Pandora's Box

Pandora's Box:
Looking into the Conditions
of Ageing Single Women in Mindanao

By

Jennifer M. Arbiol

**CAMBRIDGE
SCHOLARS**

P U B L I S H I N G

This book is dedicated to the ten ageing single women who have entrusted their stories.

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CHAPTER ONE

INTRODUCTION

The progressive ageing of the world's population is a well-known demographic fact among social scientists, policy makers and the general public. The current United Nations (UN) figures show that the number of people aged 60 and over has more than tripled from 205 million in 1950 to 705 million in 2007, and is projected to increase further to almost 2 billion by 2050 (UN 2007). Although the percentages of older persons are significantly greater in developed regions, the number of older people is increasingly larger in the less developed regions. About 66% of older people now live in less developed countries, and their number is expected to increase by 80% in 2050 (UN 2007; Leeson & Harper 2008). Corresponding to the increase in the ageing population is the looming differences in the numbers of elderly women and men. The report indicated that there are approximately 70 million more women aged 60 or older than there are men. This gender imbalance is likely to grow substantially as the life expectancy of women is greater than that of men.

The Philippines is one of the many countries going through this transition. According to the National Statistics Office (2005), the total number of persons aged 60 and over was 4.6 million, accounting for 5.97% of the Philippine population in 2000. This estimate suggests a 22.18% increase from the 1995 baseline number of 3.7 million persons. In terms of the average annual population growth rate, the elderly population grew by 4.39% during the 1995 to 2000. If the growth rate continues, it is projected that the elderly population will double in approximately sixteen years. Furthermore, the surplus of older women over men was evident in the census, the sex ratio being 85 males to 100 females (Ogena 2006).

In the study of the ageing of population, the number of never-married single women aged 60 and over is less recognized, and in most cases had not been accounted for. This is possibly due to data reporting that often examines data for the older population in a broader aspect. For instance, the global estimate has combined the population of older widowed,

divorce, separated, and never-married women into one entity as unmarried women, thereby undermining the uniqueness of each population. Each of these groups has different lives, types of role and participation in society, and involvement in familial and peer networks. Marital status can also strongly affect the emotional and economic well-being of older persons as it has a direct impact on living arrangements. Never-married women may approach older age with a different set of skills and attitudes from those who lived in families for most of their adult lives (Cwikel et al. 2006). Therefore, it is important that the lives of never-married elderly women should be studied in their own rights.

It is generally assumed that never-married women have typically represented a very small sector of society. Yet in recent decades, this group has been growing significantly in many countries. The never-married constitute about 4% of the elderly female population in the USA (USDHHS 2010). In Barbados, about 26.7% of women between 60 and 74 have never married, and 23.4% accounts for the group aged 75 and above according to Pan American Health Organization. The proportions of never-married women in the oldest age groups are significantly higher than in the younger old-age groups in Europe (Gierveld et al. 2001).

In the Philippines, the proportion of older women remaining as never married is also increasing. According to Nesca (1993), the proportion of never-married women aged 60 and over has increased from 5.8% in 1980 to 6.1% in 1990. More recent figures suggest a further increase of 7% in 2000, considered highest when compared to other countries in Southeast Asia (see Table 1). They also suggest that the proportion of women is higher than men among the never-married elderly population. The results point to the fact that a single life is becoming a reality for an increasing number of women and that greater attention is required in understanding their life experiences. The groups of elderly women who are married, divorced and separated will, in all probability, have children with whom they are in contact and who serve as potential sources of support (Hermalin 2006). This is much less true of the never-married elderly women, thus making them particularly vulnerable to the problem of old-age security.

