9 Going It Alone: The Single, Unmarried, Unpartnered, Childless Woman Physician

Kirsten S. Paynter

Vignette

It was 2003; I was in my mid-30s and taking that exciting and long-awaited adult rite of passage of purchasing my first home. For the fifth time since I had left home at age 18, I was moving across the country for the purpose of pursuing my education or a work-related job change. I had moved a total of 14 times since I had left home for college. Some of those moves were done simply with my car or with a friend's borrowed truck; but mostly I moved myself. I kept life simple with a minimalistic lifestyle. I had grown up in a small town of about 1200 people and was one of only four in my class of 32 who went directly to a 4-year university. At university I had worked hard to catch up academically, as a small rural school had left gaps that I needed to fill in order to even try to aspire to my ambition and dreams. I did not know if I was good enough to get into medical school or to become a doctor. My parents were always supportive of my pursuing an education; it was the means to a life of opportunity and possibility.

K. S. Paynter (✉)
Department of Physical Medicine and Rehabilitation (PM&R), Musculoskeletal Longitudinal Course, Mayo Clinic Alix School of Medicine, Scottsdale, AZ, USA
e-mail: Paynter.Kirsten@mayo.edu

C. M. Stonnington, J. A. Files (eds.), *Burnout in Women Physicians*,
https://doi.org/10.1007/978-3-030-44459-4_9

My female role models had been mostly teachers and secretaries who were always supportive and helpful. Male role models, like our local Family Medicine doctor who lived across the street and the PhD agronomist who worked at the United States Department of Agriculture research station in town, made me feel that they saw potential. This gave me courage to explore and dream in an era when women were moving into the workplace. I was allowed to be curious and encouraged to do what I wanted. New places, new faces, new homes, new roles, and new jobs were my paths through undergrad, during which I was fascinated by the brain, the mind, and the spirit; at the end of which, I received a degree in Psychology. On one particular day I had a spiritual, existential experience in which I was spiritually guided, or "called" if you will, to be a healer, medical school being the path, and I was also "called," at least "for a while," to be single. The medical school part I was ready for; the being single for a while part, I knew was going to be even more challenging. Medical school, a medical mission trip to Africa, a 4-year residency, a one-year fellowship, and securing my first official job as a physician all followed. I was a SINGLE woman following her dream, leaving the small town and pursuing her calling to serve as a healer/physician. With debt from medical school and my undergraduate degree, finances were tight. During my first 2 years in practice, I rented a condominium with the hope and dream of 1 day being able to purchase a home of my own. I was determined to lay down some adult roots and build a more lasting community, to perhaps meet someone and "settle down." Debt was a big chunk of my budget, costing more than my rent, but with frugal living and a financial plan, I had managed to save enough, for a down payment on a home, and I was determined to find a place that I could call my own.

Well-meaning people, friends, and even family members, however, would question, "Are you sure you want a whole house, all by yourself?" "Don't you want to wait until you are married to buy a home?" And "Oh, by the way, when are you going to get going with the getting married thing, you know time is running out?" As if being in my early 30s time had run out for me in the love department and as if having a home was reserved for only those who had partnered or lived with someone and making it

clear that my lack of a romantic life partner had something to do with my worthiness, my deserving of a place of my choice to call home. I was in my mid-30s and "no spring chicken" anymore. Yet, in some ways, I was just getting started, 10 years behind my high school peers. I did not know anyone, nor did I have family in the new city I was moving to and I would be living alone. From my perspective, I had been living on my own and paying my own way in life since I was 19, so it did not seem like anything new to me. I paid my bills and was financially responsible. In fact, buying a home was something I saw as a long-awaited reward for all the years of living in various student housing situations, bug-infested apartments, and an apartment where the single male neighbor made it clearly known through the paper-thin walls that he was partnered and then there was the condo with toxic mold. Yes, this move was a well-deserved reward for my hard work and all the times I had kept things simple, frugal, and easily mobile. I was proud of all I had accomplished and the opportunities I had given myself especially the new position that I had secured. I was ready to settle down and grow some roots.

The moment I walked into the three-bedroom, three-bath house in a safe, gated community, with nice sidewalks for walking, a coffee shop, and shopping close by, I knew it was for me. It was not the multiunit apartment or condo with thin shared walls or the house I shared with two housemates in prior years as a student. It was all on one level, which was important, as my father uses a motorized wheelchair and I wanted my home to be accessible for my parents when they would come to visit. There were actually two master suites, which was perfect for them, or other friends or family that I hoped would come to visit and stay with me now that I had a home. There was a room for my home office too. It was lovely. My realtor felt it too, and I confidently put in a full price offer, having been preapproved and working out my end of the finances ahead of time. I was grateful that I could give myself, the woman in me, this special place to nest and finally call home.

It was my realtor who first had the pleasure of confronting the gentleman who was selling the home. Through his realtor he began posing many questions about me as the solo buyer. "Who is this SINGLE woman?" "Where is she from?" "Who is her

family?" "Where is she getting the money for this, is she good for it?" "How can she be doing this alone, has her husband died?" He questioned everything, including my personal "ability" and "integrity" to purchase the home and especially questioned whether I, as a SINGLE woman, could really afford the home. He was told that I was a legitimate buyer. The interrogation continued, and eventually he was told that I was a newly hired, salaried, physician at Mayo Clinic. He again questioned whether on my SINGLE salary that I would be able to afford the home. With much ado and reassurance, he finally agreed to the sale of his home to me. I was overjoyed to have navigated the purchase of my first home, where I would stay for the next 15 years.

Approximately 3 years after moving into that home, one bright and cheerful spring morning, I came out the front door and to the driveway to pick up the newspaper. A man sitting in a red convertible parked along the sidewalk, with the top down and wearing a baseball cap and sunglasses, seemed to watch me the entire time. It was unusual, as I did not recognize the car and it was a gated community, "so why would he be parked in front of my home," I thought. I picked up the paper and as I turned to head back inside, he yelled out at me, "YOU must be THAT SINGLE LADY who bought this house from me three years ago." I turned and said, "Excuse me." I was not sure that I had heard him right and while he did not seem particularly threatening sitting in the car and making no move to exit the vehicle, he certainly wanted my attention. He repeated, yelling a little louder from the seat of his car, "You must be that SINGLE LADY DOCTOR who bought this house from me." I said, "And you are?" He mumbled his name and something about being the prior owner and being curious about "his old place and the LADY who bought it." Recalling my realtor's interactions with him and his realtor during my purchase process, I did not give him much to go on and he did not seem to like that I was not playing the game he wanted to play, so he started his engine and drove off, leaving me creeped out and wondering exactly what his intention had been and what it was about a SINGLE LADY DOCTOR that so irked him and why he had the need to sit and yell out at me in order to "check-up on the place." What or why was it for him that he would portray me in such a

negative way, suggesting that I could not or perhaps should not own a home of my own. Was it simply a matter of "sexism?" But why then did he emphasize the "SINGLE" nature of how he identified me? Was a SINGLE woman not deserving of a "certain lifestyle?" Or perhaps it was just too much of a leap that I was all three – a SINGLE WOMAN PHYSICIAN, just a country girl grown up and now in the city living out her spiritual calling as a healer. Perhaps even more importantly after this, I had to ask myself, "what was I making all this to mean about me, and what did I believe about who I am, my value in the world, and my worthiness as a single, woman physician; among all the other ways that I could potentially be labeled?"

The Single, Professional, Woman: The Cultural Landscape

The women's liberation and feminism movements have been defined in part by postmaterialist values of independence and freedom, as well as a desire for self-actualization [1]. Prior to the 1960s, the women's movement was focused on the legal status of women, but still perceived women as part of the family unit. In the 1960s, an emphasis on the greater empowerment of women occurred, but culturally it was still within the family unit. This was followed in the 1990s by the fuller liberation and reconstruction of gender roles, allowing women to live as they wished in terms of their roles within the family, in regard to their sexuality, and in the division of labor [2–4]. This fundamental shift toward a more gender-equal society places less pressure on women to get married and have children while also providing them opportunities to advance professionally and academically. This shift has allowed more women to flourish outside of the traditional marital relationship status and has led to a decline in relationship formation and sometimes even to prioritizing career over family [5, 6].

The US Census Bureau reports that in 2016, 110.6 million adults (45.2%) were divorced, widowed, or never married, out of 252 million people over the age of eighteen. In addition, the typical adult spent more years unmarried than married, and more than

35 million lived alone. 53.2% of unmarried US residents age 18 and older were women, 46.8% men. Those who had never been married were 63.5%, divorced 23.1%, and widowed 13.4%. There were 88 unmarried men age 18 and older for every 100 unmarried women in the United States. 59.8 million households (47.6%) were maintained by single women and men and of these 35.4 million (28.1%) households were maintained by those living alone. The number of unmarried-partner households in 2015 was 7.3 million, of which 433,539 were same-sex households. Perhaps of interest also is that 39.6% of voters in the 2016 presidential election were unmarried, and 87.5% of those 25 and older who were unmarried had completed high school or more education [7].

A 2017 Pew Research Center survey showed that only 23% of previously married adults, and 58% of those who never married, expressed a desire to marry [8]. In other words, a substantial proportion of never-married adults do not want to marry, and even more divorced and widowed individuals do not want to remarry. Culturally, around the world today, a greater number of adults are intentionally choosing to remain unpartnered and single. These singles are a growing demographic with unique challenges.

Interestingly, it has been traditionally thought that those who marry are happier. However, Bella DePaulo, PhD, in a review of 18 studies, found that people generally become no happier after they get married [9]. They may at best become a bit more satisfied with their lives around the time of the wedding, but then go back to feeling about as satisfied (or dissatisfied) as they were when they were single. This pattern is the same for men and women. Marriage does not, therefore, result in significant increased benefit in long-term measures of well-being over those who remain single. Similarly, her review also found that both married men and women become more and more dissatisfied with their relationship over time [9]. The cultural idea that married persons are happier may be simply a myth. People who have always been single are not very different in health or happiness from those who have been continuously married. The globally growing number of singles, both men and women, especially those leading fulfilling lives, is challenging traditional cultural belief systems around the topic of marriage.

Women physicians are among those challenging traditional relationship norms. Along with others who pursue professional levels of education and compared to nonprofessional women, they are known to often experience a delay in or be of older age at the time of marriage [10, 11], thus remaining single for a more extended period of time. The emphasis on obtaining an advanced level of education influences the balance between relationship building versus career development [10]. In a follow-up to a study showing that three times as many female plastic surgeons were unmarried compared with their male colleagues, a 52-question survey was sent to all female members of the American Society of Plastic Surgeons. Seven hundred and twenty-nine questionnaires were sent via e-mail and responses were anonymous. Response rate was 34% (n-250) [11]. Respondents were either married (64%), engaged (2%), in a "serious" relationship (11%), or not in a committed relationship (23%). Of unmarried respondents, 56% wanted to marry, 44% did not wish to marry, and 42% had deliberately postponed marriage. The most frequently cited reasons for being single were perceived lack of desirable partners (45%), job constraints (14%), and personality differences (13%). Female plastic surgeons who married later than 36 years of age were more likely to choose a spouse with a lower income, less education, and lower financial success compared with those who married at a younger age, thus going against the traditional roles within marriage. This demonstrates that even women physicians who do marry, but at a later age, often defy social norms of culturally traditional relationships [12].

The Medscape Physician Lifestyle and Happiness Report 2019, a survey of 15,069 physicians across 29+ specialties who practiced in the United States between July 27 and October 16, 2018, indicates that 7% of physicians are single, 81% are married, 4% live with a partner, 6% are divorced, and 1% are widowed [13]. A retrospective analysis of surveys conducted by the US Census 2008–2013 comparing the probability of ever being divorced among US physicians with other health-care professionals, lawyers, and non-health-care professionals is shown in the table below (Fig. 9.1). It indicated that physicians had the lowest prevalence of divorce among the professions studied, but still a 24.3% prevalence of divorce. In addition, physicians were found to be less likely than

Prevalence of Divorce Among Various Professions (US Census 2008-13)

Physicians	24.3%	(CI 23.8-24.8%)
Dentists	25.2%	(CI 24.1-26.3%)
Pharmacists	22.9%	(CI 22.0-23.8%)
Nurses	33.0%	(CI 32.6-33.3%)
Healthcare executives	30.9%	(CI 30.1-31.8%)
Lawyers	26.9%	(CI 26.4-27.4%)
Other non-healthcare professionals	35.0%	(CI 34.9-35.1%)

Fig. 9.1 Prevalence of divorce among various professions [14]

those in most other occupations to divorce in the past year. Among physicians, divorce prevalence was higher among women (odds ratio 1.51, 95% confidence interval 1.4–1.63). Stratified by physician's sex, greater work hours were associated with increased divorce prevalence only for female physicians [14].

