

*Özgün Makale*

# Comparison of the Pandemic Experiences of British and Syrian Old Women Living Alone in Turkey<sup>1</sup>

## Türkiye’de Yalnız Yaşayan Yaşlı Britanyalı ve Suriyeli Kadınların Pandemi Deneyimlerinin Karşılaştırılması

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### Abstract

The article highlights the importance of examining the explanatory contributions of class position, migration status, social isolation, and perceived social support in studying the impact of the pandemic on older migrant women’s experiences of loneliness and stigmatization. In this study, the co-researchers interviewed 15 Syrian women in Gaziantep and 6 British women in Muğla using in-depth interviews and observational techniques. It suggests that loneliness is experienced differently by older migrant women depending on their position such as ethnicity, faith, class. It also shows that individualistic and collectivistic views of life lead to differences in the experience and perception of loneliness and social isolation during the Covid 19 process. The intersection of factors such as gender, ethnicity, and migration led to different patterns of stigmatization, especially among Syrian migrant women. Recognizing that the pandemic is not only a health crisis but also a social crisis, the study provides insights into the manifestations that experiences at the intersection of age, femininity, and migration can and do take on during social crises.

**Keywords:** Aging, Loneliness, Migration, Intersectionality, Covid-19.

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## Öz

Makale, pandeminin yaşlı göçmen kadınların yalnızlık ve damgalanma deneyimleri üzerindeki etkisini incelerken sınıf konumu, göçmenlik statüsü, sosyal izolasyon ve algılanan sosyal desteğin katkılarını incelemenin önemini vurgulamaktadır. Bu çalışmada araştırmacılar, Gaziantep'te 15 Suriyeli kadın ve Muğla'da 6 Britanyalı kadınla derinlemesine görüşme ve gözlem teknikleri kullanarak görüşmüşlerdir. Araştırma kapsamında yaşlı göçmen kadınların etnik köken, inanç, sınıf gibi konularına bağlı olarak yalnızlığı farklı deneyimledikleri ileri sürmektedir. Ayrıca bireysel ve toplulukçu temelli yaşam biçimlerinin Covid-19 sürecinde katılımcıların yalnızlık ve sosyal izolasyon deneyim ve algılarında farklılıklara yol açtığı görülmüştür. Toplumsal cinsiyet, etnik köken ve göç gibi faktörlerin kesişimi, özellikle Suriyeli göçmen kadınlar arasında farklı damgalanma kalıplarına yol açmıştır. Pandeminin sadece bir sağlık krizi değil, aynı zamanda bir sosyal kriz olduğu kabulüyle çalışma; yaş, kadınlık ve göçün kesiştiği noktada yaşanan deneyimlerin sosyal krizler sırasında ne gibi sonuçlar doğurabileceğine dair içgörüler sağlamaktadır.

**Anahtar Kelimeler:** Yaşlanma, Yalnızlık, Göç, Kesişimsellik, Covid-19.

## Introduction

Covid-19, a common experience worldwide, is not only a public health crisis, but also caused and is causing a long-term economic and global crisis. Because of the universally applied security measures, it has been frequently discussed in both academic and policy forums that the groups affected by the crisis, especially at the beginning, are women and migrants (OECD, 2020; Falicov, Niño, and D'urso, 2020, p.866; Wenham et al., 2020, pp.846-847), especially the elderly (UN, 2020; Armitage and Nellums, 2020, p.256; Brooke and Jackson, 2020, p.2044; Jawaid, 2020, p.145). The global Covid-19 pandemic, which impacts social life, including older people, women, migrants, and diversity within these groups, has deepened existing social inequalities and/or created new ones (Klusmann and Kornadt, 2020, p.383).

This article is based on the findings of the project 'Coping Strategies in Old Age: Lonely Femininity Experiences in the Covid-19 Process', carried out in the framework of the TUBITAK (*Türkiye Bilimsel ve Teknolojik Araştırma Kurumu* – The Scientific and Technological Research Council of Turkey) call 'COVID-19 and Society: Social, Human and Economic Impacts of the Epidemic, Problems and Solutions' in Turkey. In this project, the co-researchers investigated the social and economic dimensions of the pandemic and the loneliness experiences of older women (65+) living alone using a qualitative research method, considering the intersections of their different classes, ethnicities, faiths, migrations, and local conditions. Multi-sited fieldwork included three cities and four participant groups to capture the diverse experiences during Covid 19 and coping strategies of older women living alone. In-depth interviews were conducted with British and local women in Muğla, Syrian women in Gaziantep, and local women in Zonguldak. A total of 45 women were interviewed, 15 in each of the three cities with different dynamics. This article focuses specifically on the findings of the project on older British and Syrian migrant<sup>2</sup> women living in the Muğla and Gaziantep provinces and explores the impact of the epidemic based on