Table 1 Percentage Distribution of Marital Status for Men and Women Aged 65 or Older in Southeast Asia in 2000

Country	Men				Women			
	Married	Widowed	Divorced/Separated	Never Married	Married	Widowed	Divorced/Separated	Never Married
Indonesia	81.5	13.7	1.3	3.4	34.4	58.4	2.8	4.3
Philippines	76.6	19.3	1.0	3.1	41.9	50.1	1.0	7.0
Singapore	80.6	13.8	1.7	4.0	40.3	55.1	1.9	2.7
Thailand	77.7	19.4	1.3	1.6	45.9	49.3	1.8	3.0
Vietnam	81.3	17.4	0.8	0.5	37.5	60.4	1.0	1.1

Source: Hermalin 2006

The available literature on never-married elderly women suggests that individualization is driving the growing population of these people (Beck & Beck-Gernsheims 1995, cited in Reynolds 2010). Although the concept of individualization is now a notion, single women still face the social stigma of being a spinster. They are oftentimes viewed as "damaged," "too picky," or "pitiful" (Oyekunkle 2010). In the Philippines, single women often receive remarks like "*laon*," "*saputon*," and "*pihikan*" (literally meaning unmarried, irritable, and choosy, respectively). They also have to contend with bewildering questions on why they remain single. Conaco (as cited in Sulit 2010) remarked that Filipinos still adhere to the traditional notion that defines women in terms of their reproductive role. Women are expected to get married and have children, and to play a nurturing role in their families. If a woman does not live up to those expectations she often receives negative stereotypes and labels, such as "*matandang dalaga*," and "*naiwanan ng tren*" (literally meaning old maid, and left by the train). Womack (2007) contradicted these views and found that those single women over 60 have healthier and happier lives. They are free from the responsibility of caring for a sick husband, and they enjoy living with friends and family. Vicinus (2010) stressed the importance of single women because they are always ready to help others.

The psychology of ageing is an interface for many of the psychological conceptions about the organization of behaviour (Birren & Fisher 1995). Growing old entails lots of adjustments, not just physically but also psychologically (Rathus & Nevid 2006). Physically, the deterioration of health is a common problem in old age. The prevalence of chronic diseases increases in old age (Rosenberg & Moore 1997; Alavinia & Burdorf 2008), representing a major health problem, and the ageing of the population is a critical "women's health issue" (Belsky 1984, Ruzek 2004). The high cost of care is the most problematic aspect of being ill and in need of medical services (Belsky 1984). Psychologically, a woman's state of mind has a profound effect on her mental health, specifically in the experience of loneliness and dependence on other family members. Ageing also results in other psychological needs that can become a problem, such as the loss of physical attractiveness, support network, and status (Havighurst 2010).

The knowledge on the life experiences, conditions, and characteristics of ageing single women in the Philippines remains limited, and therefore is one of the areas that warrant research attention given the social, physical and psychological adjustments that the ageing population is experiencing.

This book seeks to explore the life of ageing single women in the Philippines. More specifically, it examines the self-concept of these women. It also identifies their coping mechanisms against the physical, psychological, and social challenges of ageing. It also explores the experiences of the women regarding ageing. It is envisioned that this book will contribute not only towards understanding the lives of never-married elderly women in the Philippines, but also in developing appropriate health and welfare policies and services needed to cater to this growing demographic group.

Theoretical and Conceptual Framework

The developmental systems theory (DST) gives importance to the plasticity, multidirectionality and organizing properties of the person. It studies individuals based on their contexts. McAdams (1995), as cited in Hooker (2002), developed a triarchic model of personality consisting of traits, personal concerns and life stories as a framework to study adulthood based on DST.

The first level is the traits. Traits are generally stable, and are known to be broad, universal, general dispositions that are not tied with contexts. The second level is "personal concerns," recently known as characteristics adaptation. This pertains to goals, developmental tasks, and motivations, the "doing" side of personality that can be discerned by casual friends and acquaintances. The third level is the life story. This refers to the narrative creation of the individual with regard to the meaning of their life. This can be discerned through close or intimate contact with the person.