Single: Why Does It Matter?

One can be legally single or socially single, though the two often overlap. To qualify as being legally single, one can have never married, be divorced, or widowed. Being socially single or coupled, however, is often what matters most culturally, especially in a culture where being partnered or married is glorified, and in fact where those who are married have been shown to be perceived quite differently from those who are single [15]. Evidence of this bias can be seen in a study of 1000 undergraduate students, who rated married people more likely than the single to be mature, stable, honest, happy, kind, and loving. Married people were described as caring, kind and giving almost 50% of the time, compared to only 2% of the time for singles [15]. Singles were more often called immature, insecure, self-centered, unhappy, lonely, and ugly. On the positive side, the singles were also noted to be independent. When undergraduates and community members were asked to rate descriptions of single and married people that were otherwise equal in their description, other than for the single/married status and age of either 25 or 40, all groups rated the singles as less socially mature, less well-adjusted, and more self-

centered and envious than the married people (though again more independent and career oriented). The differences were even more accentuated when the targets were described as 40 years old versus when described as 25 years old [12, 16].

Singlism: Stereotypes, Stigmas, and Discrimination

Singles today face a cultural perceptual stereotyping and stigmatizing, which when internalized and normalized in the culture can lead to negative social, educational, economic, and legal connotations for going solo, whether after divorce or death of a spouse or simply in the setting of choosing to or remaining single in the first place. Marriage is culturally glorified and hyped up – a phenomenon termed "matrimania." It is a cultural assumption that coupling is the key to happiness and is the path to a rewarded, rewarding, and meaningful life.

Bella DePaulo, PhD, over a decade ago, coined the term "singlism," which has yet to appear in the Merriam-Webster dictionary. Singlism refers to the stereotyping, stigmatizing, and discrimination against people who are single. It does not mean simply being single.

- Stereotype = a widely held but fixed and oversimplified image or idea of a particular type of person or thing
- Stigma = "blemish" or "mark" in ancient Greek culture, a visible tattoo or burn on the skin of traitors, criminal, or slaves that readily identified them as morally inferior, to be avoided or shunned
- Stigmatized = to be described or regarded as worthy of disgrace or great disapproval, to set some mark of disgrace or infamy upon, or to be marked with stigmata
- Discrimination = the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex. Recognition and understanding of the difference between one thing and another

"Singlism" is interesting in that it is a "non-violent, softer form of bigotry than what is often faced by other stigmatized groups such as African Americans or gay men and lesbians" [3]. Its impact however is far reaching, in that most people, even singles themselves, are unaware of the prejudice, or that singles are stigmatized at all. It is often considered acceptable and not meriting protection, or is in fact officially sanctioned, when a single person is targeted [12, 17–19].

An example of the way current cultural perceptions promote stereotypes and stigmatize women is in the use of language. Traditional linguistic labels or archetypes used to describe women are noted in Table A and those specifically reserved for the single woman are in Table B below [20–24]. These terms, when used, can be meant to, and have the intention of, placing the woman or single woman in a negative light.

Table A: Archetypes of the feminine

- The victim
- The maid
- The martyr
- The diva
- The slave girl
- The princess
- The prostitute/whore/ho
- The wild woman
- Wonder woman
- The Amazon/crusader
- The father's daughter/daddy's girl
- The nurturer
- The good wife
- The librarian
- The butch
- The dyke

- The sweetie, sweetheart, honey
- The good girl
- The girl next door
- The waif
- The free spirit
- The damsel in distress
- The lady
- The maiden
- The sophisticate
- The ingenue
- The gamine
- The bohemian
- The coquette
- The seductress
- The femme fatale
- The sensualist
- The siren
- The matriarch
- The mother
- The matron
- The boss
- The huntress/warrior
- The wise woman
- The sage
- The mystic
- The lover
- The cosmic goddess
- The enigma
- The prophetess
- The inspirational muse
- The survivor
- The queen
- The empress

Table B: Archetypes of the single woman

- The bachelorette
- The spinster
- The old maid
- The cat lady
- The cougar
- The bachelor girl
- The unattached female
- The goody-goody
- The lone woman
- The lonely woman
- The prig
- The prude
- The unwed
- The unmarried woman
- The unpartnered woman
- The childless woman

Singlehood is frequently viewed negatively by society and individuals, especially singleness among women [25–27]. Negative images of singles in media and literature perpetuate the "undesirable" nature of singles [28]. Children are socialized and educated to marry and build stable family units [29, 30]. The internalization of this discrimination, stigmatization, and stereotyping creates negative social, educational, economic, and legal connotation for those considering going solo after divorce or death of a spouse or simply choosing singleness in the first place [18, 19, 31]. By analyzing data from the European Social Survey, Elyakim Kislev, PhD, was able to determine that unmarried people experience 50% more discrimination than married people [32]. He states that "unlike other disadvantaged groups, singles often go unprotected from prejudice, frequently because singlehood is not viewed as meriting protection." Additionally, "the expectation that others are either married, or if not, do not want to be single are two assumptions so heavily normalized that those guilty of singlism are unaware they are abusing singles." Stigma

is increased for the single woman compared to the single man [33, 34] and is also more prevalent among traditional, religious, and socially conservative individuals who place high importance on family formation [35]. Single mothers, the single woman combined with child-rearing, is the most extreme deviation from the traditional family norm [36].

The single, woman physician values independence and individualism, which along with an advanced education and the financial means, allows today's single woman to support not only herself but also a potential partner or spouse, children, or even other family members. The stigma associated with being a single, "spinster," outcast, or outsider is certainly not as strong as it once was. It nonetheless remains present and does come with its own unique set of cultural challenges and need for strategies and solutions in order to create, develop, and maintain a happy, meaningful, and fulfilling life.

Going It Alone: The Solo Life

Work–Family–Life for the Single

Work–life balance, or the updated term work–life integration, is still in many ways thought of as work–family balance. The phrase implies that the busy and overburdened, emotionally, physically, and mentally exhausted worker has to balance work with family responsibilities. The concept however takes on a much different character when the single person/employee is considered. This individual faces the responsibility of managing house and home, perhaps parenting and coordinating the care of children or the care for a parent or other extended family member, without the help of a partner. They in fact "do it all," and they do it all alone. In fact, because of their role within traditional families, singles are actually more likely to be seen as the "flexible" member of the family or asked to take on the role of caregiver within their extended family. They are subject to these added perceptions and demands and thus have greater potential for overwhelm and burnout at the hands of the multiplicity of roles and responsibilities they are asked to or volunteer to take on.

Along with being perceived as able to take on additional responsibilities within their immediate or extended families, singles are also perceived by their workplaces as having more flexibility, ability to contribute, and potentially fewer distractions from work or career responsibilities. This perception of singles by the workplace can lead to discrimination for men or women, related to their marital status, or singlism, at work. For instance, the perception or assumption that the singles' life is more flexible may manifest as being asked to work overtime more frequently or expected to travel more often and take vacation at times when colleagues with partners or families wish to be with their families for holidays or religious celebrations. In the context of the practicing physician and healthcare, these examples can translate into being asked to perform additional shifts or on-call responsibilities, performing coverage for holidays or days of religious celebrations. The assumption again being that those that are partnered, those with "families of their own" (i.e., children), and other child-care-related responsibilities take precedence over a single adult employee's need for leisure time, vacation time, or time with their own "family." Singles may feel pushed to abandon their own personal priorities, work harder, and surrender their own leisure activities, which in light of the data regarding what actually helps the single person find well-being and happiness, as described later in this chapter, serves as a direct inhibitor to finding work–life balance.

The Solo Experience

Psychologist Abraham Maslow's paper entitled "A Theory of Human Motivation," published in 1943, relays a theory describing a hierarchy of human needs (Fig. 9.2). The theory describes the pattern through which human motivations generally move and implies that in order for motivation to occur at the next higher level, each lower level must be satisfied within the individual themselves. The most basic of needs are those that are "physiological," which when met allow for the development of "safety," followed by "belonging and love," then "social needs or esteem," and finally "self-actualization" [37].

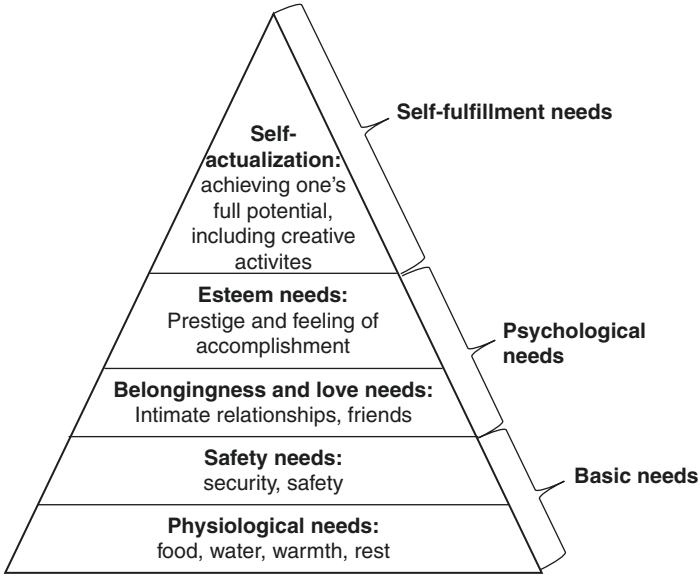

Fig. 9.2 Maslow's hierarchy of human needs

When individuals feel secure (safe, financially stable, supported in culture/community), they desire to try new things, express their unique voice, and self-actualize by fulfilling their potential [38, 39]. Postmaterialism, a term coined by Ronal Inglehart in his book The Silent Revolution: Changing Values and Political Styles Among Western Publics, outlines a shift in values from those of physical security and economic growth, identified as materialist values, to those of high quality of life, creativity, environmental protection, freedom of speech, and human rights in the 1970s [39]. This coincided with the shift in the legal status and role of women within the family unit and later the ability of women to live as they wished and to challenge the roles of family, sexuality, and labor division [4, 40].

Postmaterialistic values of fun, freedom, creativity, and trying new things correlate with levels of education, health, wealth, secularism, and social activity. Singles, cohabitators, and divorced

people score higher on all these variables, while the never married are a mixed bag: they value fun and freedom more but score similarly to the married group on creativity and trying new things [41].

Postmaterialism values, while more commonly held by single people, do not necessarily lead those individuals to a higher state of happiness. The emphasis on freedom actually increases competition, stress, and inequality. There can be a constant focus on or consumption with the instability of solo life and the desire to relentlessly experience new things. The stigma surrounding singles remains, with their individualistic values being seen as selfish, desperate, and sad, but also immature, self-centered, and unhappy. They continue to face more harsh social exclusion and discrimination, being perceived negatively by both social institutions and individuals, even if they overcome the economic, psychological, and behavioral difficulties associated with being unmarried and the cost of freedom and uncertainty [9, 26, 42, 43].

Singles who are happy with their single status have been shown to be more negatively perceived than singles who are unhappy with their singlehood and who would like to become coupled [44, 45]. Singles by choice are seen as individuals who are rebellious and go against tradition or mainstream society, drawing criticism as a result, while those who are single by circumstances are typically seen as unfortunate and in need of help in order to find their sole mate. Evidence from multiple sources also suggest that choosing to go solo comes with significant negative costs in terms of economic, psychological, behavioral, and physical aspects of life [46–48]. In what remains a traditional culture, significant advantages and benefits remain for those who choose marriage when it comes to finances, mental health, physical health, and general well-being [49–57].

In this postmaterialistic values system where the pursuit of freedom and self-actualization is of greater priority for solo individuals, there may come a point where unless they have also met their lower needs of human interaction and emotional satisfaction, that they may experience an imbalance. The constant pursuing of self-actualization through pursuit of new experiences, while neglecting the need or the nurturing of their elementary emotional needs, similar to the workaholic, leads to an imbalance and a decline in well-being.

To the opposite effect however, the postmaterialistic values benefit singles in the sense that they are free to create more joy in their lives, on their own terms, and without relying on someone else to provide it for them. The happy single person (widowed, divorced/separated, or never married) appears to be happy in part because of their placement of high value on freedom, fun, creativity, and trying new things. These values do appear to help protect the single against the stereotypes, stigmatization, and discrimination they encounter. They are less likely to compare themselves to others and society and free themselves from the negative judgment by others [42, 57]. Singles who are successful embrace the concept of being in integrity with one's self, creating a safe, belonging, worthy, and loving relationship with one's self that minimizes or eliminates the need for external validation, attention, or affection. They reinvent for themselves what it means to be loved, to have companionship, via the curation of "alternative families" and arrangements [57, 58]. Evidence also indicates that singles may improve their well-being by engaging in leisure activities, such as running or other solo sports, as a means to develop themselves as well as to foster social connections [59, 60]. Outside of work, singles can also try new things such as joining social clubs, taking classes, adventure travel, or even participating in coaching, counselling, or psychotherapy in order to foster a greater level of happiness and build their own network or culture that promotes a sense of well-being for themselves.

