



Coping strategies as predictors of mental well-being in the elderly

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Abstract: *The population of the elderly is diverse and the kind of interventions they need can vary based on many factors. The aim of this study was to understand if there are significant differences between the coping strategies and mental health of elderly who are financially dependent on someone, who are partially dependent and who are not dependent. For the purpose of this study, 300 participants (aged between 60 to 80 years) were recruited in total. Out of these, 44 people were not financially dependent, 154 of them were partially dependent and 102 of them were completely financially dependent. With the help of the voter's list of three localities of West Delhi, random sampling was carried out. Inferential statistics was used to conduct an F-test. The results indicated that economic dependence did make a difference in the coping strategies and mental health of the three groups. The economically not dependent group uses confrontation and control coping strategies extensively. They have rated their mental health to be higher than the economically fully dependent group. No difference was found on the dimension of seeking interpersonal help in coping strategies among the three groups. One can argue that being economically independent facilitates a better mental health among the elderly. Therefore, the research can be used by policy makers to discuss different and flexible methods of employment or long-term pension plans for the elderly. Moreover, the study can help look at elderly as a heterogeneous group of people whose needs can vary based on many factors instead of contextualizing them as a homogenous group with the same needs.*

Keywords: *elderly, coping strategies, mental health, economic dependence*

I. INTRODUCTION

The term gerontology comes from the Greek word „geras“ meaning „old age“ and logos, referring to a study or description of something. Thus, gerontology is the study of old age. The term gerontology is very broad and encompasses the psychological, socioeconomic and physiological aspects of life.

Population aging has received an increasing attention in recent years, particularly in the developing countries. This is a phenomenon characterized by the decline in fertility levels and continued increase in the levels of expectancy. These two variables are producing fundamental changes in the age structure of the population of many societies in most parts of the world and that mark the demographic transition. This transition outlines shift from high level of mortality and fertility to low levels, and is characterized by a rapid drop in mortality followed by somewhat slower decline in fertility. After reaching low levels of mortality and fertility, population ageing, or rectangularization of population age structure, typically occurs.

However, according to the United Nations (1988), the most dominant trends from the mid-1980s to the first half of the 21st century, in both the more and less developed regions will be the aging of the population. Though in developed countries, where the demographic transition started earlier, the elderly population already forms a significant proportion of the total population, on the other hand in the developing countries, aging issues have only recently begun to emerge as a cause of concern. This is because the proportion of and the number of elderly persons in most of these countries are still quite low.

Coping Strategies

To cope means “to deal successfully with a difficult situation or bad luck”. Coping in old age refers, especially, to the ability to face and deal successfully with the various hardships one is confronted with in old age. Basically, one is confronted with several radical changes at this juncture of life. There is a general decrement of physical vitality and quite often a reduction of sensory-motor abilities. An overall transformation of physical appearances gradually and steadily manifests itself, making one reorganize one's self-image. Physical health becomes problematic; it is now uncertain and provisional. Cultural and social hardships are often rife. As in many parts of the world; old people are considered an undesirable weight on the younger generation's shoulders. As older people become distant from the „productive“ world, they are likely to be considered a burden from the economic and social point of view. The chances of an enjoyable and fulfilling old age depends on the effectiveness with which the elderly cope with the above-mentioned stressors.

Late life is often seen as a time of great, often uncontrollable stress (Rodin, 1986). Older people are often coping with chronic illness and disability, the loss of friends and family members and their own impending mortality. Older people report the



same number of stressful life events as the younger people, although the type of event may vary accordingly to life stage, (Murrell, Norris, and Hutchins, 1984; Teri and Lewinsohn, 1982). The type of hassles, or daily stressors experienced also varies as a function of age (Lazarus and DeLongis, 1983). Hassles are often a function of involvement in social roles (Lazarus, 1991; Pearlin, 1989). As the aged assume different social roles in their old age, the kind of hassles experienced and the coping required changes as a result.

Besides degree of stressfulness another aspect of appraisal concerns the general type of problem- that is a situation can be appraised as a threat as involving harm or loss, as a challenge, or as benign (Lazarus and Folkman, 1985). Given that older people are often coping with bereavement and chronic health problems, it is often assumed that they will be more likely to appraise problems as involving harm or loss.