The McAdams model can be elaborated by adding process constructs to each of the levels. At level I, the trait level, the parallel process construct is the states. State processes include constructs such as emotions, moods, hunger, fatigue and anxiousness. The understanding of state processes in addition to trait structures provides clear conceptualization of the person in context. The parallel process for personal concerns of level II is self-regulatory. Self-regulatory processes include self-efficacy and outcome expectancy. These constructs are usually discussed in relation to specific domains or contexts. The parallel process of life story in level III is self-narration. Self-narration is recounting life narratives such as remembering, reminiscing and storytelling, and is usually influenced by current situations and anticipated events (Hooker 2002).
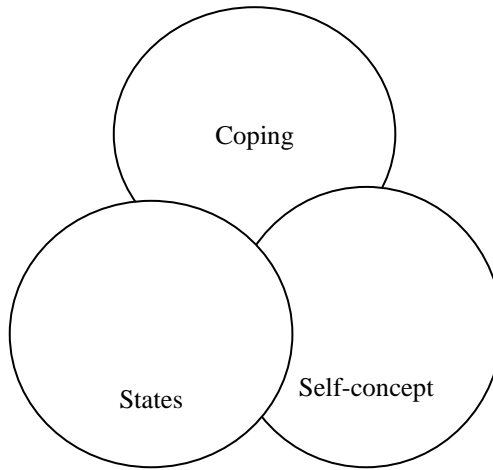
Figure 1. Diagram of the States, Self-concept and Coping of Ageing Single Women

Based on the above discussions, this book explores the specific parallel constructs that have been discussed in the triarchic model, such as the states of ageing single women, their self-concept, and their coping (Figure 1). The states refer to the experiences of ageing single women about ageing; specifically, they refer to their feelings about ageing. This is a parallel construct to level I, the traits. Self-concept and coping pertain to level II of the model, wherein self-concept refers to the views of ageing single women about themselves, which can include positive or negative images of the self, and coping denotes the regulatory processes employed by ageing single women in order to meet the demands of day-to-day living. This study postulates that there is an interrelationship among the parallel constructs of the triarchic model based on the developmental system theory. The states can be shaped by the self-concept of the individual, which at the same time shapes the way they cope with the demands of daily living.

CHAPTER TWO

CONCEPTS

Singleness is often defined as being not married and not currently living with a partner. Age needs to be considered when discerning the different meanings of singleness (Reynolds 2010) as single women aged between 25 and 35 feel the stigma more. It is more acceptable to be single before the age of 25, and at the age of 35 and above, women feel more comfortable in their status as being single (Ganong 2010). Margaret Adams (1976, as cited in Reynolds 2010) offers a comprehensive definition of singleness, emphasizing the social construction of singleness and the results for those living lives that defy the public ideas of femaleness and femininity. She argues that psychological theory is used to define singleness, which is essentially a social situation in terms of deviance and deficiency. The single state is best viewed as socially constructed. It is a discourse that regulates conduct, and a discussion that naturalizes and pathologizes, creating areas of visibility and invisibility, mystifying some forms of being while normalizing others. Ganong (2010, as cited in ANI 2010) expands on the feelings of single women as highly visible and invisible. Heightened visibility comes from the feelings of exposure, and invisibility comes from assumptions made by others. For instance, single women are highly visible at weddings, whereas they are highly invisible in discussions pertaining to issues about children and family.

Byrne and Carr (2005, as cited in Reynolds 2010) offer a plausible explanation on the opposing views toward single women, suggesting that single women are trapped in a "cultural lag" between macro and social changes that encourage singleness as a desirable option and persistent cultural ideals that retain marriage as the ideal state. Thus, the epitome of married life is an ideal state for most people in society amidst the changing paradigm to individualization. The ideal state of a married life is often popularized in romance novels, romantic movies and drama series in television shows. For instance, the highly rated TV series *Sex and the City*, recently turned into a movie, depicts four single middle-aged women who

are successful in their careers but spend time chasing men and end up married (ANI 2010).

Single life is becoming a reality for increasing numbers of older women, whether widowed, divorced, abandoned or unmarried (Pan American Health Organization 2010). In the 1990s approximately 8% of women in their seventies or eighties had never married, and the proportion of women who never marry or have a child seems likely to increase in developed countries (Cwikel, Gramother & Lee 2005). Moreover, in 2005 49% of women over 16 years in Great Britain were married, and 10% were cohabiting; outside these categories are 41% who were single, widowed, divorced or separated. Information from the 2001 census shows that 30% of households in England and Wales were one-person households, an increase from 26.3% in 1991. In Germany, as with the United Kingdom, single-person households are growing in number (Reynolds 2010). A study from the University of Missouri (2010) reported that in 2009 approximately 40% of adults were single according to the U.S. Census Bureau.