Doing Life Alone

The increasing population of adults that are single and the new and increasingly popular choice of intentional singlehood are becoming more apparent. Many singles thrive as they take themselves by the hand and navigate life and sometimes even rebelliously confront the traditional cultural stereotypes, stigma, and outright discrimination they encounter as a single person [12, 58, 61, 62]. The strategies and practices singles use to "thrive" have yet to be fully explored, but the following strategies provide some insight into how singles successfully navigate their journey through life.

Awareness Singles are themselves becoming more aware of their own stigmatization, by society, whereas in the past they have been largely unaware of how traditional perceptions and values, which they too have believed, have led to decreased self-esteem, diminished sense of self-worth, and decreased levels of happiness. Happier singles are those who are aware of the social pressure they experience, which can come from even within their own families, let alone from the sociocultural system at large [63]. Creating greater awareness by sharing their experiences, both positive and negative with family, friends, communities, and workplaces, will help others to understand the special experiences, challenges, and obstacles that singles face.

Positive self-perception, self-confidence, optimism and feeling valuable For those who are or who have made the choice to remain single for longer and who tend to be more individualistic than others, the construction of a positive self-perception and interpersonal self-perception results in a hopeful outlook and increased well-being [64–66]. Feeling good about oneself, via a positive self-image, self-confidence, and having assurance in the choice to be single, melds one's positive self-perception and one's reality. For the unmarried person, having a positive self-perception improves one's measure of happiness by close to 30% and includes those who have been divorced or widowed [67]. This helps to combat the many people around singles who offer criticism, undermine self-confidence, and contribute to negative self-image, sometimes without an understanding of the consequences of their words or actions.

In research performed by and reported by Elyakim Kislev, PhD, in his book, Happy Singlehood, The Rising Acceptance and Celebration of Solo Living, singles who feel secure, less worried, valuable, and accomplished (through work, hobbies, or friends) also tend toward improved levels of happiness [68]. In addition, he finds that holding an optimistic view offers the single person about 35% more happiness than those without it. His studies indicate that optimism actually plays a greater role in producing measures of happiness experienced by the single, in comparison to that of the happiness experienced by married

individuals [68]. He notes that singles have a greater likelihood to be friendly, less materially focused, receive more meaning from their work, and gain more from participating in interesting or challenging work than married persons. Feeling accomplished and valuable helps all singles gain in the scale of happiness compared to married people, because singles largely derive meaning from outside of the nuclear family and it increases their self-worth. Income, level of education, and family support also contribute to increased levels of happiness, while religiosity has mixed effects on the single person's experience, sometimes boosting and sometimes lowering it [68].

Choosing single-friendly environments An obvious way that singles will self-protect is to avoid negativity and situations or surroundings in which singlehood is singled out, stigmatized, or discriminated against. Surrounding oneself with friendly environments, workplaces, and networks that provide opportunities to connect with others is especially important to the single person. Singles supporting other singles within these networks and self-chosen "families," and even in more communal living spaces where people gather to share, engage in meaningful relationships, and gain social capital, are also challenging the culturally traditional marriage-family-centered lifestyle.

The traditional "family values," of many religious institutions, can also marginalize singles. This can result in many of them abandoning their participation in the corporate activities of their local faith community. Among various religious communities in the United States, how to address the single life has been a pressing topic for which specific action plans aimed at addressing the needs of singles have been aimed [69]. For singles who place a high value on developing a higher spiritual connection and who have an active spiritual life, finding a community that normalizes their single lifestyle and minimizes singlism and matrimania will improve their self-esteem and overall level of well-being [12]. Others may focus their spiritual energy in other ways, such as volunteer work, launching ministries or nonprofit organizations, obtaining further education, or helping in the finance of neighborhood or community efforts and supporting others by prayer.

Directly pointing out the presence of singlism Pointing out when people (family, friends, colleagues) say things like, "Oh, are you still single? Haven't found anyone yet?" is a good first step. The appropriate response will depend on the relationship that exists with the person making the offensive comment. Unless we bring awareness to the cultural perception that assumes that everyone "should" strive toward being partnered in some way, then the stigma will continue. Everyone should take personal responsibility to reduce the stigma aimed at singles, working to build a culture that no longer excludes or opposes the interests of single individuals. After all, in this life, we are solo travelers. As one woman in her blog states, "As singles, we know more than anybody else that the true independence is actually interdependence. We can use this to work for a more compassionate society – and ensure that the increasing numbers of singles are taken care of no matter what they do for a living or how old they are, even when they choose to remain single for their whole life" [70].

Empowering oneself Empowering oneself by the adoption of a positive view about one's single status as a situation, learning to be comfortable single, and viewing the single relationship status positively, versus perpetuating the thoughts and feelings of being neglected or unattractive, is of significant benefit to the single person. This attitude may also be a useful reframing for the single person who desires to be partnered, but for singles who are single by choice, happy with their single status, and not currently looking for a partner, self-empowerment also buffers the social scrutiny that they typically face. As they defy social norms, singles by choice are deemed to be more miserable and lonelier than those who are single by circumstance, the latter being viewed as more mature and sociable [44, 71, 72]. Empowerment for singles in the form of reading books promoting positive thinking, attending a course, participating in a workshop, taking a consulting session, and establishing a support network shows evidence that they can improve the single person's happiness and enable them to face social tensions and discrimination [73].

If today's children are less likely to see marriage or partnership as a relationship aspiration and will likely spend a longer portion of their adult lives single, education and empowerment of our children should include the basic survival skills for how to be, thrive, and live happily in a state of singlehood.

Beyond Going Solo: What Makes Being Single Hard?

The Challenges, Obstacles Beyond the Social Stereotyping, Stigmatizing, and Discrimination

Isolation, Loneliness, and Solitude

In 1965, 72% of all adults aged 18 and older were married. Today it is about 50% [74]. Being and living life as a single person does present certain challenges. Most studies show that one of the prime reported advantages of being married is the human company and reliance found in a marriage. The institution of marriage is seen as a means to prevent long bouts of isolation which are also known to reduce any individual's well-being [75, 76]. It is in this realm of the emotional challenge of singlehood that we find one of the biggest obstacles to curating a happy single life. The feelings of isolation and of loneliness can grip the single in times such as waking up alone on a weekend morning or going to bed alone at the end of a busy week; going to a movie alone; going to church, synagogue, or other communal social event alone; repeatedly sitting at a table meant for two or more alone for a meal; celebrating a birthday, work, or personal achievement alone; or simply sitting in front of the TV alone without the presence of another to help pass the time or to fulfill that basic desire and healthy need we all have from our infancy for human contact. Other emotions that singles may commonly express include fear of being alone, inadequacy, and vulnerability. How does a single person address the fears of and the actual reality of being alone, the feeling of isolation or loneliness that inevitably shows up from time to time, or perhaps is a more constant companion for those who are in-waiting and truly desire to be partnered?

Studies show that it is actually the fear of aging alone and dying without anyone at our bedside that is one of the most common and deeply ingrained reasons for getting married [77, 78]. Being alone versus the emotion of loneliness is certainly a dynamic experienced in the single person's life. Loneliness is defined as "a discrepancy between one's desired and achieved levels of social relations" and "may concern the number of relationships or the level of intimacy in the relationship" [79, 80]. Loneliness must be separated conceptually, however, from social isolation. Social isolation refers to the objective state of having minimal contact with other people, whereas loneliness is the perception of isolation or neglect and is not reality [81, 82].

Four strategies, identified through his interviews with older singles, are described by Elyakim Kislev, PhD, as being used to adapt to being single and the mechanisms behind their happiness [83]. These include:

1. The ability to look back and gain control over the circumstances that led to being single
2. Making effort to shift from the fear of being lonely when I am old to making a clear distinction between solitude and loneliness and patiently curating a practice of enjoying solitude
3. The ability to foresee possible emergencies and to prepare accordingly, taking control of such unpredictable situations, such as the practical measures of managing physical, fiscal, and other responsibilities
4. Adjustment in self-identity in order to deal with the societal pressures and prejudices, especially as they relate to the stigmatization of long-term singleness. The development of positive self-identity, a practice of optimism, focusing on their equality, and building strong social networks
5. The construction of alternatives to intimate relationships, through building social capital and alternative "family"

The internal, mental dialogue of thoughts with which one speaks to or questions oneself, as a single person, can be a battleground that must be mastered. Thoughts or beliefs that reinforce the traditionally held stigma and stereotypes about singles are

often part of the single person's internal dialogue, having been conditioned by culture over long periods of time. Recognizing when these beliefs arise, shedding light on them and calling them out for what they are, is the first step to creating awareness. Changing those thought patterns and replacing them with new beliefs about what it means to be single is a powerful process. The transition from thoughts and fears of being or going it alone, being lonely, and not good or worthy enough can be changed into thoughts in which the single person develops an appreciation for their privacy and time to devote to solitude or to meaningful and fulfilling activities of their choosing. These new mental frameworks and beliefs have a powerful downstream effect on the emotional experience of the single person, having great power to affect the ways in which the single person shows up in the world and the way in which their life either thrives and flourishes or not.

The Importance of Social Capital

Social capital is understood as "the norms and networks facilitating collective action for mutual benefit" [84]. It refers broadly to effectively functional social groups and includes interpersonal relationships, a shared sense of identity, a shared understanding, shared norms, shared values, trust, cooperation, and reciprocity [85].

Social capital is of particular significance for singles [86], as outlined in the following five reasons:

1. Singles derive more happiness from social capital because they meet more diverse people and engage in a wider variety of activities. They have a diverse set of confidants and create stronger core networks in which they experience less isolation than married peers [87, 88].
2. Whereas couples participate in increasingly uniform and conformist social activities, singles are more flexible and become ever more adept at constructing social frameworks that cater to their needs, while remaining flexible and open to change [89].

3. Singles are more attentive to social relationships and make them central to their lives. They focus on a wider sphere of family and friends [90].
4. Singles utilize modern technology to facilitate and maintain their social capital and to make it more efficient [91].
5. Markets have adapted to the rise of singlehood and new products, services, and living arrangements targeting singles, such as community spaces in condominiums to facilitate the development of social ties [92–94].

Maintaining social capital has been found to be a direct predictor of well-being and has strong correlation with greater life satisfaction, involvement in clubs, nonpolitical societies, and noneconomic organizations [95–99]. Religious social capital, such as measured by attendance at church, is also positively associated with well-being [100]. Social capital has been shown to contribute to the development of greater awareness, improved health via physical training, increased economic support, and an improved ability to deal with stress [101, 102]. Additionally, it has been shown to decrease anxiety and increases motivation to lead an active and healthy lifestyle [103].

Singles who proactively and creatively pursue the development and maintenance of social networks and who intentionally cultivate social capital via participation in social activities (volunteering, social clubs) and social meetings (visiting friends or family) do so to the benefit of their happiness, life satisfaction, and well-being [104]. In addition, they enjoy greater resilience in the face of adversity and receive support found in the midst of and after divorce, or in the midst of single parenthood [57, 105, 106].

Singles do not all want to be partnered, but they do want to be included and are willing to extend themselves to others in recognition of our common human condition. Singles spend time and energy building their own social networks by participation in social meetings and activities (volunteering, civic organizations, charities, clubs), nurturing these relationships as central to their lives, much like couples turn inward and focus on their relationships. Singles often form more diverse, flexible, sophisticated, and efficient networks. Their wider sphere of confidants is held in

high esteem, like a nonromantic, nonsexual network of people who serve as the safety net of connection singles desire and that can be relied on.