Coping strategies imply that active coping largely is realizing that there is a problem that needs to be tackled, analyzing the problem, coming out with ways of tackling it and working on these and then assessing the outcome and modifying actions accordingly. Coping strategies are very individualistic and depend largely on the personality of the individual. It is less likely that the older individuals cope with the problems in more passive ways rather than trying to master the situation. Centenarians have been found to cope with both health and family related problems in a much better way.

Gutmann (1974) suggested that mastery styles shift from active to passive from youth to mid-life, then to “magical” mastery in late life. In contrast, Vaillant (1977) believed that a positive change occurred in the use of defense mechanisms. He proposed that an incremental development process occurs across life span, characterized by a decrease in the use of neurotic or immature defensive styles coupled with an increase in more mature defensive styles in midlife. Alternatively, others (Folkman et al., 1987; McCrae, 1982, 1989) have suggested an absence of systematic change in coping strategies with age except those due to situational demands.

Indeed, several researchers have shown that older adults use less escapism or avoidant coping but a similar or higher level of problem-focused coping as the younger adults (Blanchard-Fields, Sulsky, and Robinson-Whelen, 1991; Felton and Revenson, 1987; Irion and Blanchard-Fields, 1987). An exception of this trend is a study by Folkman et al. (1987), which found that older people use less planful problem solving and more escape avoidance. However, in their study they examined the relative use of coping strategies, or the ratio of these strategies to overall strategies used, although Aldwin (1991) was unable to replicate age differences in these coping ratios. Finally, regardless of the overall pattern of strategies used, older individuals do seem to use fewer strategies, while remaining as effective as the young in their ability to cope (Aldwin, 1991; Meeks, Carstensen, Tamsky, Wright and Pellegrini, 1989).

Krueger and Chang (2008) argued that elderly belonging to the lower SES or those who were financially dependent were more susceptible to maladaptive coping behaviors, which could further worsen their health. However, Acharya and Northcott (2007) argue that the basic coping strategy used by the elderly regardless of finances is keeping the self-busy, either in household chores or in something else- and this is specifically true for women.

Voyer, Laberge and Rail (2005) in their study of elderly women found neither a shortage of strategies used by them nor an over reliance of drugs in handling ageing indicating that women seem to cope better than men.

Bagić et al (2017) studied coping strategies on Croatian elderly and found that they don't indulge in long term future planning as that's uncertain. However, with the savings that they have collected, they focus more on immediate necessities and try to fulfill those. Ghosh and Husain (2010) reported a direct correlation between higher economic status and perceived wellbeing. Those fully dependent on others economically reported poor health status as compared to those partially or fully independent. Economic conditions have been reported as crucial factors from all over the world as crucial factor in living conditions and health status (Guilmoto and Rajan, 2002). Gupta and Sankar (2003) found that economic conditions and living arrangements were major factors influencing the reporting of physical vulnerability among older persons in India.

Many elderly may not appear to be sufficiently motivated to develop new coping strategies. Motivating the elderly to improve their own resources is of paramount importance as then they would be able to successfully utilize effective coping strategies (Jamuna and Ramamurti 1994). Research has consistently shown that self-perception of aging and the level of acceptance of aging as a normal development process makes it easier for the elderly to accept it and thus cope better than those who do not accept aging and fight against it.

Mental Health

The number of elderly people in India is on the increase. The resultant change in the demographic characteristics of the Indian population along with rapid urbanization and the increasing number of nuclear families has brought into focus a large number of psychosocial issues, which confront old people. Some of these issues that have a direct bearing on their physical and mental health are- disruption of the family support system, decrease in economic status and independence in old age, increasing number of old people living by themselves especially in urban areas, loneliness and consequent emotional problems, new challenges of adjustment, physical and psychiatric morbidity, widowhood, exposing women to more physical and psychosocial risks, poor utilization of health and welfare services by old people.



The principal mental disorders of late life are dementias and mood disorders. Others that are clinically important are neurotic personality disorder, drug and alcohol abuse, delirium and chronic psychoses. The epidemiology of mental morbidity in older people will seek to answer questions like, whether a particular syndrome(s) can be identified readily in older people in community and clinics. What is the incidence of disorder in this age group? Whether the prevalence of a particular mental disorder or its consequences (for e.g. depression and suicide) have remained stationary or changed; whether social factors are more important than genetic factors in the causation of mental illness in older people; and whether the mentally ill elderly use psychiatric services adequately.