The number of single women is also rising in the Philippines (Sulit 2010). Ramiro and Cruz's study, as cited in Sulit (2010), displays that 44% of respondents reported that they were happy being single, while 37% reported being very happy. Despite this, Conaco (cited in Sulit 2010) remarks that Filipinos still possess the traditional notion that defines women in terms of their reproductive role. Women are expected to get married and have children, and to play a nurturing role in their families. Thus, if a woman does not live up to those expectations of the society they often receive negative stereotypes and labels, such as "*matandang dalag*a" and "*naiwanan ng tren*" (meaning "old maid" and "left by the train," respectively).

Apuan (2010) conducted a study to examine the experiences about ageing of 25 women between 63 and 70 of varying statuses, such as married, single, widow and separated. Data were analyzed using the parameters of feminist qualitative research. Findings revealed that the physical condition of women during this life stage has the greatest impact on their subjective feeling of being old. Others experienced ageing through social nodal points. Mandatory retirement served to create options for women to renegotiate their relationships and achieve more control over their lives. Furthermore, the family continues to provide a structure for their own role continuities and discontinuities in old age. Decisions of

older women to not perform the traditional roles is a manifestation of "resistance and empowerment" to the dominant male discourse.

The Ageing

Population ageing is a global phenomenon due to improvements in basic health care and living conditions as well as a decline in fertility rates and rising longevity (Begum 2010). According to Birren and Fisher (1995), social scientists are interested in the changing course of life such as social roles, achievement and self-esteem. In addition, women tend to live about ten years longer than human males (Rossler, Kloeden & Rossler 1995). According to the World Health Organization (WHO), as of 2011 the life expectancy of males at birth is 67, and is 73 for females. Women are also more likely than men to spend the latter years of life alone (Meston 1997). In Europe, the proportion of people over 60 is growing fast—the 2001 census showed for the first time that there are more people aged 60 than there are children, that there has been an increase in older men and women living without a spouse, and a decline in those living with children or relatives (Womack 2007). Ruzek (2004) found that by 2030 the older population will double from 35.6 million in 2002 to 71.5 million, and the population of people 85 and older will more than double from 4.6 to 9.6 million. Moreover, the ageing of the population is a critical issue for women, specifically in relation to their health. In 2002, there were 20.8 million women aged 65 or older (Ruzek 2004). In Australia, women constitute a majority of the aged population and are more likely to be single in old age (Rosenman & Winocur 1990). This is in contrast to the Philippines, in which the proportion of the elderly remains low because of the relatively high fertility rate. The United Nations Department of Economics and Social Affairs, Population Division, reported that the fertility rate of the Philippines as of 2001 is 3.6. Moreover, Riley (1992) reported that Philippine households are large, and more than a third have seven or more numbers; this is estimated to rise to 7.68 million in 2025 (Biddlecom & Domingo 2004). The Philippines has one of the largest ageing populations in the Asia-Pacific region, with a total of 5.8 million senior citizens as of 2008 (Sanchez 2008).

Schuster and Ashburn (2007) account that behavioural patterns tend to remain stable through adulthood. Ageing individuals continue to make choices and select from the environment in line with their long-established needs. Considerable evidence shows that among women there is no sharp discontinuity of personality with age, appearing to remain consistent.

Therefore, those characteristics that have been central to the personality seem to become even more clearly delineated, and those values the individuals have been cherishing become even more salient.

Schuster and Ashburn (2007) stress Erikson's theory on mastery of developmental task for old age, which results in ego integrity. Ego integrity indicates acceptance of the way one has to live, and continues to do so. It is the realization that the choices and decisions made while in various life stages were the best that the individual was capable of making at those points. Older adults who were not able to master their developmental task will experience ego despair. Ego despair is a condition where the older adult experiences conflict about the way one has and continues to live one's life, wherein the older adult broods about the "what ifs" in life.

Belsky (1984) provides a plausible explanation for the importance of reminiscence among the elderly based on Erikson's framework, which is seen as an important activity in old age. The thoughts about the past serve a very different aim, allowing the person to reach the ideal of ego integrity by coming to terms with what they have and have not achieved in life. Butler (cited in Belsky 1984) provides a critical value and universal nature of this type of reminiscence, termed life review.