The Physical and Material Challenges of Singlehood

It is not just the emotional, mental, or social challenges that singles navigate, but also the actual physical and material challenges of living life solo. As a Physical Medicine and Rehabilitation physician, I am routinely using physical functional assessment tools, such as the Functional Independence Measure (FIM) (Fig. 9.3), to assess a patient's level of function as it relates to various activities of daily living (ADLs) and instrumental activities of daily living (IADLs) [107–112]. These physical, cognitive, communication, and behavioral realms are assessed in the setting of a patient's specific medical diagnoses. These measures provide a more

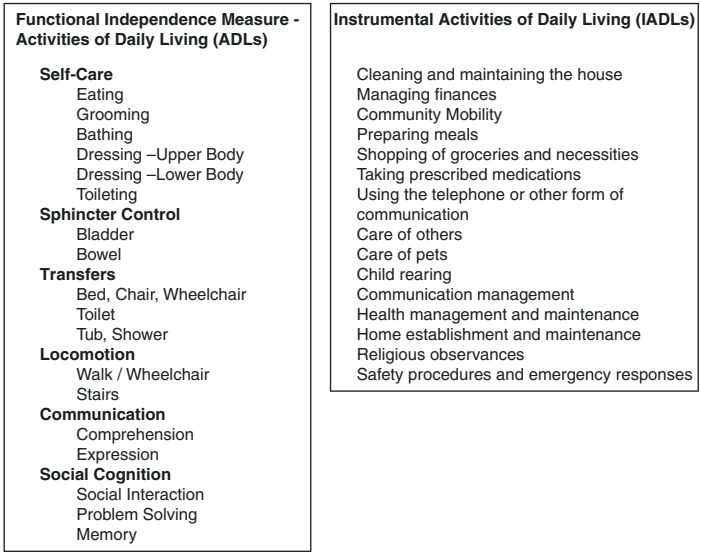

Fig. 9.3 Functional Independence Measure (FIM)

objective description in regard to a person's capability to perform various tasks. In rating the task, the level of function is described as independent, independent with some type of aide or equipment, or some version of dependent, which can vary from requiring only supervision for safety to completely dependent on the assistance of another in order for the task to be completed. Some activities are deemed necessary for fundamental functioning in life and other tasks are not necessary but if able to be performed allow an individual to live independently in a community. These are the essential tasks for living, and when the busy professional, who dedicates their time to the care of others or their business, is unable to do these tasks on their own, they will need to at least be able to manage or delegate them in a way that allows for their completion.

Vignette: At this very moment, on a Saturday morning, I am not only sitting at my dining room table working on writing this chapter, but also am processing a third load of laundry through the separate/wash/dry/fold/put away process. My workout this morning was followed by my centering prayer/mindfulness/meditation practice. I have made arrangements with my parents to have dinner with them tonight, necessitating travel 20 min in each direction. My dog sitter is out of town next week, so I have also coordinated with my mother to watch my dog through that time, and I need to make sure that I pack up everything she will need to spend a week away from home. I sent a message to a friend regarding an exciting event she had planned for her business this weekend, offering my support, encouragement, and congratulations. I spoke to a family member with a recent medical issue. I called my 98-year-old grandmother and bought and sent birthday cards/gifts to my two nieces who live out of state, for their respective upcoming birthdays. I turned down an invitation to a social event for tomorrow, choosing instead to honor my spiritual practice of attending church and participating in my faith community. Tomorrow, I will also stop at the grocery store to purchase food and supplies in preparation for the next week and put those items away upon returning home along with doing some food prep work so that healthier meals are more readily

available. I will attend to the delivered mail, the monthly finances, and e-mail communications. The air conditioner in my home has been not working well, necessitating a total of 12 phone calls and 4 in person visits thus far in the last 2 weeks and is still not working correctly and for which I tentatively have a service appointment for early next week, which will require that I coordinate with someone to be available to let them in, as I have a full schedule in the clinic and hospital coverage. I need to make flight and hotel reservations for an upcoming work trip and find someone who can sit and wait and drive me home after an upcoming colonoscopy. The plants in my house look droopy, as I look at them now, and at some point, they will need some "TLC" (i.e., water) this weekend too. Whew, so much for the weekend.

Time and Energy

We all have time (24 h, 1440 min, 86,400 s per day) and energy to give to each day. The way we think about, organize ourselves around, and prioritize our use of time and energy will depend on many factors. For the single, woman physician with extended and often irregular work hours, overnights, weekends, and on-call responsibilities, and limited time for out of work activities, the time and energy spent managing and engaging in life has to be strategic. Can I also give a special shout out to and special recognition for the single physicians (women and men), whether by choice or by circumstance, who are also parenting children or caregiving for a parent or another extended family member or even perhaps caring for a friend in a time of need?

While it would be nice to have a personal chef and personal assistant or concierge service to help in our personal lives, and this type of service is becoming more readily available and frankly more necessary, single women physicians have typically had the responsibility of doing it all and doing it all alone. A list of activities and responsibilities on the home front, each requiring management to make the rest of life and going to work even

feasible, is noted in the table below [112]. For the single, there is no partner with whom to split or share the tasks of running a home or having the semblance of a social calendar. While one may not perform the actual tasks themselves (i.e., pool care), these tasks require at least a measure of time for supervision, monitoring, and management. In my personal experience, it is amazing sometimes how challenging it is, and what a special effort it takes, to be able to enjoy the simple act of sitting down at a table to eat a healthy home-cooked meal, even if that meal is just for me.

A Single's Work (at Home) [113]

- Child care, parenting, school events/parties, athletic or club activities
- Pet care
- Laundry
- Grocery shopping
- Food/meal preparation
- Housekeeping
- Yard care
- Pool care
- Exterminator (monthly)
- Termite inspector (yearly)
- Car care
- Appliance maintenance (i.e., A/C filter changes)
- Appliance repair service appointments (i.e., twice-yearly A/C – heat systems service)
- Management of finances
- Time for personal shopping
- Houseplant care
- Gift and card buying
- Travel planning and associated coordination
- Celebration and social event planning and associated coordination

These necessary tasks can end up taking a majority of the single person's time when away from work. Some tasks may even need to be attended to during work hours. The time and energy required for management of these activities can end up leaving very little actual time to engage in true restorative, leisure activities, limiting the time to relax or the energy to enjoy the important process of building a supportive social network. If supportive and helpful extended family are available, keeping these relationships close is vitally important for the single person, as it is these individuals on whom the single will call for help when in times of need. Those singles who truly are living solo without the support of family locally, must strategically prioritize their time and energy in order to attend to these tasks. They must also prioritize time for self-care and for nurturing trusting relationships that become "like family" in order to achieve at least a measure of work–life integration.

When the Single Is Sick

What happens when the single person gets sick, has an accident, needs a surgery, or suffers immobility, disability, or job loss? Who helps the single person in their time of need? Those in partnered relationships, and even more so those with a partner and children, are culturally assumed to be better off when it comes to times when one needs physical assistance in the setting of illness, immobility, disability, or job loss. There is an assumed "safety net" of guaranteed help in times of need. Marriage doesn't necessarily fix this problem as it is noted that following the loss of a job, there is an increased risk of also losing a marriage. It is also well noted that people with a disability are 42% more likely to be divorced than those without a disability, perhaps for the burden that a disability puts on the relationship and the ability of the spouse to provide the expected support and attention required [95, 114, 115].

Single or married, we all need a little help from our family/friends, at least every once in a while. The simple act of opening a jar needed for the evening meal's recipe, which if unable to be opened and necessitating and block long search for a neighbor to help, can make a single woman feel completely frustrated, iso-

lated, alone, and even helpless, when all she wants to do is make dinner after a long day at work. Packing up and moving out of your home and the comfort of your own bed and into your parent's house for a period of time, because you needed surgery and a place to recover, where you have someone to look out for you, are some straightforward examples of how the single adapts to their life circumstances, and demonstrates their being available to ask for help, to include others and to nurture the kind of relationships in which trusted help is found. When a person who is single gets sick and needs help, who do they call for help? Who's available to help them? Often singles are left to fend for themselves. The feelings of inadequacy, isolation and helplessness can be paralyzing; the vulnerability and the fear of being stranded are real.

It would certainly be nice if we could predict and plan for our physical needs as it relates to illness, disability, and our care leading up to the time of our death, but we can only prepare to a certain extent. For the single person, this means that preplanning often includes not only the traditional legal paperwork and preplanning, but also consideration of a network of non-immediate family and friends; individuals outside of the traditional immediate family become potentially all the more important. A strengthened role of friendship, which is likely even stronger among those that are mutually single, may be relied upon for emotional, social, material, and even financial support that was once traditionally provided by the family.

Help in times of need comes from within this community or network with which the single person has forged deeper relationships and accountability. The richer, more diverse social lives of singles versus married partners, who spend most of their time investing in their mutual relationship, seem to be the key to allow for this type of networked support to be created and leveraged in times of need. Singles are also more poised to be of help to their extended families and friends and can benefit in return. These networks, however, take time and effort to develop and sustain, which for the busy practicing single professional can be an obstacle and challenge to their finding a satisfying and reliable social support system outside of the workplace.

Singles and Burnout

Integrating Work and Life

- *A job* = work that provides financial reward and is necessary for subsistence and paying the bills.
- *A career* = work that fulfills the necessity of earning an income, with the added value of permitting one to seek advancement, to feel successful and capable.
- *A calling* = work in which workers choose their profession for reasons of personal enjoyment and fulfillment, or with a focus on creating change and/or contributing to a wider cause [116]. Self-fulfillment, whether having to do with meeting personal goals, seeking deeper meaning in life, or the fulfillment of one's hopes, dreams, and ambitions is now a direct measure of our happiness [117–119].

In comparison to married persons, for singles, and especially the long-term, never-married single, the pursuit of a career and job satisfaction versus the creation of a nuclear family often serves as a means to self-fulfillment and happiness [120]. In particular, highly individualistic singles tend to value meaningful work because it actualizes their capabilities, brings them a sense of freedom, and makes them feel worthy, thus gaining for themselves more life satisfaction [121, 122]. Singles, therefore, stand to gain more from investing in their career than married individuals do [123]. Never-married singles have freedom to choose a potentially less secure career path, or ones that may be more emotionally rewarding, than those who are married and/or have family who select jobs with more security and financial stability [124]. Many singles are happier with their singleness and find their lives enriched, when they are unbound by family responsibilities and can fully invest in their careers, even choosing not to enter relationships because they want to avoid the work–family conflict [125].

One can see then that the single person, in general, might make for a loyal, committed employee, having great capacity, ability, and desire to commit to meaningful and fulfilling work. However, in the absence of integrating the other realms of life, being "married" to work puts the single person at increased risk for job burnout. In fact, there is evidence that unmarried individuals, especially men, are more prone to the symptoms of job burnout compared to those who are married [126–128]. Singles (never married) seem to experience even higher burnout levels than those who are divorced (previously married) [128].

Job burnout is a type of stress characterized by elevated levels of exhaustion, cynicism, and inefficacy. Singles do not wish to neglect friends and family, but they may experience job burnout when they place high importance on their professional lives, along with a driving need to be perceived as a successful and dynamic professional at the expense of supportive networks [129]. According to Elyakim Kislev, PhD, "…by placing such high value on their careers, single people have more at stake in their jobs. Challenges in this sole realm of focus can prove daunting. The pressure to succeed is greater and the risk of losing one's sense of self-fulfillment because of underperformance is higher" [130]. In comparison, married couples have a "safety net" of sorts, in that they place high importance on their roles as spouses and parents; thus, work is not their only source of satisfaction.

On the other hand, the safety net that the single person attempts to create for themselves through involvement in a wide variety of activities (sporting, volunteer, community, and family−/friend-related activities may divide their social lives into far more pieces than coupled individuals) [12]. This multiplicity of roles played by singles can in turn become a source of imbalance and additional conflict, thus contributing to the development of burnout [131]. In his book, *Happy Singlehood*, Dr. Kislev also explains that the "emotional and physical exhaustion among singles is evident in today's workplace because of ignorance, about their needs, and because of pervasive, yet seldom scrutinized discrimination against singles" [130]. As discussed earlier in this chapter, singles may be prone to place excessive pressure on themselves to perform in order to perhaps compensate for their self-perceived

lesser value or in fact the actual external expectation that singles will work harder than their married colleagues. These sources of overwork without a net gain of benefits have an effect on work–life integration that is a direct result of the workplace itself, employers, and policies [132]. Unmarried people without children are at particularly high risk. The cultural "assumption that, since singles do not have traditional familial responsibilities, they can meet higher work expectations" overlooks the notion that many singles are balancing numerous social roles outside of work and are often leading much more involved and complicated lives than coupled individuals [133]. In contrast to the assumption that married individuals are the ones for whom the balance is difficult because of family responsibilities, it is actually singles who suffer more from the difficulties of work–life integration, as evidenced by widowed or divorced singles, who are 31% and 22%, respectively, more likely to think their work and lives are out of balance compared to married people [133].

The overattention in "work–life balance" directed to "life" as "family," and as such the nuclear family, is unfair to the single worker [134]. "Life" includes, among other things, the pursuit of leisure, educational activities, community involvement, household management and maintenance, and friendship development [135]. Family is but one of many domains of "life" that deserves cultivation by the application of our attention, time, and energy.

Work–Life Integration Strategies for the Single Female Physician

In his book, Happy Singlehood: The Rising Acceptance and Celebration of Solo Living, Elyakim Kislev, PhD, identifies 6 ways that happy singles broaden their understanding of the work–life integration [136]:

1. Complement work with a healthy array of leisure activities (casual leisure time activities or serious hobbies).
2. Foster enriching educational activities (learning outside of the formal work environment). Highly individualistic singles are

especially interested in noncompulsory learning, reading, or taking a course. Others pursue extra degrees, certificates, or other general self-improvement.