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<sup>2</sup> Although the term "migrant" is used in this article to refer to both groups, the British are discussed in the context of the category of "privileged" migration and the Syrians are discussed in the context of the category of "forced" migration. While the Syrians are subjects of forced, mass, and irregular migration, the British are subjects of a voluntary displacement movement referred to as individual, regular, and lifestyle migration. Looking at the unique position of the women interviewed in this study in the international migration cycle, it is clear that Syrian women, unlike privileged migrants, have different experiences than women who are forced to "flee" war, violence, and insecurity. The political and cultural differences of migrant women therefore arise from the distinction between "lifestyle migration" and "forced migration."

age, gender, loneliness, migration and other structures of social inequality using the concepts of intersectionality and stigmatization. The provinces of Muğla and Gaziantep were selected for the study because they are central provinces in terms of privileged migration of British citizens and forced migration of Syrian citizens, respectively.

For women, loneliness in old age is often a consequence of the gender roles they have experienced throughout their lives rather than a choice. In addition to gender determination, women's experiences of loneliness also differ due to changing and intersecting positions such as class, ethnicity, citizenship, and migration. In a study that examined changes in feelings of loneliness among older women and men living alone and with others at the onset of the Covid-19 pandemic in the United States, one of the early findings was that older women living alone felt more lonely than men living alone and older women living with at least one person (Wilson-Genderson et al., 2022, p.375). Another important finding of the study was that living with others helps older women control their feelings of loneliness and that marriage provides an additional buffer against loneliness. Considering the differences in social relationships by gender, living alone increases the vulnerability of older women (Wilson-Genderson et al., 2022, p.378).

In terms of both femininity and age, marital status manifests itself as a form of inequality. However, marital status should not be viewed as a purely demographic variable (Arun, 2013, p.893). This is because when the aforementioned structural dynamics and migration status come together, new intersectional experiences emerge. Intersectionality reflects the fact that people are affected to varying degrees by multiple social influences such as gender, ethnicity, age, and socioeconomic position (Holman and Walker, 2020, p.240). Indeed, the intersectionality approach cautions researchers against viewing women as a homogeneous group (McCall, 2005, p.1776). Intersectionality is not simply the intersection of experiences, but is embodied, internalized, and revealed in our daily lives by filtering from the social context in which we find ourselves (Ögütle et al., 2021, p.133).

When we look at statistical data on older migrants around the world, we find that there are different and increasingly diverse groups of migrants, depending on the reasons and structures of migration (Warnes et al., 2004, p.313). Moreover, this diversity is expected to increase in the coming years (Sampaio et al., 2018, p.440). The reasons for this heterogeneity are assessed along with the reasons for migration (inclusion of older people with their migrant children, search for a better climate and quality of life, affordable care options, participation in older employment opportunities, flight from conflict and persecution), timing of migration, age, length of stay at destination, transnational mobility, and other opportunities (Ciobanu et al., 2017, p.166-167; King et al., 2017, p.185). These migration and aging dynamics have different implications for loneliness in old age (Fokkema and Ciobanu, 2021, p.292). Therefore, it should not be forgotten that the life course perspective is a principle that should be taken as a foundation when talking about old age and other intersecting inequality structures (Ciobanu and Fokkema, 2021, p.323-324; Foster and Walker, 2021, p.2).

A recent study in the Netherlands found that older adults who experienced higher levels of emotional and social loneliness during the pandemic also experienced higher levels of anxiety about reduced personal contacts, personal losses, and the pandemic (van Tilburg et al., 2020, pp.e253-e254). In addition, older migrants, particularly those from a collectivist culture (de Valk and Schans, 2008, pp.53-54; Laidlaw et al., 2010, pp.290-291), tend to rely primarily on their children for support (Schoenmakers et al., 2017, p.1220), due to a combination of low self-sufficiency and strong family norms (van Tilburg and Fokkema, 2020, pp.319-320). This puts them at increased risk of loneliness, making them more vulnerable to the consequences of the pandemic (less

social contact, social engagement, existential anxiety). Indeed, reduced personal contacts due to isolation and social distancing are likely to increase loneliness, especially among older migrants (Harroui et al., 2020, p.1), as they are more dependent on close family members, especially their adult children, for social support (Park et al., 2018, pp.745-746; Schoenmakers et al., 2017, p.1223). Of course, these cultural repertoires are the result of dispositions conditioned by socioeconomic factors.