Lefrancois (1999) explains that life review among the elderly becomes more urgent and universal because of the person's need to achieve a sense of meaningfulness and integrity. This feeling of integrity, along with a concomitant conquering of despair, result from a past evaluation as well as the future. Lefrancois also reported that the common themes the elderly looked forward to include continuing relationships with family and friends, and doing or seeing new things. Moreover, the elderly have far more experience with death involving close friends and relatives, and is the reason they are less likely to report a fear of dying. They have therefore been repeatedly compelled to think about death.

There are two salient theories about ageing: the disengagement theory and activity theory. The disengagement theory postulates that ageing produces a gradual withdrawal from the world on physical, psychological and social levels. It serves an important purpose of providing an opportunity for increased reflectiveness and decreased emotional investment in others at a time of life when social relationships will inevitably be ended by death. The activity theory posits that people who age most successfully are those who maintain the interests, activities, and

level of social interaction they experienced during middle adulthood (Feldman 2005).

Rathus and Nevid (2006) report that the majority of people in their seventies report being generally satisfied with their lives. There is a relationship between social support and adjustment in old age. A study conducted by Whelen et al. (2006) shows that women ageing with physical disabilities and who participated in a brief, peer-led health promotion program displayed an improvement in self-efficacy, health behaviours and some measures of self-reported physical health relative to women in a wait-list control group. Furthermore, the social support and camaraderie that the women experienced during the study served to increase their awareness of both the value of such support and the inadequacy of their own social outlets.

Lazarus and DeLongis (1983) suggest that there is an inverse relationship between life events scores and age, which connotes that the frequency of major life changes decreases with age. Thus, much of the research in the area of stress and coping in ageing is concerned with life satisfaction among the elderly.

Kail and Cavanaugh (2007) classify old age into young-old (60−80) and oldest-old (80 and over). Young-old is characterized by increased life expectancy; more older people living longer and ageing successfully; substantial potential for physical and mental fitness with improvement in each generation; evidence of cognitive and emotional reserves on the ageing mind; high levels of emotional and personal well-being; and effective strategies to master the gains and losses of later life. Meanwhile, the oldest-old is characterized by sizeable losses in cognitive potential and ability to learn; increase in the negative effects of chronic stress; high prevalence of dementia, frailty, and multiple chronic conditions; and problems with quality of life and dying with dignity (Kail & Cavanaugh 2007).

Ageing and Illness

Chronic diseases are long-term, progressive and incurable. The common chronic diseases among the elderly are arthritis, asthma, chronic bronchitis, diabetes, heart conditions, hernia of abdominal activity, hypertension without heart involvement, ulcer of the stomach or duodenum, impairment of back or spine, hearing impairment, and vision impairment, the causes of which are not definitely known. The emphasis

in dealing with these conditions is on the possible prevention and long-range management, rather than the cure. Chronic diseases become increasingly prevalent in older age groups (Belsky 1984). In the United States estimates show that up to 75% of persons caring for older family or friends are female and that female caregivers spend up to 50% more time in caregiving than male caregivers. Twenty-five million caregivers provide care for seriously ill or disabled family members (Ruzek 2004). Moreover, changes in skin and hair, and to a lesser extent stiffness and loss of mobility, due to changes are reliable hallmarks of advancing age (Belsky 1984).

A study conducted by the National Population Health Survey in 1994–1995 shows that people aged 75 and over are much more likely than other adults to have health problems and use health care services (Rosenberg & Moore 1997). Moreover, a study conducted across ten European countries about measures of health and labour market position demonstrates that some chronic diseases such as stroke, depression, diabetes, chronic lung disease, and musculoskeletal diseases were prevalent among unemployed and retired persons (Alavinia & Burdorf 2008). In the Philippines communicable diseases are widespread, and considering the weak resistance of the senior citizen, they have been more likely to suffer due to poverty and limited access and inadequate health services (Sanchez 2008).

In the Philippines a study conducted by Arrojado et al. (2009) about the level of independence in performing activities of daily living among older persons in Barangay Kauswagan, Cagayan de Oro City, shows that the degree of independence in performing activities of daily living in terms of bathing, dressing, toileting, transferring, continence and feeding is high based on age, gender, educational attainment and health status. Most of the respondents were aged 70–74 and suffering from metabolic disorders, particularly diabetes mellitus. Furthermore, an interpretative phenomenological analysis of textual data showed that women's bodies provided multiple indicators or symptoms of preclinical disability. The indicators revealed that the women and their bodies were out of sync with their environment, conspicuous during social activities, and vulnerable to becoming dependent on others to accomplish their daily activities (Lorenz 2009).