3. Make time for health and appearance needs (exercise, cooking and eating healthy meals, and spiritual practices, prayer, or mindfulness). Mindfulness, spirituality, and, in some situations, religion can be used to increase singles' happiness at work [137–140]. Several studies show a strong positive relationship between mindfulness and job satisfaction and a strong inverse relationship with work burnout [141, 142]. Mindfulness-based cognitive therapy for the divorced single reduces anxiety and depression [143, 144]. Prayer or meditation calms and improves spiritual health for those who practice Islam, and in India, the practice of dharma is an important predictor of stress reduction and increased well-being [145, 146]. Loneliness and depression among older singles were found to be moderated by one's spiritual practice and religious beliefs [147].
4. Creative attention to household management (housekeeping, yard care, bills/finances, food shopping/meal preparation, home improvements/services, car care, and social responsibilities). Singles, who live alone and who work long hours that eat into the time required for housekeeping tasks, let alone their other multiple social responsibilities, can find this to be a very challenging aspect of work–life integration. Even if money is not an issue, finding the time to complete these tasks can prove to be a burden. Being organized and yet flexible, hiring or asking for help, exchanging services, and keeping a positive attitude for getting tasks done are helpful strategies.
5. "Selecting" a family for oneself (family, friends). The idea that your friends are the family you choose for yourself is of benefit to the single person. Singles, and particularly those who live alone, are very likely to be solely responsible for their time outside of work, so purposely investing more in their chosen relationships is even more important for their well-being than for married couples, cohabitators, and parents, all of whom are naturally consumed by their nuclear family.
6. Turn the work environment into a social one (find connection and community at work). Singles are constantly finding and making new friends, both in the community and at work.

Making friends at work helps to diffuse the alienation that can be felt in the workplace, eliminate the emotional distance between colleagues, and even disrupt the hierarchy within an organization. Singles who find personal connections in their work environments are happier by virtue of their tending to their need for work–life integration.

The Workplace

Income

Another area of concern for singles that can tie into burnout is equality in pay, which is also associated with ratings of job satisfaction among singles. This is especially so, considering the effort some singles give to their work when compared to married colleagues. Married individuals in the workplace (both men and women), in one study, were found to earn approximately 26% more than singles performing equivalent jobs [148]. Another study suggests that there is a correlation between marital status and wealth level for men and that married men between the ages of 28 and 30 make $15,900 more than their single counterparts, whereas the difference becomes $18,800 for men between 44 and 46 years of age [149]. They also found that married men were working 400 more hours per year than single men of comparable educational achievement and similar economic classes, concluding that married men are motivated to maximize their income and benefit from the advice and encouragement of their wives. But what about the extra burden that the single man has in managing life outside of work? Is that perhaps what keeps him from working the extra hours and receiving the added benefit of social support he needs in order to rise to greater success?

Singles who choose to invest themselves in their work, overdeliver value, and go beyond the contribution of their married colleagues should be acknowledged and financially rewarded accordingly. In healthcare, this might look like the physician or employee who takes extra shifts or coverage for colleagues, takes more overnight calls, does more travel, or covers holidays. In contrast, for those seeking better work–life integration, one may choose to work less and sacrifice income in order to have time off

every day for oneself, to manage life outside of work, to pursue time with family and friends, or to pursue hobbies or other interests. If a nontraditional work schedule is an option and helps one to promote and preserve a positive work–life integration, then it should not be judged and perhaps even encouraged.

Healthcare and Other Benefits

Employers subsidize the cost of healthcare and other benefits for an employees' spouse, children, or domestic partner, but offer no such benefit to the single person's parents, siblings, or close friends [150]. The single who might wish to take time off to provide needed care to someone within their close network of social support, often consisting of other singles, is not supported. When the single employee is sick, they are potentially in a much more vulnerable position than their married colleagues, because they may not have anyone to provide needed support or assistance. Their closest support system may consist of other singles, who are employed and do not have the ability to take time off to help. Whereas for a married couple, when one individual is ill, their spouse is granted time off or leave through the Family Medical Leave Act in order to help provide care for their ill spouse.

For singles who also have the responsibility of parenting children or who oversee the care of a parent or other family member, having access to a work environment that is understanding and supportive of these additional roles is vitally important. Workplace support services that provide day care or elder day care might be an important benefit that allows an employee to go to work, knowing that their child or loved one is being cared for in a safe, stimulating, supportive, and caring environment. If not on-site, then employee programs that provide support or assistance in finding quality at-home or community-based childcare or elder care services are helpful. Quality day care, after-school care, or care for children or adults that includes off-hours or overnights is essential for the busy working single physician. If this type of care and supervision cannot be arranged through coordination with other family members or friends, then having assistance to connect with quality services either through the workplace directly or via recommendations of community providers is a benefit that helps

meet the most basic of work–life integration needs of the single physician parent or single physician who is responsible for the care of one of their own immediate or extended family members.

Choice of Specialty

It is well known that women, more often than their male physician colleagues, who have or expect to have children, consider current or future family obligations, among other factors, when choosing either a particular specialty or a particular job [151–153]. Those who are single or who expect to remain single may make specialty choices and career move decisions with regard to their expectations of current or future family obligations and their perceived ability to find work–life integration. There is no data specifically looking at this and more research is needed to define how singleness for the female physician plays a role in specialty choice and opportunity.

The Medscape Physician Lifestyle & Happiness Report 2019, a survey of 15,069 physicians across 29+ specialties who practiced in the United States between July 27 and October 16, 2018, indicates that there is a similar percentage of men and women physicians who rate themselves as having a low or very low self-esteem, 7% versus 9%, respectively [13]. However, men reported having very high or high self-esteem at a much higher rate than their female colleagues (61% versus 47%, respectively). Carol A. Bernstein, MD, a professor of psychiatry and neurology at New York University School of Medicine/NYU Langone Health, says that she believes "that the major causes for the discrepancy are ongoing cultural issues in medicine and in our culture overall. While women and men are entering medical school in equal numbers, male physicians are more frequently promoted and advanced in their careers than are women [13]." Additionally, "there is also the impression that women are more likely than men to acknowledge their insecurities. Women will more frequently admit that they lack confidence and state that they are struggling." Does this have an effect on their own perceived capability to pursue a particular specialty? Does this affect how they are perceived by others as potential candidates for a specific specialty training or promotion? Does the added social burden of being a single woman

contribute to any more or less of a difference from their married or partnered female colleagues? More research is needed to understand these influences.

Mentorship, Sponsorship, and Promotion

Singles, both men and women, may encounter marital status bias in the workplace [154, 155]. Marital status bias has been shown to be present in the workplace in regard to employees and employment decisions. A study consisting of three survey experiments was performed to look at different aspects of marital bias and the perceptions of employees or job applicants [156]. In the first experiment, participants were asked to report their perceptions of a prospective female employee (e.g., her willingness to work long hours) whose purported marital status varied by condition. The findings showed that participants rated a married female job applicant as less suitable for employment than a single counterpart. The second survey looked at how perceptions of prospective employees varied by marital status for both women and men. Participants again perceived a female job applicant less favorably when she was married; in contrast, a male applicant was perceived more favorably when married. The third survey experiment asked participants to predict how a male or female employee's suitability for his or her current job (e.g., dedication and work performance) would change following his or her recent marriage and whether these predictions affected participant's willingness to lay off the hypothetical employee. In this experiment, participants predicted that a recently married woman's job performance and dedication would decline, whereas a recently married man's dedication was predicted to rise; this difference made participants more willing to lay off the woman than the man. This form of marital bias, whether conscious or unconscious, may play a role in the way that women are evaluated for employment or perhaps even within the context of their ascension and promotion. More needs to be done to study this form of bias and the ways in which to create greater awareness of its presence and methods to prevent it from keeping employers from allowing these biases to influence employment and promotion decisions.

Despite the fact that there are 50% women graduating medical school, the number of women in leadership positions are far less, with only 16% of medical school deans being women [157]. A study looking at the process of professional identity formation (PIF) for women physicians found that professional identity was profoundly affected by gender stereotypes. It further revealed the existence of conflict between married and unmarried women physicians, creating a considerable gap between them [158]. "Female physicians lived with conflicting emotions in a chain of gender stereotype reinforcement," suggesting that in addition to being a woman physician, being a single woman physician carried an additional burden of stereotyping. The study proposed that "it is necessary to depart from a culture that determines merit based on a fixed sense of values, and instead develop a cultural system and work environment which allow the cultivation of a professional vision that accepts a wide variety of professional and personal identities, and a similarly wide variety of methods by which the two can be integrated."

Due to the earlier noted culturally held stereotypes and stigmatized perceptions that those who are single are less capable, less socially mature, less well-adjusted, and more self-centered, singles perhaps are less likely to be mentored or given opportunities to grow in their leadership skills. This may be reflected in the current difficulty early career women encounter in obtaining mentorship and sponsorship, especially in specialties where there are few women and the ones who do choose these specialties rely on and must forge relationships with their male colleagues.

Mentorship refers to someone who imparts wisdom and knowledge and can be at any level in an organization. Mentors are selected for their content expertise and often work behind the scenes to support their mentees. Sponsorship involves action on the part of a highly placed individual within an organization, who provides public support for the advancement and promotion of an individual within whom they see untapped or underappreciated leadership potential. The challenges or barriers to obtaining adequate mentorship and/or sponsorship may also influence a

woman's ability to pursue leadership training and contributes to her ability to otherwise achieve future job promotion and self-actualization of her full potential.

Part-Time and Other Work Models

The esteem doctors hold in the eyes of their colleagues has often been linked to their dedication to work [159–161]. This dedication used to be regarded as being synonymous with the number of hours worked: the more hours you worked, the more doctor you were. Given the multiplicity of outside of work demands that the single must also attend to, having flexibility and control in schedules and the option for part-time work are often considered as one way of dealing with the incompatible demands of work and life [159, 162].

Income inequality is yet another barrier to working part-time. If a woman is being paid less for full-time work to begin with, there is an additional financial loss to consider when contemplating the possibility of working part-time in an effort to create better work–life integration. In one study, although almost one-third of women indicated they were working or had in the past worked part-time, those aged <35 were least likely to do so and 86% of the women physicians responded that there were barriers that prevented them from working part-time [151, 152, 163]. In another study of part-time radiologists, comparing them to their full-time colleagues, the part-time employees had disproportionately fewer benefits, were less likely to be partners, and had lower academic rank [153, 164]. In addition, there were statistically significant differences in part-time versus full-time benefits in regard to health insurance, disability insurance, vacation time, sick leave, and time for educational meetings.

The single, woman physician wishing to work part-time in order to achieve greater work–life integration needs to be aware of the potential barriers to doing so. Evaluating the standards for or the actual negotiation for an equitable income, schedule, and benefits portfolio will go a long way in helping to craft a meaningful integration of work and life. With the advance of technology and telemedicine, work from home options may be an appealing con-

sideration for the single physician, who perhaps can design a more flexible work schedule allowing them to be creative in achieving a fulfilling work–life integration.

Work Policy and Benefits

Vacation benefits: The amount of time taken by physicians as assessed by the Medscape Physician Lifestyle & Happiness Report 2019 indicates that the average number of vacation days taken by Americans in 2017 was 17. Nearly a quarter of all physicians reported taking 5 or more weeks of vacation, yet the majority takes less. Forty-three percent of doctors reported taking 3 or 4 weeks of vacation annually, while 28% take 1 or 2. The importance of time off and employers who encourage physicians to take their available time off is not to be underestimated as it pertains to the discussion regarding work–life integration, burnout prevention, and burnout recovery.

When the Single Is Sick: Legislation systematically advantages married individuals, without also offering assistance to singles. One example of this includes the rules and regulations of the Family Medical Leave Act (FMLA), which are not universal and are not necessarily implemented effectively, but which are designed to allow protected time away from one's work for the purpose of caring for a spouse or immediate family member, whereas the single person does not enjoy the same freedom to care for someone equally close, say perhaps another single friend with whom they share a mindset of "adopted" or alternative "family," for the purpose of providing that basic level of needed human support.

When a single person is sick, a tremendous sense of perceived or actual vulnerability can arise. A straightforward case of the flu or a passing gastrointestinal bug can be of great challenge for the single, let alone a more protracted or serious illness requiring care over a more extended period of time. When simply navigating from bed to bathroom is a challenge, making it to the kitchen to make a bowl or pot of soup, or to let the dog out, is an extra stress and sometimes simply not feasible. Having a plan and the supplies needed ahead of time helps, but there is no going to the store

when one is ill. A grocery delivery service may be of help, but for the single it sometimes means calling in a favor from a local family member (if you have one), a neighbor or a friend, or a church or social group that you are a part of, letting them know of your need and placing trust in "the universe" and human kindness to help meet ones' needs. These types of situations for the typically highly independent single can be particularly humbling and challenging, sometimes reinforcing a sense of isolation and loneliness, even provoking feelings of helplessness. It raises the questions: Who can take time off to care for the single person when they experience their time of need? Who can "be there," providing moral support when one is given bad news? Who is available to give a ride home after a medical procedure performed in the outpatient setting with sedation, and who will stay with them at home to ensure their expected recovery? In my personal experience these have been some of the most isolating and humbling experiences as a single person living alone and sometimes far away from all immediate family.