In this study, which focused on two different migrant groups consisting of older people living alone in Gaziantep and Muğla during the Covid-19 epidemic, the co-researchers sought answers to the following questions: how do different social situations, such as age, education, ethnicity, faith, and migration status, determine the nature of social isolation and social support during the pandemic? How do Syrian and British women's expectations and aspirations differ depending on their positioning in different social situations? How are subjective experiences, understandings, perceptions, and practices of ageism and stigmatization influenced by differences in the cultural repertoires of Syrian and British women?

As far as we can tell from the literature we reviewed, there are no studies that examine the interaction between aging, gender, loneliness, and migration during the pandemic. Recently, a number of studies have been published on the effects of loneliness on older people in the context of Covid-19, but little has been written about older people who were already living alone before the Covid-19 outbreak (Bundy et al., 2021, p.870). This qualitative study aims to understand how the loneliness of older migrant women who are already a vulnerable group and living alone is affected by social isolation, how they experience stigmatization, what support systems they turn to, and how they try to cope with it all.

## Scope, Method and Participant Profile of the Study

For this study, we collected data through in-depth interviews and observational notes based on the multi-sited qualitative fieldwork method. We conducted in-depth interviews with 15 Syrian women and 6 British women aged 65 years and older from August 2020 to November 2020, relatively early in the pandemic. Participants' names were not used in the interview statements, and each was assigned a code to protect their privacy. Codes P1 through P 15 represent Syrian participants; P 21, P 22, P 25, P 26, P 27 and P 30 represent British participants. In analyzing the interview statements, comparisons were made using an exploratory and descriptive method. Using the semi-structured in-depth interview questionnaire, we sought to obtain information on migration status, ethno-cultural background, socioeconomic status, reasons for loneliness, communication with friends and relatives, participation in community activities, relationships with locals, and experiences of daily life before and after the pandemic.

The migration and settlement stories of Syrian migrants in Turkey are based on necessity, while those of the British are based on voluntariness. The situation of Syrian migrants, whose border gates were opened by the Turkish government by defining them first as guests and then as temporary, can be described in terms of "confusion" and "insecurity".<sup>3</sup> The British, on the

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<sup>3</sup> As a result of forced migration, the government of the Republic of Turkey adopted an open-door policy and initially referred to Syrians who settled in Turkey as 'guests'. The expectation that Syrian migrants would stay in Turkey temporarily led to the adoption of the 'emergency perspective' in international protection procedures. In this regard, the first and most important purpose was to meet the basic needs of Syrians who came to Turkey through forced migration (İçduygu and Şimşek, 2016). In October 2014, the 'Temporary Protection Regulation' came into force in line with the Migration Management Regulation specifically for Syrians (Temporary Protection Regulation 2014). The Regulation establishes the framework for Syrians' access to public services such as health, education, labor market, social assistance and interpretation services under the 'temporary protection status'. To this end, the legal and institutional infrastructure for access to public services under temporary protection has been established through the issuance of identity documents and foreign identity numbers to Syrians.

other hand, appear as a privileged group to whom Turkey allows permanent immigration. Gaziantep, a border province with Syria in southeastern Turkey, and Muğla, a tourist province in the southwest, are among the places where these two migrant groups with different characteristics strongly settle.