Self-concept

Self-concept is a popular construct in the literature of psychology, and is defined in various ways. The most important distinction among the

various definitions of self-concept is whether it is defined based on the global characteristic of the person or based on specific domains of behaviour. The global view is the oldest or traditional way of defining self-concept, and is commonly used by counsellors and therapists. The assessments used for the global view are the Rosenberg Self-Esteem Scale, the Piers-Harris Children's Self-Concept Scale, and the Tennessee Self Concept Scale. In contrast, the specific domains or multifaceted models measure specific attributes such as academic self-concept, physical self-concept, and so on. This has been supported in most researches in developmental and educational psychology. Self-concept is commonly assessed through self-report, the commonly used methods being rating scales, checklists, Q-sorts and free-response. The rating scale is the commonly used type of instrument. It is composed of statements to which respondents express a degree of agreement or disagreement, and the checklists involve having the respondents' check all the adjectives that they believe apply to themselves. This provides interesting qualitative measure. The Q-sort technique consists of one hundred or more cards, requiring the person to sort the cards that contain self-descriptors like "I am strong" into a predefined number of piles ranging from "most like me" to "least like me." The results can be evaluated using quantitative and qualitative methods. The free-response method requires respondents to complete partial statements (e.g. "I feel best when …"). This sentence-completion task has been used by many counsellors because the open-ended, qualitative nature of the task allows a discussion with the client (Strein 1995).

Women over 60 feel happier and healthier living the single life, and are relieved from having to provide twenty-four-hour care for elderly husbands. In England, older women rated their health better if living alone rather than with a husband (Womack 2007). Older women who are never married are better off financially than previously married older women (widows, separated or divorced women). Every single woman reports the best health and the fewest disabilities, which are otherwise the major reasons for admission to long-term facilities (Unger 2010). As a minority group, subject to normative judgments of their sex-role behaviour, single women are vulnerable to prejudicial evaluations by married people of both sexes (Stolk & Brotherton 2010). Cwikel, Gramother and Lee (2010) find out that the most striking characteristic of single women in Australia is their high level of education, which is associated with fewer reported financial difficulties and a higher rate of private health insurance. Furthermore, they argue that there is no evidence to suggest that these

women are a "problem" group; seemingly, their life experiences and opportunities prepare them for a successful and productive older age.

Oyekunle's (2010) study shows that the age of single women increases the perception that these women are "damaged," too picky, or should be pitied.

Studies of self-concept among older adults have yielded variable results, demonstrating that they are about as positive as those of their younger counterparts (Schuster & Ashburn 2007). Research suggests that older people are at least as satisfied with their lives as their younger counterparts (Carstensen 1996). Moreover, interviews with women using qualitative content analysis revealed four themes regarding the experiences of purpose in life when becoming a very old woman. The four themes are described as having a positive view of life, living in relation to God, having meaningful activities, and simply existing (Hedberg, Brulin & Alex 2009).

Carl Rogers's Theory on Self-Concept

Carl Rogers, a famous psychologist, discussed self-concept at length in his theory. Rogers, as cited in Hjelle & Ziegler (1992), describes self-concept as the person's conception of the kind of person he or she is, often reflecting how we view ourselves in relation to the various roles we play in life. It includes not only our perceptions of what we are like but also what we think we ought to be. The development of self-concept goes through a process. Early in life, the self is a nonentity (does not exist); only the unitary, all-encompassing and undifferentiated phenomenal field is present, a general tendency toward differentiation, which is part of the actualizing process. The child gradually begins to distinguish themselves from the rest of the world. The process of differentiating the phenomenal field is recognized and felt as a distinct object of which one is aware and that accounts for the emergence of the person's self-concept in Rogers's theory. When the self is formed it is governed by the organismic valuing process alone, which serves as a monitoring system that keeps the human infant on course to need satisfaction. The structure of the self is subsequently shaped through interaction with the environment, particularly the environment composed of significant others. The content of a person's self-concept is a product of the socialization process.