Policy and employment contracts should be designed in such a way that takes into account the single physician, woman or man, who is juggling work and life; they should promote a fair, equitable, or prorated (for those working part-time) sharing of work (patient care schedules, cross-coverage, on-call duties, travel, overnight, or holiday coverage), access to benefits (health insurance, disability insurance, vacation time, sick leave, time for educational activities), and opportunities to grow and mature professionally (attendance at professional educational activities and academic advancement) in one's career.

I was the only woman in my department for the first 8 of my now 16 years with my department. For most of that 16 years I have also been the only woman in the department working as an outpatient PM&R musculoskeletal and sports medicine specialist. I also have training as a life, health, and weight loss coach and have a certification in acupuncture. I have a skewed patient population as a result of this. I receive referrals that are different from my colleagues and I have chosen to allow patients to "request" the female doctor. My patient portfolio is therefore different from my male colleagues. My practice includes patients that, while I

have no additional or special training above or beyond that of my male colleagues, simply prefer to be seen by the "woman," in the department. These cases, while not always unusual or extraordinary, have been some of the most clinically challenging cases I've ever encountered. Fortunately, I work with colleagues who understand this dynamic and have been supportive, perhaps in part because they know that if it were not for me, they would be seeing these cases.

Legislation

As stated in an article entitled, The High Price of Being Single in America, "over a lifetime, an unmarried person can pay as much as a million dollars more than a married one for health care, taxes, IRAs, Social Security and more." The authors "found over a thousand laws providing overt legal or financial benefits to married couples that are unavailable to singles. This is despite US Federal Code, which, in title 5, part III, says 'The President may prescribe rules which shall prohibit discrimination because of marital status'" [165].

Marketplace Economic Interactions

Healthcare: Single, women physicians can even experience challenges or discrimination at the hands of their own health-care colleagues and institutions in which they receive their own health-care services. Bella DePaulo, PhD, describes that health-care providers, upon knowing that a woman is "single," may make certain assumptions in regard to their patient's health-care values and her ability to have the support needed to endure certain treatment protocols [166]. A treatment considered the best and most recommended for a certain type of cancer, but also associated with a greater risk of side effects thought to be more difficult to endure without the assistance of a spouse/family member, might sway the practitioner to offer a lesser effective, but possibly better tolerated therapy or surgical procedure. The practitioner may offer only what he/she believes would be the best option considering their patient's single status and not the patient's preference for a particular approach to treatment. This can occur even in the face of singles who, while they may not have immediate family support

available, may have an extensive and supportive, network of friends and "extended family." Thus, training health-care practitioners to enquire about the single person's health values, life, and support system may help optimize outcomes in their care.

Housing: When otherwise presented with potential residents of equal education, job, age, and interests, there has been shown to be a clear preference by realtors to rent a property to a married couple (61%) versus a cohabitating romantic couple (24%) and lastly a man and a woman presented as "just friends" (15%) [12]. When asked why the realtors had a preference, the answer was that singleness was reason enough and their judgement of the singles was not self-identified as overtly discriminatory. As in my own personal story at the beginning of this chapter illustrates, "singlism" is a cultural phenomenon, often unrecognized, and affecting all aspects of the marketplace and economic interactions of the daily life of the single person. Marketing targeting couples or family travel, special offers on memberships and discounts for couples, special deals like 2 for 1, and discounts for families all serve as a constant reminder and sometimes an affront that being single is not seen as equal or as valued.

Putting It All Together, The Single, Woman Physician in Perspective

Single, women physicians, who are either single by choice or by circumstance, are a phenomenon to which the greater culture and the workplace is still adapting. While the feminist movement has allowed women to become legally single, it is still whether a woman is socially single (i.e., married or not) that culture deems as mattering most. By pursuing high levels of education, careers which demand greater time and energy to perform than the average worker and challenging or even defying traditional relationship norms (single mothers and those who never marry or never partner), single, women physicians face their own form of being misunderstood. They encounter stigmatization, stereotypes, and discrimination, both inside and outside of the workplace that go beyond that of even their female married physician colleagues. "Singlism" is often not even recognized by singles themselves, but like discrimination in all forms is damaging and has consequences. Measures of psycho-

logical distress, psychiatric disorders, feeling life is harder, and sensing interference with life are some of the perceived ways that discrimination exerts its effects [167–169]. In addition, there are strongly associated physical heath markers in which perceived discrimination has influence, including weight gain, obesity, higher blood pressure in minorities, and elevated levels of smoking, alcohol use, and substance abuse [170–173].

Single, women physicians, while misunderstood, have great capacity, in part due to their greater freedom to pursue work that they find meaningful and which provides them a sense of fulfillment or self-actualization. They, in addition, have the financial ability to support themselves and perhaps too their families and even their closest of chosen non-intimate, non-romantic friends. Because they are able to commit themselves to, and find great meaningfulness in, their work, they can fall into the trap of overwork or in some cases are actually inequitably singled out to work in ways such that they become "married to work." The work of an in-demand highly trained physician within the context of the current health-care system requires the single, woman physician to be awake and aware of the potential pitfalls that lead to being "married to medicine."

The cultural, and even workplace-generated, perception that the single person has more freedom and flexibility to do more at work is a myth. Singles, and especially those who are unpartnered and do not have children, while they can make fabulous, loyal, committed workers or employees with great capacity to produce value, can actually fall more easily into overwork, isolation, loneliness, vulnerability, and burnout. Doing it all, and doing it all alone, is simply not possible. Singles require adequate time and energy to attend to the areas of life that make work and life possible. The management of one's home and social capital including family, friends ("the family we choose for ourselves"), and other social networks takes time and energy, but serves the purpose of providing social company, emotional support, intellectual stimulation, and even physical and financial assistance.

The single, woman physician's abilities to maintain perspective, create awareness and a positive self-perception, choose single-friendly environments, directly call out singlism when it

occurs, empower oneself, and build social capital and networks of support are essential work–life integration skills. Time and energy are the limiting resources that make work–life integration challenging. Personal strategies that can be used by single, women physicians to prevent or combat burnout include engaging in leisure activities, participating in educational activities, making time for health and appearance needs, managing household tasks, "selecting" a family for oneself, and turning the work environment into a social one. The irreplaceable time and energy, which the single person needs for the management of their personal at-home life and for the development and maintenance of a robust and supportive network of deep, personally satisfying and accountable personal and social, "family, and family-like" relationships, is vital to the health and wholeness of singles.

Single women physicians can and should be educating workplaces and employers regarding not only their desire for and ability to pursue fulfilling and meaningful work, but also what it takes in terms of time and energy to manage all of life outside of work, so that a better balance can be found. Workplaces need to ensure that women receive equal pay compared to their male colleagues for equal work. Work schedules, cross-coverage, on-call, travel, educational responsibilities, and vacation coverage among other work responsibilities should be shared in equitable ways among colleagues, so as to allow them each to have a measure of work–life integration. Training programs must recognize that barriers exist that inhibit women from entering certain specialties and, even once entering them, limit their ability to engage in meaningful mentorship or obtain sponsorship, and being a stigmatized single woman may even perhaps accentuate this phenomenon. Opportunities for promotions among women physicians, and especially among single, women physicians, should not be inhibited because of traditionally held cultural stereotypes or stereotypes of single women, but should be made based on their expressed interest and deserved merit. Workplace polices and benefits plans should take into account the needs and circumstances of singles. Part-time employment should not further compromise the ability of the single to maintain work–life integration. Flexible schedules and support for safe, reliable childcare allow

single, physician parents to attend to both their work and parenting roles. The use of technology and alternative work sites (work from home, telemedicine) will likely appeal to and help the single who is juggling multiple roles at work and within a more complex web of social networks. Sick leave policies and resources that help singles when they themselves are sick, or that allow for the single who wishes to provide needed care to a non-intimate, non-romantic, likely also single, friend in their time of need, would be of support to the greater network of singles in the community. The workplace can also, on behalf of their single employees, advance and advocate for legislation and other marketplace economic fairness policies to be implemented.

In 2011 the World Health Organization declared July 30 to be Friendship Day and in 2015 Facebook promoted Friends Day on February 4th, the anniversary of its founding [174, 175]. Communities of singles that have nothing to do with dating or romantic relationships will likely increasingly contribute to the wellness and well-being of singles. Due to the prioritization of social capital, singles spend a larger portion of their incomes on clothes, food, restaurants, leisure, and entertainment and their expenditures are increasing [176, 177]. The trend of increasing singlehood will have effects throughout culture including change in the demands on housing and urban planning, home/housekeeping management, food preparation and delivery, medical care, other goods and services, solo travel, technology use for connection to services, and social communities.

There are more people on any given day in the building where I work now than lived in my hometown where I lived for the first 18 years of my life. The clinic and the hospital where I work are like cities in and of themselves. They each have their own physical landscape, leadership, management, city planners, smaller communities with variable qualities, and organizational and traffic patterns along with multiple social structures. I have learned to navigate not only the city within their walls, but also one of the largest metropolitan cities in the United States. I have come a long way since growing up in a rural farm town with one stoplight. I provide care for patients in one of the world's foremost healthcare systems. I work in the outpatient and inpatient settings.

I have taken first call as an attending physician, a week at a time, for 16 years. I have served as a first responder on the side of the road, on the game field sideline, in my church, while on vacation, on a hiking trail in a foreign country, on an airplane at 30,000 ft, and for my own friends and family. My calling to be single for a while and the calling to be a healer have been a gift in my life. It has not been easy and there have been times when I have resisted or buffered myself in the midst of my journey. I have become comfortable in the solitude that my singleness allows and yet I do regularly seek out opportunities to connect and grow my personal network of support and community. I continue to stay open to receive the calling and the vision for being a physician, using the masculine, logical, linear, structures, protocols, and frameworks in support of the more feminine, flexible, intuitive, empathic, and passionate means of healing. I strive to use my time well and make the most of my personal gifts, talents, and opportunities. I trust that those who cross my path are those I am meant to see and serve. I care for my patients in their time of need, in the midst of their pain and life suffering. They come with anxiety, fear, worry, resistance, and overwhelm. I see them through their time of loss and grief, their transition into a life with functional impairments or a new disability. I help them rehabilitate lost function and retrain for a new level of function, along with a new self-identity. I help them to be whole, to perform to the best of their ability, whether they are looking to lose weight and get in better shape in order to lower their cholesterol or risk related to glucose intolerance. I help the teen with an ankle sprain and trying to make their high school team, the recreational athlete who falls and has a brain or spinal cord injury. I help the elderly who present with deficits from a stroke, those involved in trauma resulting in loss of limb(s), the severely deconditioned in the setting of complex medical care, the elite athlete who needs to tweak their training or their mental game in order to achieve peak performance, or the geriatric weekend warrior who simply wants to stay active and fit and enjoy living in and moving their body while maintaining their functional independence. We talk about lifestyle, habits, sleep, nutrition, flexibility, strength, balance, agility, endurance, stress management, resilience, having fun, nurturing their closest

relationships, growing their social capital, and all of what makes life for them meaningful, fulfilling, and worth living. I hope to challenge and inspire them to develop themselves to live the best life that they can. In order to do this, I must walk my walk and talk my talk, to live authentically, honestly, and within boundaries that keep me aligned with my own life values, purpose, and goals. This means that I must tend my own garden if I am going to flourish, as I strive to be at my best every day.

The single, woman physician is an empowered force; she has defied traditions and norms; she has navigated the stigma, stereotyping, and discrimination from traditional culture in general, from her workplace, and even sometimes from her own family and friends. She is free to be dedicated to her calling, the healing work that is her profession. She expends her time and energy serving others, giving of herself in ways that are in turn meaningful and fulfilling to her. She desires to self-actualize and grow and wants to see others be able to do the same. Isolation, loneliness, and vulnerability are all part of her experience at some point in time, and yet she cultivates not only her own positive self-image and an attitude of positivity as she serves others, but also cultivates a community, a network of extensive support that may include family or a "family of friends." She bears the burden of work and also the work of managing life outside of work, which may include the parenting of children or the care of other family members. She does it all. She faces the challenges of the solo journey and the potential path of burnout by taking herself by her own hand and understanding that her independence, health, and success are best supported by her interdependence within her greater social community. She is a catalyst for change, a flourishing queen and an example of what is possible.