Gaziantep is a city that experiences constant internal migration from its immediate surroundings due to its geographical location and developed industry (Geniş, 2011, p. 338). The fact that it is a border city has led to it being one of the places where Syrian migrants fleeing the civil war that broke out in Syria settle (Sevlü, 2020, p. 17). According to statistical data, 466,063 Syrian migrants were living in the city in September 2022. In this regard, Gaziantep is the city with the second highest number of Syrian migrants after Istanbul (Presidency of Migration Management, 2022). Looking at Turkey in general, the number of Syrians under temporary protection is 3,652,234, and the percentage of Syrian migrants aged 65 and older, to whom we devote our attention, is 68,400. Despite this non-negligible number, it should be noted that Syrian women migrants aged 65 and older have not yet been the subject of research. While studies conducted for Syrian women have focused on issues such as sexist discourses toward women, housing problems, early marriage, exploitation of women's labor, impoverished femininity, and sexual violence (Taşdelen Baş et al., 2017; Soykan et al., 2019; Uçar, 2020; Sevlü, 2020), the everyday problems of older Syrian migrant women and their coping strategies have not been considered. The research on which this article is based is important for conducting a qualitative study on elderly Syrian migrant women living alone in Gaziantep. In-depth interviews were conducted with a total of 15 women in Yavuzlar, one of the city's lower-income neighborhoods where Syrian migrants are the majority, and in Karataş, where the middle/upper class live.

For the purposes of this study, the most important point about the migration data in Muğla is that a significant part of the migration here was carried out by European migrants. This is the result of Muğla being a major tourist destination. British citizens are a privileged group that Turkey receives as permanent migrants (Ertuğrul, 2017, p.77; Ertuğrul, 2013, p.82). The southwestern Aegean in particular is one of the most attractive migration regions for British citizens (Ertuğrul, 2016, p.481). Looking at the number of foreigners who have a residence permit in Muğla, we find that they are mostly British nationals (Tanrıvermiş and Apaydın, 2013, p.128). Looking at the data on the foreign-born elderly population by country of birth and gender, the number of elderly from the UK living in Turkey is the highest after Bulgaria, Northern Macedonia, Iraq, Greece and Syria. There are 9890 British people living in Turkey, 5313 of them are women (TÜİK, 2021). It was assumed that separating the British from others with their privileged migrant status would provide a more nuanced view of their experiences. To this end, interviews were also conducted with local women living in the same locality.<sup>4</sup>

Migrants subject to different legal infrastructures in these two provinces enact their intersecting everyday experiences in different ways in relation to the characteristics of mandatory/temporary and privileged/permanent. British migrant women, characterized by privileged migration, white migration, and lifestyle migration, and Syrian migrant women, characterized by forced migration, face cultural barriers and discrimination based on class, race, ethnicity, age,

<sup>4</sup> After the Constitutional Court annulled the provision that removed the barriers to the sale of real estate to foreigners, the limits on the sale of real estate to foreigners were redefined on December 29, 2005. In Turkey, metropolitan, tourist and coastal cities such as Istanbul, Antalya, Izmir and Muğla were in particular demand. Foreigners who had previously vacationed in these cities decided to buy real estate there. Of course, Turkey is not limited to its geographical beauties; there are many other reasons for European migration (Mutluer and Südaş, 2005; Tamer Görer, 2014). In addition to the climatic conditions and natural beauties, foreigners living and buying real estate in Muğla have also preferred this place because of the low cost of living and good health care (Tanrıvermiş and Apaydın, 2013). In Muğla, in-depth interviews were conducted with six elderly and lonely British women living in Ataköy, Esentepe and Gökova neighborhoods in Ula district, Köyceğiz district and Dalyan neighborhood in Ortaca district.

faith and gender at different levels. They try to cope in different ways at institutional and environmental levels. Therefore, we encounter a great deal of diversity even when we refer to them as older people, older women, older women living alone, and older migrant women living alone.

The concept of intersectionality and the methodological approach of multi-sited research created two contexts that made each other necessary. Attempting to define different types and qualities of social, economic, political and personal inequalities/privileges within the concept of intersectionality (McCall, 2005, p.1772; Nash, 2008, pp.9-10; Valentine, 2008, pp.10-11) required fieldwork in multiple settings. Therefore, the application of intersectionality and multi-sited fieldwork (Marcus, 1995, p.105), which provides the opportunity to examine and compare social inequalities and/or privileges in different geographic locations, social networks, and across multiple sites, provided important opportunities for this study.