Though a positive mental outlook is essential to healthy ageing, many issues faced in old age create serious emotional challenges for older people. Coping resources and strategies to face challenges in old age are largely influenced by value systems and cultural traditions. The United Nations General Assembly adopted 18 principles for older people in 1991 divided into four sections: Independence, participation, care, self- fulfillment.

Discussing the issue of mental health in elderly people is not simple. The mental health of older people is severely challenged by a number of psychosocial factors. Biologically, too, this segment is vulnerable. The promotion of health of older people should be the visible aim of the health policy of any country. Moreover, the utilization of health services by older people should be given major emphasis.

Sen and Noon (2007) found that quality of life in terms of living arrangements were quite important to the self-perceived health status of older persons in India, controlling for all other factors like health, type of family(joint/ nuclear) In another study, Mini (2009) found that, although women reported less morbidity, perceived well-being and physical mobility were better for men and economic independence and family support as key determiners in perceived-health of the elderly.

Kwak and Kim (2017) aimed to study occupational status of the elderly and its impact on their mental health. By extension, occupational status also implied financial status. The cross-sectional study found that employment- having a steady job and income significantly improved the mental health conditions of the elderly and improved the quality of life they lived. To that end, Chobe et al (2020) have also argued that elderly investing time and money in exercises, specifically, in Yoga, have had better mental health outcomes as compared to others who don't.

Aggarwal and Kumar (2018) found that while mental health was not affected as much by financial dependence or financial independence, there was a significant difference between psychological well-being- elderly who had some source of income in terms of pension or existing business had better self-esteem, and consequently seemed better adjusted. Similarly, Nayak et al (2019) found that poor mental health in the elderly in terms of anxiety and depression was prevalent in Orissa. The authors argued financial uncertainty and absence of elder friendly environments to be some of the many contributing factors. Akila et al (2019) also found a significant difference in elderly samples who had access to stable income, employment and good living conditions among a few other things.

Kraay, Pruyboom & Garnefski (2002) in their study on relationship between cognitive coping strategies and depressive symptoms at old age found that intervention programs are required. These should pay attention to challenging the maladaptive strategies and supply more adaptive strategies. This could be linked to well established cognitive therapies aimed at improving the mental health of the elderly. All studies mentioned above give basis to develop better interventions for the mental health of the elderly.

II. METHODOLOGY

Objective

The aim of the present study was to find out significant differences between the coping strategies used by elderly who are financially dependent, partially financially dependent and financially independent. Another objective was also to find out if there was a significant difference in the mental health of these three groups.

Sample

For the purpose of this study, participants were recruited from 3 localities of west Delhi- Pacshim Vihar, Vikas Puri and Janakpuri. Voter's list was collected from the concerned constituency office. Systematic random sampling technique was followed whereby according to the voter's list every 5th house with elderly occupant(s) was selected. Information was collected through face-to-face interaction sessions. A total of sample of 300 people, aged between 60 to 80 years were recruited out of which, 44 people were not financially dependent, 154 of them were partially dependent and 102 of them were completely financially dependent.

After filling up the questionnaire, an interaction session of half an hour to one hour was held with each respondent. In a few exceptional cases, the researcher had to leave behind the schedule for completion but this was done only after the interaction.

Tools

1. *Coping strategies scale*: This scale was developed by West Brook (1979). The author developed a multidimensional scaling procedure. The scale contains 30 ways of coping with stressful situations with a five-point response category, ranging from



„always true“ to „never true“ and are scored as 5,4,3,2 and 1 respectively, except for item no. 3, which is scored in the reverse order. Thus, six scores are obtained, one for each of the following 6 clusters or dimensions- Confrontation or action, escape or avoidance, seeking interpersonal help, optimism, fatalism and control.

2. *Cornell Medical Index Part B*: This measures the mental health of an individual. There are 34 statements to be answered in „yes“ or „no“. 1 mark is given to every „yes“ response and 0 to every „no“ response. The scores are totaled in the end. Higher the score, poorer the mental health.