Bibliography

1. Taylor V, Whittier N. Analytical approaches to social movement culture: the culture of the women's movement. Soc Mov Cult. 1995;4:163–87.
2. Moran RF. How second-wave feminism forgot the single woman. Hofstra L Rev. 2004;33(1):223–98.

3. Evans J. Feminist theory today: an introduction to second-wave feminism. New York: Sage; 1995.
4. Whelehan I. Modern feminist thought: from the second wave to post-feminism. New York: NYU Press; 1995.
5. Eisenstein ZR, editor. Capitalist patriarchy and the case for socialist feminism. New York: Monthly Review Press; 1979; Ferguson A, Folbre N. The unhappy marriage of patriarchy and capitalism. Women Revol. 1981;80: 10–11.
6. Barnett RC, Hyde JS. Women, men, work, and family. Am Psychol. 2001;56(10):781–96; Inglehard R, Welzel C. Modernization, cultural change, and democracy: the human development sequence. Cambridge: Cambridge University Press; 2005.
7. census.gov. 14 August 2017.
8. https://www.pewresearch.org/fact-tank/.
9. De Paulo BM. Is it true that single women and married men do best? Sex differences in marriage and single life: still debating after 50 years. www.psychologytoday.com. 11 Jan 2017.
10. Blossfeld H-P, Huinink J. Human capital investments or norms of role transitions? how women's schooling and career affect the process of family formation. Am J Sociol. 1991;97(1):143–68.
11. Ridgway EB, Sauerhammer T, Chiou AP, LaBrie RA, Mulliken JB. Reflections on the mating pool for women in plastic surgery. Plast Reconstr Surg. 2014;133(1):187–94.
12. DePaulo BM. Singled out: how singles are stereotyped, stigmatized, and ignored, and still live happily ever after. New York: St Martin's Griffin; 2007.
13. Martin KL. contributor, Medscape physician lifestyle & happiness report; 2019, 9 Jan 2019.
14. Ly DP, Seabury SA, Jena AB. Divorce among physicians and other healthcare professionals in the United States: analysis of census survey data. Br Med J. 2015;350(h706):18.
15. Morris WL, DePaulo BM, Hertel J, Ritter L. Perception of people who are single: A developmental life tasks model. Manuscript submitted for publication; 2006.
16. Morris WL, Sinclair S, DePaulo BM. The perceived legitimacy of civil status discrimination. Manuscript submitted for publication; 2006.
17. Crock J, Major B. social stigma and self-esteem: the self-protective properties of stigma. Psychol Rev. 1989;96(4):608.
18. Fink PJ. Stigma and Mental Illness. Washington, DC: American Psychiatric Press; 1992.
19. Major B, O'Brien LT. The social psychology of stigma. Annu Rev Psychol. 2005;56(1):393–421.
20. Faines AK. (blog) "An explanation of the 7 Feminine Archetypes"; 2017. www.womenlovepower.com.
21. Faines AK. (blog) "13 Feminine seduction archetypes"; 2017. www.womenlovepower.com.

22. Ellis J. (blog) "Female character archetypes and strong female characters". www.Jenniferellis.ca. 1 Apr 2015.
23. Scott AO, Dargis M. Sugar, spice and guts. New York Times (Movies), 3 Sept 2014.
24. DeVee G. The audacity to be queen: the unapologetic art of dreaming big and manifesting your most fabulous life. New York: Hachette Book Group; 2020.
25. Maeda E, Hecht ML. Identity search: interpersonal relationships and relational identities of always-single Japanese women over time. West J Commun. 2012;76(1):44–64.
26. Poortman A-R, Liefbroer AC. Singles' relational attitudes in a time of individualization. Soc Sci Res. 2010;39(6):938–49.
27. Sharp EA, Ganong L. I'm a loser, I'm not married, Let's just all look at me': ever-single women's perceptions of their social environment. J Fam Issues. 2011;32(7):956–80.
28. Greitemeyer T. Stereotypes of singles: are singles what we think? Eur J Soc Psychol. 2009;39(3):368–83.
29. Thornton A, Freedman D. Changing attitudes toward marriage and single life. Fam Plann Perspect. 1981;14(6):297–303.
30. Wilson JQ. The marriage problem: how our culture has weakened families. New York: Harper Collins; 2002.
31. Crocker J, Major B. Social stigma and self-esteem: the self-protective properties of stigma. Psychol Rev. 1989;96(4):608.
32. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 83.
33. Kay Clifton A, McGrath D, Wick B. Stereotypes of woman: a single category? Sex Roles. 1976;2(2):135–48.
34. Eagly AH, Steffen VJ. Gender stereotypes stem from the distribution of women and men into social roles. J Pers Soc Psychol. 1984;46 (4):735.
35. Hassouneh-Phillip DS. Marriage is half of faith and the rest is fear of allah': marriage and spousal abuse among American muslims. Violence Against Women. 2001;7(8):927–46.
36. Zongker CE. Self-concept differences between single and married school-age mothers. J Youth Adolesc. 1980;9(2):175–84.
37. Maslow A. A theory of human motivation, vol. 50: Psychol Rev; 1943. p. 370.
38. Florida R. The rise of the creative class – revisited: revised and expanded. New York: Basic Books; 2014.
39. Inglehart R. The silent revolution: changing values and political styles among western publics. Princeton: Princeton University Press; 1977.
40. Reynolds J, Wetherell M. The discursive climate of singleness: the consequences for women's negotiation of a single identity. Fem Psychol. 2003;13(4):489–510.
41. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 131–2.

42. Adamczyk K. Krakow, Poland: Libron; 2016. p. 145–62; Slonim G, Gur-Yaish N, Katz R. By choice or by circumstance?: stereotypes of and feelings about single. Peopl. Studia Psychologica. 2015; 57(1): 35–48.
43. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 133–5.
44. Bur-Yaish GSN, Katz R. By choice or by circumstance?: stereotypes of and feelings about single people. Stud Psychol. 2015;57(1): 35–48.
45. Burt S, Donnellan M, Humbad MN, Hicks BM, McGue M, Iacono WG. Does marriage inhibit antisocial behavior?: an examination of selection vs. causation via a longitudinal twin design. Arch Gen Psychiatry. 2010;67(12):1309–15.
46. Garrison M, Scott ES. Marriage at the crossroads: law, policy and the brave New World of twenty-first-century families. Cambridge: Cambridge University Press; 2012.
47. Koball HL, Moiduddin E, Henderson J, Goesling B, Besculides M. What do we know about the link between marriage and health? J Fam Issues. 2010;31(8):1019–40.
48. Dupre ME, Meadows SO. Disaggregating the effects of marital trajectories on health. J Fam Issues. 2007;28(5):623–52.
49. Gove WR, Hughes M, Style CB. Does marriage have positive effects on the psychological Well-being of the individual? J Health Soc Behav. 1983;24(2):122–31.
50. Hughes ME, Waite LJ. Marital biography and health at mid-life. J HealthSoc Behav. 2009;50(3):344–58.
51. Johnson DR, Wu J. An empirical test of crisis, social selection and roe explanations of the relationship between marital disruption and psychological distress: a pooled time-series analysis of four-wave panel data. J Marriage Fam. 2002;64(1):211–24.
52. McCreery J. Japanese consumer behaviour: from worker bees to wary shoppers. New York: Routledge; 2014.
53. Sbarra DA, Nietert PJ. Divorce and death: forty years of the Charleston heart study. Psychol Sci. 2009;20(1):107–13.
54. Wade TJ, Pevalin DJ. Marital transitions and mental health. J Health Soc Behav. 2004;45(2):155–70.
55. Power C, Rodgers B, Hope S. Heavy alcohol consumption and marital status: disentangling the relationship in a National Study of young adults. Addiction. 1999;94(10):1477–87.
56. Reynolds J. The single woman: a discursive investigation. London: Routledge; 2013.
57. DePaulo B. How we live now: redefining home and family in the 21st century. Hillsboro: Atria books; 2015.
58. Weston K. Families we choose: lesbians, gays, kinship. New York: Columbia University Press; 2013.

59. Camacho AS, Soto CA, Gonzalez-Cutre D, Moreno-Mucia JA. Postmodern values and motivation towards leisure and exercise in sports centre users. RICYDE: Revista Internacional de Ciencias del Deporte. 2011;7(25):320–35.
60. Llopis-Goig R. Sports participation and cultural trends: running as a reflection of individualisation and post-materialism processes in Spanish society. Eur J Sport Soc. 2014;11(2):151–69.
61. A table for one: a critical reading of singlehood, gender, and time. Manchester: University of Manchester; 2017).
62. Lauri, response to Bella DePaulo, Is it bad to notice discrimination?" Psychology today, on 16 June 2008. www.psychologytoday.com/blog/living-single/200805/is-it-bad-notice-discrimination.
63. Baumeister RF, Campbell JD, Krueger JI, Vohs KD. Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? Psychol Sci Public Interest. 2003;4(1):1–44.
64. Caprara GV, Steca P, Gerbino M, Paciello M, Vecchio GM. Looking for adolescents' well-being: self-efficacy beliefs as determinants of positive thinking and happiness. epidemiologia e psichiatria soiale. 2006; 15(1):30–43.
65. Schimmack U, Diener E. Predictive validity of explicit and implicit self-esteem for subjective well-being. J Res Pers. 2003;37(2):100–6.
66. Rachel, A call for single action," Rachel's Musings. 16 Sept 2013. www.rabe.org/a-call-for-single-action/.
67. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 91–2.
68. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 91–4.
69. Winner LF. Real sex: the naked truth about chastity. Theol Sex. 2015;26(1):84.
70. Anonymous. When singlutionary is "sick of being single!" singlutionary. 9 Oct 2011. http://singlutionary.blogspot.com.
71. Morris WL, Osburn BK. Do you take this marriage? perceived choice over marital status affects the stereotypes of single and married people. In: Singlehood from individual and social perspectives; 2016. p. 145–62.
72. Cohn D'V, Passel JS, Wang W, Livingston G. Barely half of U.S. adults are married – a record low. Washington, DC: Pew Research Center; 2011.
73. Bolier L, Haverman M, Westerhof GJ, Riper H, Smit F, Bohlmeijer E. Positive psychology interventions: a meta-analysis of randomized controlled studies. BMC Public Health. 2013;13(1):119.
74. Turner HA, Turner RJ. Gender, social status, and emotional reliance. J Health Soc Behav. 1999;40(4):360–73.
75. West DA, Kellner R, Moore-West M. The effects of loneliness: a review of the literature. Compr Psychiatry. 1986;27(4):351–63.

76. McKenzie JA. Disabled people in rural south africa talk about sexuality. Cult Health Sex. 2013;15(3):372–86.
77. Spielmann SS, MacDonald G, Maxwell JA, Joel S, Peragine D, Muise A, Impett EA. Settling for less out of fear of being single. J Pers Soc Psychol. 2013;105(6):1049.
78. Spielmann SS, MacDonald G, Joel S, Impert EA. Longing for ex-partners out of fear of being single. J Pers. 2016;84(6):799–808.
79. Gatz M, Zarit SH. A good old age: paradox or possibility. In: Handbook of theories of aging. New York: Springer; 1999. p. 396–416.
80. Fokkema T, Gierveld JDJ, Dykstra PA. Cross-national differences in older adult loneliness. J Psychol. 2012;146(1–2):201–28.
81. Clare Wenger G, Davies R, Shahtahmasebi S, Scott A. Social isolation and loneliness in old age: review and model refinement. Ageing Soc. 1996;16(3):333–58.
82. Jylha M. Old age and loneliness: cross-sectional and longitudinal analyses in the Tampere longitudinal study on aging. Can J Ageing/La revue canadienne du viellissement. 2004;23(2):157–68.
83. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 57–77.
84. Woolcock M. Social capital and economic development: toward a theoretical synthesis and policy framework. Theory Soc. 1998;27(2):151–208.
85. Wikipedia, Social capital. (July, 2019).
86. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 119–24.
87. Hampton KN, Sessions LF, Her EJ. Core networks, social isolation, and new media: how internet and mobile phone use is related to network size and diversity. Inf Commun Soc. 2011;14(1):130–55.
88. Solomon P. Peer support/peer provided services underlying processes, benefits, and critical ingredients. Psychiatr Rehabil J. 2004;27(4):392.
89. Amato PR, Booth A, Johnson DR, Rogers SJ. Alone together: how marriage in America is changing. Cambridge, MA: Harvard University Press; 2007.
90. Gerstel N, Sarkisian N. Marriage: the good, the bad, and the greedy. Contexts. 2006;5(4):16–21.
91. Quiroz PA. From finding the perfect love online to satellite dating and 'loving-the-one-you're near': A Look at Grindr, Skout, Plenty of Fish, Meet Moi, Zoosk and Assisted Serendipity. Humanit Soc. 2013;37(2):181.
92. Alden DL, JBE S, Batra R. Brand positioning through advertising in asia, north america, and europe: the role of global consumer culture. J Market. 1999;63:75–87.
93. Ewen S. Captains of consciousness: advertising and the social roots of the consumer culture. New York: Basic Books; 2008.