The co-researchers conducted the interviews face-to-face and recorded them with a voice recorder because the participants were not digitally literate. The age of the participants ranged from 65 to 82, with an average age of 68. 4 of the British women are divorced, 2 of them are widowed, 2 of the Syrian women are divorced and 13 of them are widowed. Looking at the family structure, we find that the number of children is higher among the Syrian women (7 children on average) than among the British women (2 children on average). In terms of ethnicity, the Syrian participants are of Turkmen, Arab and Kurdish descent, while the British participants are English and Scottish. The native languages of the Syrian participants are Turkish, Arabic, and Kurdish. The British participants speak only English. Participants who did not speak Turkish were interviewed with an interpreter, as citizenship status was an important factor in accessing participants. Two female students in Gaziantep fluent in Turkish and a sworn interpreter in Muğla were the main tools to reach British participants.<sup>5</sup>

Syrian participants have lived in Gaziantep for 2 to 10 years. On average, they have lived alone for 10 years. British participants have lived in Turkey for a minimum of 10 years and a maximum of 49 years. The duration of living alone is 27 years on average. 13 of the Syrian participants interviewed are illiterate, belong to the lower class and describe themselves as housewives. 2 belong to the middle class and have a high school or college degree. A small group that currently works for extra income makes and sells tomato paste and chili powder; 3 of the British participants have a college degree, 1 has a vocational school diploma, and the remaining 2 are high school dropouts. The participants who are not currently working and are retired have previously worked in a variety of occupations, including decorating coordinator, florist, secretary, waitress, and nurse. In this group of participants, the lowest income is 1600-1700 Turkish liras, while the highest income is 1800 pounds.<sup>6</sup>

## Loneliness and Pandemic among Older Migrant Women

The fact that women are left alone in old age is related to gender roles and is a structural situation (Foster and Walker, 2013, p.3; Baars and Phillipson, 2013, p.2). With the pandemic, this structural situation has deepened and taken on new manifestations. These new manifestations will be examined by asking the following question: What is the role of individual or social resilience of older migrant women living alone play in the context of Covid-19, and is this phenomenon socially constructed? Related to this question, the new appearance of perceptions of loneliness among older migrant women living alone due to the pandemic and the new values they attribute

<sup>5</sup> For a detailed discussion of the project's research design and the implications of the three-month fieldwork, see Sönmez-Ögütte, F., Sevlü, H., and Sarımuratoğlu, D. (2022)

<sup>6</sup> The monthly income amounts reported here can be considered by comparing them to the Turkish minimum wage of 2324 TL in 2020.

to their loneliness will also be discussed. The content described under this heading is composed of questions on migration status, ethno-cultural background, communication with friends and relatives, participation in community activities, loneliness and Covid-19 addressed to Syrian and British participants.

The main factors that lead to more women being lonely in old age are that gender roles make it more difficult for women than men to remarry after the loss of a spouse or divorce, and women are more likely to be widowed because their life expectancy is longer than men's (Beal, 2006, p.810; Gillen and Kim, 2009, p.321; Davidson, 2002, p.43; Arber et al., 2003, p.2). In light of the feminization of being alone in old age (Reyes, 2020, pp.385-386; Davidson et al., 2011, p.1032), participants were asked about their reasons for being alone and their thoughts about remarrying. Among participants, death of a spouse and refusal to remarry after divorce were the most frequently cited and common reasons for loneliness. However, the motivations for these decisions varied. Syrian participants spoke of not welcoming a new marriage in the family and close circle, being devoted to children, and having disagreements with the bride and groom. British participants, on the other hand, cited reasons such as reconciling loneliness and freedom, as well as loyalty to the first spouse and a desire not to assume the role of caregiver again.

Concerns that the pandemic would make loneliness chronic (Banerjee and Rai, 2020, p.525) have been the basis for a number of studies examining changes in older people's experiences of loneliness before and after the pandemic (Berg-Weger and Morley, 2020, p.456-457; Marziali et al., 2020, p.2251). Some studies on older migrants have highlighted that migrants are at much higher risk for loneliness than non-migrant older adults. In this context, it can be mentioned that cultural differences play a role in the experience of loneliness among older migrants. Some researchers even suggest that cultural repertoires are important in understanding the relationship between anxiety and loneliness that has caused the epidemic among older people (Fokkema and Naderi, 2013, p.290; Ten Kate et al., 2020, p.297; Uysal-Bozkir et al., 2017, p.110; Wu and Penning, 2015, pp.66-67).

