition into retirement, along with expertise in communication his area of specialisation as an academic.

David Leonard is a Nundle based retiree in his early 70's who has been active in the project since the November 2002 regional workshop and made the transition from workshop participant to become a facilitator in the November 2003 round of workshops. David is a former fireman and Korean War veteran who has been active in the Nundle community in his retirement, particularly with the State Emergency Service. He was one of three men from Nundle who participated in the November 2002 regional workshop, and was involved in recruiting additional local men resulting in seven Nundle men taking part in the Bingara workshop held in February 2003 and twenty local men participating in the workshop held in Nundle in May 2003. David has played a key role in the self-run older men's support group in Nundle, which meets monthly in Hanging Rock Hall, attracting a minimum of eight men. The local Nurse Practitioner, Sue Denison has a collaborative relationship with the group and regularly refers marginalised men to the group, including men who have become isolated as a result of mental illness. She highlights the success of the men's group in assisting the men to re-engage in the community. The older men's group also holds a social event every three months in which female partners, men from other communities (and often service providers) also participate. David talks about the Nundle OMNI group:

Working in with the community, getting various older men involved in the group sessions gives you a great amount of satisfaction. The input you put into the community means you get satisfaction out of it. Social events are very limited out here, but normally only when they get together in the men's group they've something to talk about and discuss. Other social events in the area are usually centred on younger people, older people are usually involved in volunteer roles, rather than being active participants. The group gives them a sense of involvement and each member who attends the group gets a great deal of satisfaction out of just being there.

David is actively reaching out to and supporting other men in his community. His experience within the Mature Men Matter illustrates the richness which emerges when people are empowered to reflect, and add value not only in their own life, but also within the life of their community. He has also taken the understandings he has developed through involvement in the Mature Men Matter project into his other community roles, notably critical incident support within the SES at a divisional level.

Some Preliminary Issues Arising from the Project

This project is still in progress with five communities visited with a workshop during 2003 (Nundle, Gunnedah, Wyallda, Glen Innes and Yetman) to be revisited in 2004 as part of an action research process to better understand the variation in impact of the workshop as a catalyst for learning, change and action at both an individual and community level. These are therefore only some preliminary comments on issues emerging through the project:

1. The project challenges the common stereotype that rural men are reluctant to become involved in a reflective learning process around the impact of life change. However, the project illustrates the importance of a learning context which recognises, values and works from the basis of men's life experiences. In this workshop the use of grounded,

interactive drama fast-tracks the group to a level of discussion that with traditional group methods could otherwise take many sessions to achieve.

2. The project challenges another common assumption - that you cannot raise the issue of counselling with men. It is notable that in many scenario discussions it was ordinary rural men who made a suggestion of mediation or counselling as one option to assist in dealing with the situations arising within 'Jack's Dilemma'.
3. There are some important differences in the way in which men and women (particularly female service providers) respond to the content of the workshop which has implications for the way in which females engage with, and respond to, the particular needs and issues of men as they age. In the scenario many female service providers, in particular, tended to jump to providing solutions based on a superficial assessment, without taking the time to explore the situation with the characters to develop a deeper understanding of the circumstances and perspectives of each of the characters. In this project it was women as much as, and in some cases more than, men who wanted to jump to 'fixing things'. In contrast some of the men (who were not health providers) were extremely sensitive and caring in the way in which they explored the issues faced by the characters in the scenario and interacted with each other.
4. The project reinforces the importance of a flexible and adaptable learning process in engaging with rural men to improve health and wellness outcomes. Success in this project is identified in the diversity within the participants, as well as active engagement of the participants in a transformative learning process, rather than simply the numbers attending the workshops.
5. It is important to understand the way in which change to improve mental wellness extends beyond the individual, for change to become embedded it must be socially sanctioned. Therefore, learning opportunities must be authentic and grounded in an understanding of, and responsive to, the specific issues of rurality, place and identity.
6. The Mature Men Matter project helps to highlight the breadth and diversity in backgrounds, skills and understandings which can be encompassed within a health promotion team. It was the capacity for reflection and learning based on the team members own life experiences, and on the issues which arose through the workshops as the project progressed, that added value to the process. The greatest benefits were gained where it was clear that the facilitators with specialist knowledge and skills also 'walked the talk'.
7. Mature Men Matter illustrates the way a project focussed on improving health and wellness can be successfully organised and managed from outside the health system, yet still actively involve health workers as collaborators.
8. The project illustrates that a team approach which includes the active involvement of grassroots people in more than a token way is vital in health promotion which seeks to enhance social wellbeing. To embed community change, local community members need to become directly involved in health promotion in a way which reaches into and across the community. This means working with the community in a process of planning, action and reflection, rather than simply delivery in which experts 'bank' mental health information into the community in the hope there may be later withdrawal and action.

Lastly it is important to understand that Mature Men Matter is not a one-size-fits-all solution to improving social connectedness with the goal of reducing the incidence of mental illness, particularly depression and suicide, among mature men. Rather it is simply one step within a process which needs to intersect and link with other initiatives. It is important that there is diversity in approaches to engaging men in health and wellness related learning as they negotiate life transitions.

There is, then, no single pattern of 'men's health' problems; and it is extremely unlikely that any 'one size fits all' policy or education approach would be helpful.

Connell, 2000:194

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