Analysis

The data was systematically interest into Microsoft Excel. Inferential statistics were used to conduct an „F“ test analysis to find a difference between the 3 groups.

III. RESULTS

Table 1

Comparison between GP1 (Not-dependent), GP2 (Partially dependent) and GP3 (Fully dependent) with respect to coping strategies.

Economic Status Groups										
Variables	GP1, N=44		GP2, N=154		GP3, N=102		GP1 GP2		GP3	f- value
	Mean	S.D.	Mean	S.D.	Mean	S.D.	GP1	GP2	GP3	
Coping Strategies										
Confrontation or action	28.34	6.12	23.49	7.31	21.19	7.31	*	*	*	15.41**
Escape or avoidance	8.73	3.39	10.77	4.35	11.07	3.19	*	*		6.09**
Seeking interpersonal help	20.68	4.06	19.55	5.72	20.03	5.27				0.83
Optimism	21.59	4.66	18.24	5.59	18.07	5.09	*	*		7.86**
Fatalism	6.25	1.81	8.1	3.14	8.5	2.68	*	*		10.10**
Control	10.59	1.72	9.76	2.7	8.4	2.19	*	*	*	15.82**

** 01 level of significance

* 05 level of significance

Table 1 indicates that on comparing the three economic groups on the variable of confrontation and action coping strategy, it can be seen that all the three groups viz. group one (not financially dependent), group two (partially financially dependent) and group three (financially dependent) differ statistically and significantly from each other on this variable. A look at the mean scores shows that the group one, that is not financially dependent has the highest score followed by group two which is partially financially dependent and then by group three which is financially dependent. It seems that group one (not financially dependent) seems to be restoring more to confrontation and action as a coping strategy in day to day life in comparison to the other two groups whereas group three (financially dependent) seems to be adopting confrontation and action as a coping strategy the least as compared to the other two groups.

The table also shows that group one (not financially dependent) differs significantly from group two (partially financially dependent) as well as from group three (financially dependent) on the variable of escape and avoidance as a coping strategy. However, group two (partially financially dependent) does not differ significantly from group three (financially dependent) on this variable. A look at the mean scores indicates that the group three (financially dependent) has the highest scores followed by group two (partially financially dependent) and group one (not financially dependent). This indicates that the group three (financially dependent) seems to be using escape or avoidance as a coping strategy more than the other two groups, whereas group one (not financially dependent) seems to be using escape or avoidance coping strategy the least.

The table goes on to show that none of the three group“s viz. group one (not financially dependent), group two (partially financially dependent) and group three (financially dependent) differs significantly from each other on the variable of seeking interpersonal help as a coping strategy. However, the mean scores show that group one (not financially dependent) has the highest score followed by the other two groups indicating that they seem to be seeking more interpersonal help as a coping strategy as compared to the other two groups.

The table also indicates that group one (not financially dependent) differs significantly from group two (partially financially dependent) as well as from group three (financially dependent) on the variable of optimism as a coping strategy. However, no statistically significant difference is observed between group two (partially financially dependent) and group three (financially dependent). A look at the mean scores indicates that the group one (not financially dependent) has the highest scores followed by group two (partially financially dependent) and then group three (financially dependent). This indicates that the group one (not financially dependent) is resorting much more to using optimism coping strategy as compared to the other two groups



whereas the group three (financially dependent) seems to be using it the least as compared to the other two groups.

The table indicates that group one (not financially dependent) differs statistically and significantly from group two (partially financially dependent) as well as from group three (financially dependent) on the variable of fatalism as a coping strategy. However no statistically significant difference can be seen between group two (partially financially dependent) and group three (financially dependent) on this variable. A look at the mean scores indicates that group three (financially dependent) has the highest score on this variable followed by group two (partially financially dependent) and then by group one (not financially dependent). This shows that the group three (financially dependent) is using fatalism as a coping strategy much more than the other two groups whereas the group one (not financially dependent) is using it the least.

The table indicates that all the three groups viz. group one (not financially dependent), group two (partially financially dependent) and group three (financially dependent) differ statistically and significantly from each other on the variable of control coping strategy. A look at the mean scores indicates that group one (not financially dependent) has the highest score followed by group two (partially financially dependent) and then group one (not financially dependent). This indicates that the group one (not financially dependent) is using control as a coping strategy sparingly whereas the group three (financially dependent) seems to be using control as a coping strategy the least.