Heu, van Zomeren and Hansen (2019) also mention that cultural differences play a role in experiencing feelings of loneliness. According to them, less demanding expectations caused by individualism lead to less social embeddedness. More demanding ideals caused by collectivism lead to higher social embeddedness. Because social expectations are high in collectivism, feelings of loneliness may increase when people's expectations are not met (pp.780-781). In fact, previous studies have found that the risk of loneliness is higher in countries that are generally considered collectivist (Lykes and Kimmelmeier, 2014, p.483). It goes without saying that individualistic living is as much a disposition as collective living, and the need for collectivity or the desire for individual living has class implications. While financially independent British women displayed an individualistic way of life, Syrian migrant women who were victims of forced migration displayed a collective tendency to rely on family and relatives for help. Moreover, research shows that older migrants, especially those from a collectivist country of origin, rely heavily on the support of their families and value regular family visits (de Valk and Schans, 2008, p.49; Sanchez et al., 2014, pp.330-331; Fokkema and Ciobanu, 2021, p.292). In societies where family obligations are established by strong norms, children are responsible for caring for their parents in old age. Accordingly, loneliness is not only related to the number of existing social relationships, but also to the quality of these social relationships and how well they meet people's needs (quantitatively and qualitatively) (Antonucci et al., 2014, p.84; Heu et al., 2019, pp.781-782). In this context, Syrian migrants complained about the loss of economic and social support and the inability to build social relationships during the pandemic.

The British participants indicated that they did not need to have anyone near them both before and during the pandemic. Since the migrant group in question comes from an individualistic culture, it is understandable that they would not need anyone but themselves to manage their affairs, at least they glorify such discourse and show that they value independence. Pyke and Bengtson (1996) note that individualistic families emphasize independence, self-reliance, autonomy, self-actualization, personal achievement, and not too close kinship ties (p.382). Families place less emphasis on a sense of duty and responsibility to their family members. This is evidenced by the fact that some British women have not even called their children for a long time (this has also led to a diversification of their emergency contacts, e.g., British women primarily seek institutional support such as gendarmerie/ambulance or non-family members such as neighbors/friends). Looking at the construction of meaning in terms of the relationship between culture and self, it can be said that individualistic and collectivistic traits manifest themselves in different ways in the practices of individuals.

Whether feelings of loneliness increase among these groups during the pandemic is related to perceptions and experiences of loneliness throughout life, as noted earlier. The extent of feelings of loneliness during isolation increased slightly among British participants and greatly among Syrians. In contrast to the British women who said, “Nothing much has changed in my life because of the pandemic”, the Syrian women spoke of their sadness and disappointment at the decrease in visitors to their home and the loss of financial support from their sons who had lost their jobs during the pandemic. Older Syrian women’s feelings and narratives about loneliness were found to be related to emotional responses to the threat of the coronavirus, such as concerns about family cohesion and financial crises. British women view old age and death as a relatively more normal part of their life cycle, and this attitude has continued during the pandemic:

When you tell people you are going to die, they say you shouldn’t say that, but that’s the natural process. Why should I not say that, after all it is the truth? Human will be alone, she will die. (P22)

Furthermore, it is predicted that the expectations and desires of the British and Syrian participants regarding social activities may change during the quarantine and ongoing epidemic. To measure this, they were asked a visual question in which there were 7 photos with different thematic meanings. While the Syrian women chose the family photo of them sitting in their living room, the British participants preferred the photo of an older woman sitting alone on a beach. This indicates that the needs felt during the pandemic also arose in the context of individualistic/collectivist cultures, i.e., the Syrian women miss their families, while the British women miss time alone by the sea in relation to their pre-pandemic social and cultural activities.

Some studies that examined the effects of quarantine and physical distance on loneliness in older people yielded remarkable results. The extent of feelings of loneliness among older people living collectively in Lower Austria, a province of Austria, was examined by comparing data before and during Covid-19 (Heidinger and Richter, 2020, pp.2-4). The results of the study show that feelings of loneliness in “the older part of Lower Austria” increased significantly during the Covid-19 bans/restrictions. An online study conducted in the Netherlands found that social isolation among older people led to a slight increase in loneliness (van Tilburg et al., 2020, p.e253). It was reported that older Americans (65+) experienced a slight increase in loneliness after the introduction of social isolation and this situation remained stable over time (Luchetti et al., 2020, pp.898, 901). Of course, because of the large differences in pandemic measures (speed of measures, sanctions, etc.) in Turkey, Austria, the Netherlands, and the United States, it cannot be assumed that absolutely similar conditions exist in these studies; the same is true for the differences in the Turkish example.