94. Yee CD. Re-urbanizing Downtown Los Angeles: Micro housing densifying the city's core. Master of Architecture thesis, University of Washington; 2013.
95. Helliwell JF, Barrington-Leigh CP. How much is social capital worth? In: Jetten J, Haslam C, Haslam SA, editors. The social cure. London: Psychology Press; 2010. p. 55–71.
96. Winkelmann R. Unemployment, social capital, and subjective well-being.
97. Helliwell JF. How's life? combining individual and national variable to explain subjective well-being. Econ Model. 2003;20(2):331–60.
98. Pichler F. Subjective quality of life of young europeans: feeling happy but who knows why? Soc Indic Res. 2006;75(3):419–44.
99. Cornwell EY, Waite LJ. Social disconnectedness perceived isolation, and health among older adults. J Health Soc Behav. 2009;50 (1):31–48.
100. Hayo B, Seifer W. Subjective economic well-being in Eastern Europe. J Econ Psychol. 2003;24(3):329–48.
101. Helliwell JF, Putnam RD. The social context of well-being. Philos Trans R Soc Lond B Biol Sci. 2004;359:1435–46.
102. Rodrik D. Where did all the growth go? external shocks, social conflict and growth collapses. J Econ Growth. 1999;4(4):385–412; Zak PJ, Knack S. Trust and growth. Econ J. 2001;111(470):295–321.
103. Haber D. Health promotion and ageing: practical applications for health professionals. New York: Springer; 2013.
104. Tomas JM, Sancho P, Gutierrez M, Galiana L. Predicting life satisfaction in the oldest-old: a moderator effects study. Soc Indic Res. 2014;177(2):601–13.
105. McDermott R, Fowler JH, Christakis NA. Breaking up is hard to do, unless everyone else is doing it too: social network effects on divorce in a longitudinal sample. Soc Forces. 2013;92(2):491–519. (page 116).
106. Louis J. Single and …'#6 Parenting. Medium (blog), 22 May 2016. https://medium.com/@jacqui_84.
107. Functional Independence Measure (FIM). www.physio-pedia.com
108. Activities of Daily Living, Wikipedia 8/3/2109.
109. Williams B. Consideration of function & functional decline. In: Current diagnosis and treatment: geriatrics. 2nd ed. New York: McGraw-Hill; 2014. p. 3–4. ISBN 978–0–079208-0.
110. Bookman A, Harrington M, Pass L, Reisner E. Family caregiver handbook. Cambridge, MA: Massachusetts Institute of Technology; 2007.
111. Williams C. CURRENT diagnosis & treatment in family medicine, 3e, chapter 39. In: healthy aging & assessing older adults. New York: McGraw-Hill; 2011.
112. Roley SS, DeLany JV, Barrows CJ, et al. Occupational therapy practice framework: domain & practice, 2nd edition. Am J Occup Ter.

2008;62(6):625–83. https://doi.org/10.5014/ajot.62.6.625. PMID 19024744. Archived from the original on 2014-04-13.
113. Blair JE, Files JA. In search of balance: medicine, motherhood, and madness. J Am Med Women's Assoc. 2003;58(4):212–6.
114. Pawdthavee N. What happens to people before and after disability? Focusing effects, Lead effects, and adaptation in different areas of life. Soc Sci Med. 2009;69(12):1834–44.
115. Singleton P. Insult to injury disability, earnings, and divorce. J Hum Resour. 2012;47(4):972–90.
116. Wrzesniewski A, McCauley C, Rozin P, Schwartz B. Jobs, careers, and callings: people's relations to their work. J Res Pers. 1997;31(1):21–33.
117. Haybron DM. Happiness, the self and human flourishing. Utilitas. 2008;20(1):21–49.
118. Gewirth A. Self-fulfillment. Princeton: Princeton University Press; 1998.
119. Zika S, Chamberlain K. On the relation between meaning in life and psychological Well-being. Br J Psychol. 1992;83(1):133–45.
120. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 146.
121. Johnson MK. Family roles and work values: processes of selection and change. J Marriage Fam. 2005;67(2):352–69.
122. Wein R. The 'always singles': moving from a 'problem' perception. Psychother Australia. 2003;9(2):60–5.
123. Donn JE. Adult development and well-being of mid-life never married singles. PhD diss., Miami University; 2005.
124. Philipson I. Married to the job: why we live to work and what we can do about it. New York: Simon and Schuster; 2003.
125. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 149.
126. Sahu K, Gupta P. Burnout among married and unmarried women teachers. Indian Journal of Health and Wellbeing. 2013;4(2):286.
127. Tugsal T. The effects of socio-demographic factors and work-life balance on employees' emotional exhaustion. J Human Sci. 2017;14 (1):653–65.
128. Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol. 2001;52(1):397–422.
129. Engler K, Frohlich K, Descarries F, Fernet M. Single, childless working women's construction of wellbeing: on balance, being dynamic and tensions between them. Work. 2011;40(2):173–86.
130. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 151.
131. Herman JB, Gyllstrom KK. Working men and women: inter- and intra-role conflict. Psychol Women Q. 1977;1(4):319–33.
132. Casper WJ, DePaulo B. A new layer to inclusion: creating singles-friendly work environments. In: Reilly NP, Joseph Sirgy M, Allen

Gorman C, editors. Work and quality of life: ethical practices in organizations. Dordrecht: Springer; 2012. p. 217–34.
133. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 152.
134. Hamilton EA, Gordon JR, Whelan-Berry KS. Understanding the work-life conflict of never-married women without children. Women Manag Rev. 2006;21(5):393–415.
135. Keeney J, Boyd EM, Sinha R, Westring AF, Ryan AM. From 'work-family' to 'work-life': broadening our conceptualization and measurement. J Vocat Behav. 2013;82(3):221–37.
136. Kislev E. Happy singlehood: the rising acceptance and celebration of solo living. Oakland: University of California Press; 2019. p. 153–60.
137. Crowther MR, Parker MW, Achenbaum WA, Larimore WL, Koenig HG. Rowe and Kahn's model of successful aging revisited positive spirituality – the forgotten factor. Gerontologist. 2002;42(5):613–20.
138. Ghaderi D. The survey of relationship between religious orientation and happiness among the elderly man and woman in Tehran. Iran J Ageing. 2011;5(4):64–71.
139. Levin J. Religion and happiness among Israeli Jews: findings from the ISSP religion III survey. J Happiness Stud. 2014;15(3):593–611.
140. Tapanya S, Nicki R, Jarusawad O. Worry and intrinsic/extrinsic religious orientation among Buddhist (Thai) and Christian (Canadian elderly persons). Int J Aging Hum Dev. 1997;44(1):73–83.
141. Di Benedetto M, Swadling M. Burnout in Australian psychologists: correlations with work-setting, mindfulness and self-care behaviours. Psychol Health Med. 2014;19(6):705–15.
142. Hulsheger UR, Alberts HJEM, Feinholdt A, Lang JWB. Benefits of mindfulness at work: the role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. J Appl Psychol. 2013;98(2):310.
143. Ghasemian D, Kuzehkanan AZ, Hassanzadeh R. Effectiveness of MBCT on decreased anxiety and depression among divorced women living in Tehran, Iran. J Novel Appl Sci. 2014;3(3):256–9.
144. Teasdale JD, Segal ZB, Williams JMG, Ridgeway VA, Soulsby JM, Lau MA. Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. J Consult Clin Psychol. 2000;68(4):615–23.
145. Rahimi A, Anoosheh M, Ahmadi F, Foroughan M. Exploring spirituality in iranian healthy elderly people: a qualitative content analysis. Iran J Nurs Midwifery Res. 2013;18(2):163–70.
146. Udhayakumar P, Ilango P. Spirituality, stress and wellbeing among the elderly practicing spirituality. Samaja Karyada Hejjegalu. 2012;2(20):37–42.
147. Mood YS, Kim DH. Association between religiosity/spirituality and quality of life or depression among living-alone elderly in a South Korean City. Asia Pac Psychiatry. 2013;5(4):293–300.

148. Antonovics K, Town R. Are all the good men married? uncovering the sources of the marital wage premium. Am Econ Rev. 2004;94 (2):317–21.
149. Liebenson D. Young married men make more money than single men do. Business Insider 16 Apr 2015.
150. De Paulo BM. Singled out: how singles are stereotyped, stigmatized, and ignored, and still live happily ever after. New York: St Martin's Griffin; 2007.
151. Martin SC, Arnold RM, Parker RM. Gender and medical socialisation. J Health Soc Behav. 1988;29:191–205.
152. Allen I. Doctors and their careers. a new generation. London: Policy Studies Institute; 1994.
153. Tracy EE, Wiler JL, Hoschen JC, Patel SS, Ligda KO. Topics to ponder: part-time practice and pay parity. Gend Med. 2010;7(4):350–6.
154. Lahad K. A table for one: a critical reading of singlehood, gender and time. Manchester: University of Manchester; 2017.
155. Morris WL, Sinclair S, DePaulo BM. No shelter for singles: the perceived legitimacy of marital status discrimination. Group Process Intergroup Relat. 2007;10(4):457–70.
156. Jordan AH, Zitek EM. Marital status bias in perceptions of employees. Basic Appl Soc Psychol. 2012;334:474–81.
157. Pisani MA. Women in medicine struggle with mentorship and sponsorship. Op-Med.doximity.com, 12 Oct 2018.
158. Matsui T, Sato M, Kato Y, Nishigori H. Professional identity formation of female doctors in japan – gap between the married and unmarried. BMC Med Educ. 2019;19(1):55.
159. Gjerber E. Women doctors in Norway: the challenging balance between career and family life. Soc Sci Med. 2003;57:1327–41.
160. Lorber J. Women physicians: careers, status and power. New York: Tavistock; 1984.
161. Keizer M. Gender and career in medicine. Neth J Soc Sci. 1997;33:94–112.
162. Desai S, Waite LJ. Women's employment during pregnancy and after the first birth: occupational characteristics and work commitment. Am Sociol Rev. 1991;56:551–6.
163. Berquist S, Duchac BW, Schalin VA, Zastrow JF, Barr VL, Borowiecki T. Perceptions of freshman medical students of gender differences in medical specialty choice. J Med Educ. 1985;60:379–83.
164. Chertoff JD, Bird CE, Amick BC III. Career paths in diagnostic radiology: scope and effect of part-time work. Radiology. 2001;221:485–94.
165. Arnold L, Campbell C. The high price of being single in america. The Atlantic. 14 Jan 2013.
166. DePaulo B. Discrimination against singles in the health care system. Psychology Today (website). 21 March 2018.

167. Fischer AR, Shaw CM. African Americans' mental health and perceptions of racist discrimination: the moderating effects of racial socialization experiences and self-esteem. J Couns Psychol. 1999;46(3):395.
168. Noh S, Beiser M, Kaspar V, Hou F, Rummens J. Perceived racial discrimination, depression and coping: a study of Southeast Asian refugees in Canada. J Health Soc Behav. 1999;40(3):193–207.
169. Huntre HER, Williams DR. The association between perceived discrimination and obesity in a population-based multiracial and multiethnic adult sample. Am J Public Health. 2009;99(7):1285–92.
170. Kriegar N, Sidney S. Racial discrimination and blood pressure: the cardia study of young black and white adults. Am J Public Health. 1996;86(10):1370–8.
171. Borrell LN, Diez Roux AV, Jacobs DR, Shea S, Jackson SA, Shrager S, Blumenthal RS. Perceived racial/ethnic discrimination, smoking and alcohol consumption in the multiethnic study of atherosclerosis (MESA). Prev Med. 2010;51(3):307–12.
172. Gibbons FX, Gerrard M, Cleveland MJ, Wills TA, Brody G. Perceived discrimination and substance use in african american parents and their children: a panel study. J Pers Soc Psychol. 2004;86(4):517–29.
173. Noh S, Kasper V. Perceived discrimination and depression: moderating effects of coping, acculturation, and ethnic support. Am J Public Health. 2003;93(2):232.
174. United Nations General Assembly. Sixty-fifth session, Agenda item 15, Culture of peace, 27 Apr 2011.
175. Zuckerberg M. Celebrating friends day at Facebook HQ, Facebook. 4 Feb 2016. www.facebook.com/zuck/videos /vb.4/10102634961507811.
176. Bureau of Labor Statistics. Consumer Expenditures in 2014. In: Consumer expenditure survey. Washington, DC: US Bureau of Labor Statistics; 2016.
177. Klinenberg E, Solo G. The extraordinary rise and surprising appeal of living alone. New York: Penguin; 2012.