Table 2:

Comparison between group one (not financially dependent) group2 (partially dependent) and group3 (fully dependent) with respect to mental health

<i>Economic Status Groups</i>										
	<i>GP1, N=44</i>		<i>GP2, N=154</i>		<i>GP3, N=102</i>		<i>GP1</i>	<i>GP1</i>	<i>GP2</i>	
Variables	<i>Mean</i>	<i>S.D.</i>	<i>Mean</i>	<i>S.D.</i>	<i>Mean</i>	<i>S.D.</i>	<i>GP2</i>	<i>GP3</i>	<i>GP3</i>	<i>f- value</i>
Mental Health	8.05	3.83	12.64	6.56	12.92	5	*	*		12.78**

** 01 level of significance

* 05 level of significance

The table shows that group one (not financially dependent) differs statistically and significantly from group two (partially financially dependent) as well as group three (financially dependent) on the variable of mental health. However no statistically significant difference can be seen between group two (partially financially dependent) and group three (financially dependent) on this variable. the mean scores show that the group three (financially dependent) has the highest score followed by group two (partially financially dependent) and then group one (not financially dependent), this indicates that the group three (financially dependent) has the poorest mental health and group one (not financially dependent) enjoys best mental health in comparison to the other two groups.

IV. DISCUSSION

On a free association test, one can surely say that the term „aged“ would elicit spontaneous response like lonely, helpless, depressed, frail, feeble, poor memory, unwanted, despised, burden and the list goes on endlessly. However, what is noticeable here is that all the responses are negative and conjure up a very poor picture of the aged. Rarely would the responses be peacefulness, happy, content, satisfied, knowledgeable, helpful, self-actualizing etc.

The aim of the present study was to understand if there were statistically significant differences between 3 groups of financially dependent elderly, partially financially dependent and financially not dependent elderly in their coping strategies and their mental health. The sample consisted of 300 participants from West delhi in total.

The elderly were divided into three groups on the basis of their economic status. These three groups, were named "Not dependent"- which had 44 people, "Partially dependent" – which has 144 people and "Fully dependent"- which had 102 people.

On the variable of coping strategies, the not-dependent group differs from the fully-dependent group on all the strategies. The economically not-dependent group uses the coping strategies of confrontation, seeking interpersonal help, optimism and control much more than the partially-dependent and the fully-dependent group whereas the fully-dependent group uses escape and fatalism as coping strategy more than the other two groups.

In a candid interaction session, one of the aged person said that, when confronted with stressful situations at home, he left home and went outside for a smoke or to sit in the park. When asked whether this was the best thing to do, he answered that he felt it was since he did not have any say in the house because of his poor financial standing. He equated economic status with power, position in the family and the right to deal with situations according to one’s own choice.



Simons and West (1985) found coping resources to be acting as buffers that enable some individuals to encounter significant life changes with little or no apparent negative changes in their health. They found that presence of occupational status and income could act as a buffer against the potentially stressful effects of life change.

Furthermore, the not-dependent group differed significantly from the fully-dependent as well as the partially-dependent group in mental health. Natarjan and Selvaraj (2003) reported that economic dependence has a direct impact on the physical and mental health of the elderly. The results of the present study echo similar findings. The economically independent group has the best mental health followed by the partially-dependent and lastly the fully-dependent group, which could further imply that adequate employment opportunities or governmental schemes can be created for the elderly to keep their mental health in better shape.

V. CONCLUSION

The study aimed to understand differences between three groups with respect to two variables- coping strategies and mental health. F test was conducted to find these differences. It was found that the economically not dependent group uses confrontation and control coping strategies extensively. They have rated their mental health to be higher than the economically fully dependent group. The research can further be used for policy making as it highlights the needs of the elderly, and the factors that determine their quality of life. For instance, Investment in old age schemes like pension schemes, medical reimbursement, housing and other long-term schemes where by premium can be paid during young age and maturity benefits can be reaped in later life. Sensitization/conscience rising programs, which will help the youngsters empathize with the problems of the aged.

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