The elements needed in the development of the individual's self-concept are positive regard, conditions of worth and unconditional positive

regard. Need for positive regard is universal and develops as the awareness of the self emerges, being pervasive and persistent. It is also a learned need that develops out of the association of self-experiences with the satisfaction or frustration of the need for positive regard. The conditions of worth specify the circumstances under which children will experience positive regard. Conditions of worth imposed on a child are detrimental to his or her becoming a fully functioning person, since the child tries to attain standards set by others rather than to identify and attain what he or she wants to be. Rogers considered unconditional positive regard as the only way to interfere with a child's actualizing tendency, creating a family environment in which the child is prized and acknowledged for exactly what he or she is. Thus, unconditional positive regard provides the foundation for developing a fully functioning adult.

Coping

The biopsychosocial model in health psychology assumes that health and illness are consequences of the interplay of biological, psychological and social factors. The macrolevel and microlevel processes interact to produce a state of health or illness, and the mind and body cannot be distinguished in such matters. The model has adopted a systems theory approach to health and illness (Taylor 2009), and is also used in the study as a means of categorizing the forms of coping for ageing single women.

Exercise is a form of physical activity that involves extreme muscle endurance. Gerontologists are increasingly recommending strength training in addition to aerobic activity and stretching for older adults, because exercise is an excellent way to maintain health, and researchers are continuing to document its positive effects on older adults. Exercise helps people to live independent lives with dignity in late adulthood.

Furthermore, the percentage of older adults who work part-time has steadily increased since 1960. Some individuals maintain their productivity throughout their lives. The older adult follows a work agenda and demonstrates highly creative skills (Santrock 1995).

Kail and Cavanaugh (2007) stress that older adults need friends because they serve as confidants and sources of support, in the same way that they keep in touch with their siblings. Social support coming from friends and family members helps single women cope with ageing.

In addition, spiritual support, which includes seeking pastoral care, participation in organized and non-organized religious activities, and expressing faith in a god who cares for people, has a key factor in understanding how older adults cope. Evidence shows that older adults who are involved in and committed to their faith have better physical and mental health. Spirituality also helps improve psychological well-being. When experiencing high levels of stress, people who rely on spiritual support report better personal well-being. In the Philippines, Roman Catholicism is the dominant religion, and the country boasts of being the only Christian nation in Asia (Miller 1982).

The continuity theory offers a plausible explanation of how the elderly can cope with their condition. According to the continuity theory, people tend to cope with daily life in later adulthood by applying familiar strategies based on past experience to maintain and preserve both internal and external structures. This means that people tend to keep doing whatever worked for them. Change becomes part of continuity as they build and link to their past life. Continuity can be either internal or external; internal continuity enables the person to see that how they are now is connected with their past, even if their current behaviour seems different. It provides feelings of competence, mastery, ego integrity and self-esteem. External continuity refers to remembered physical and social environments, role relationships and activities, explaining the importance of maintaining social activities and connections to people in late adulthood to cope with the changes brought about by ageing (Kail & Cavanaugh 2007).

States

In an article about the myths of single women, Williams (2010) reports that although single women feel lonely 93% of them said that their independence was more important to their quality of life. Moreover, 81% of single women are not worried of ending up old, sick and alone. Hahn & Oishi (2010) report that women across ages and culture generally emphasize the importance of autonomy, competence and relatedness. Moreover, single women are an essential, if under recognized, adjunct to family life and public health because they are ready to help others, whether a widowed brother or orphaned children (Vicinus 2010).

Havighurst (2010) identifies the social and psychological needs of old age, such as loss of physical attractiveness, loss of supporting persons and

loss of status. The Pan American Health Organization (2010) considers the mental health of old women to have a profound effect on their health, specifically the experience of depression and dependence on other family members. Furthermore, Ryff et al. (2006) document that the absence of ill-being, such as depressive symptoms or major depression, is no guarantee of possessing high well-being because some individuals show high levels of both ill-being and well-being, while others are free from major psychological disorders but lack meaningful life engagement.

Ebersole, Hess and Luggen (2004) identify the human needs and wellness of the elderly using Maslow's hierarchy of needs. The biologic and physiologic integrity recognizes the need for rest and relaxation. The elderly need to develop habits that encourage healthy bodily functions. The safety and security needs entail protection from contact with hazardous materials, contracting infectious conditions, and protection from injury. They need to follow established protocols and legal requirements. The needs for belongingness and attachment of the elderly correspond to the support they get from colleagues and family. Meanwhile, self-esteem and self-efficacy comprise the needs for competence, respect, leadership, adequate resources and opportunities. Lastly, the needs for self-actualization and transcendence require continuous learning, development of creative practice concepts, personal growth and enlightenment, spiritual growth and support from others, and intellectual stimulation.

Synthesis

The rising number of ageing single women is a present-day phenomenon, a state of not being married and not living with a partner. Psychological and sociological theories provide frameworks that regulate behaviour. Single women are often caught between macro and social changes that encourage single life as an option and persistent cultural ideals that retain marriage as the ideal state. Traditional society perceives the married life as an ideal state. In modern society, while single women report that they are happy, social stigma still persists among these women. Thus, if a woman defies the traditional role of femaleness, she is often construed negatively.

As these women enter late adulthood they experience physiological and psychological changes. Accordingly, the body deteriorates. Signs of ageing, such as the appearance of white hair and wrinkles and manifestations of chronic diseases, are displayed. Chronic diseases are common among the ageing population, and they need to manage and

prepare for these. On the other hand, behavioural patterns tend to remain stable throughout adulthood. Ageing individuals continue to make choices and select from the environment in line with their long-established needs.

The ageing population is classified into two categories, the young-old and the oldest-old. The young-old are best described as capable of performing daily activities. Meanwhile, the oldest-old are best described as having insufficient capability to perform daily activities and requiring supervision and help from caregivers, family members or relatives.

Studies about ageing emphasize mastery of social expectations based on Erikson's psychosocial theory. Older adults experience life-stage crisis outcomes of either ego integrity or ego despair. Ego integrity is the positive resolution of the individual based on the previous psychosocial stages. Conversely, ego despair is the negative resolution of the individual based on the previous psychosocial stages.

Studies have shown that women tend to be consistent with their personality as they age, and are also often viewed as powerful and controlling.

The book identifies self-concept, states and coping as concepts that look into the conditions of ageing single women. Self-concept is a popular construct in psychological literature, and can be defined based on global characteristics of the person or based on the specific domains of behaviour. It is measured using rating scales, checklists, Q-sorts and free-response.

With regard to the states of single women, studies show that women over 60 feel happier and healthier, are better off financially, and are satisfied with their lives, valuing their independence. They are also more willing to help family members in need, and have a positive self-concept.

Members of the ageing population usually engage in life review which is important in their need to achieve a sense of meaningfulness and integrity. They also look forward to continuing relationships with their family and friends as well as doing or seeing new things. They have several experiences with deaths that prepare them for it. Moreover, the theories of ageing, such as disengagement and activity, provide a framework on how the elderly relate to their environment, which enables them to age successfully.

The biopsychosocial model in health psychology provides a plausible explanation of the interplay of biological, psychological and social factors to produce a state of health or illness. In the biological aspect, exercise is recommended among the elderly in order to maintain their health. Working part-time also helps the elderly to maintain productivity. Moreover, the elderly need social support from their friends and family to have a sense of psychological and social well-being. Spirituality is also an important venue for the elderly to maintain their well-being. On the other hand, the continuity theory provides an explanation for the importance of maintaining activities among the elderly to cope with the changes brought about by ageing.

Single women are basically independent. They are able to handle their loneliness, they value their autonomy, and are even willing to help family members, friends or relatives who are in need. The mental health of these women has a profound effect on their health, especially in their experience of depression and dependence. The needs of the elderly can be categorized using Maslow's hierarchy of needs. The biologic need corresponds to rest and relaxation. The need for safety and security includes following established protocols and legal requirements. The need for belongingness involves support from colleagues and family members. Self-esteem needs include opportunities for the elderly to contribute their abilities to the society. Lastly, self-actualization corresponds to continued learning, growth and development.

The conditions of ageing single women regarding self-concept, states and coping vary. The literature provided different experiences of women with regard to their self-concept, states and coping. However, they also share common experiences based on the age group to which they belong. This shows the uniqueness and dynamic nature of being a single woman on reaching the elderly group.