Whether loneliness increased during the pandemic and whether it became chronic can be considered in relation to the ability to cope with loneliness. It has been observed that Syrian women living in the collective often emphasize their ‘disappointment’ that no people come to their homes during isolation. Living in the collective has increased negative feelings of loneliness among Syrian women during Covid-19:

Is loneliness okay? Loneliness is not a good thing. A single stone wall? Impossible. (During the pandemic) it was very difficult for me not to meet. Of course, it was hard not to be able to talk to my children, relatives and neighbors. I was bored, I was so bored. (P3)

The fact that British women are less vulnerable to coping with loneliness is related to their ability to tolerate loneliness, which results from their individualized lifestyles. For example, when P21 was asked, “Have you missed your friends?” she responded, “No”. In the statements of another participant, the tendency to do various cultural or social activities alone and the satisfaction with this situation are evident:

I’ve a few English friends, but I spend most of my time alone. I like to read, go for walks and ride my bike. I do all of that on my own. (...) Since I actually rely on myself, I didn’t need any support from an organization or anything like that in that respect. I like to be alone anyway and I’m quite happy with that. (P25)

Therefore, it would be appropriate to say that resistance to loneliness and the ability to endure loneliness may be related to collectivist or individualist values from the country of origin and that these are socially constructed.

## **Ageism, Loneliness and Stigmatization in the Covid-19 Crisis**

Another aspect that differentiates British and Syrian participants is their settlement and housing patterns. The settlement patterns of the British in Muğla are in the form of a scattered settlement, meaning that they live scattered in different parts of Muğla (Ertuğrul, 2013, p.82). This should be seen in the context of privileged migration. On the contrary, Syrians tend to become ghettos in their settlements. In September 2022, with a population of 466,063 in Gaziantep (Presidency of Migration Management, 2022), Syrians made up a high percentage of the native population in many neighborhoods in the province (Presidency of Migration Management, 2022). According to the participants’ statements, it can even be said that some neighborhoods of Gaziantep almost look like a small Aleppo. This has made it easier for Syrian women living alone to receive support from family members and relatives who live close to their homes. The sense of loneliness experienced by Syrian women during the pandemic is clearly related to the loss of this support. In addition to this increasing sense of loneliness, Syrian women face the risk of “stigmatization” because of their adherence to collectivist values and the resulting tendency toward ghettoization. Under this subtitle, the “ageism” and “pollution” dimensions of stigmatization are discussed in relation to the results of the study. The discussion in question is evaluated from the point of view of loneliness and women’s experiences of loneliness.

Lamont (2018) has attempted to explain stigmatization through the concept of the ‘recognition gap’. According to her definition, the recognition gap arises from the unequal distribution of income between social groups, and the larger the gap in income distribution, the larger the recognition gap that generates and reinforces stigmatization (pp.421-422). Ageism<sup>7</sup> as a manifestation of the recognition gap can be seen as a product of the emerging inequalities between older and younger people. Of course, the fact that older people have mostly internalized ageism also

<sup>7</sup> Ageism may occur under the guise of helpfulness or empathy, or it may arise as an attitude toward aging itself, when age is seen directly as deformity and loss of motor skills (Ayalon and Tesch-Römer, 2017, 2018; Kornadt et al., 2021).

contributes to its prevalence (De Tavernier and Aartsen, 2019, p.2). It is used to express various prejudices or behaviors and attitudes that may be unfavorable or favorable based on chronological age. The cause of this recognition gap is the isolation of older people from production and their invisibility due to the widespread prejudice that they can no longer do anything for society. Ageism, which has become increasingly evident with the pandemic, has also widened and deepened the recognition gap. Social isolation, ageism and the marginalization of older people have embodied the stigmatization of these people during the pandemic.

Data collected from the interviews were used to compare how Syrian and British women experience and respond to stigmatization in different ways during the Covid-19 process depending on their cultural context. Ageism is a common phenomenon experienced by both British and Syrian women. However, there are differences in how this phenomenon is experienced. In particular, class and different migration status diversify this experience. Our findings show that older women suffer from ageism, but also that Syrian participants themselves produce ageism as a form of symbolic violence. Calling the behavior of older people who go out on the street despite being locked up at home irresponsible and believing that boredom is not a sufficient reason to leave the house demonstrates older people's ageist attitudes toward other older people. The curfew not only reinforces the discriminatory attitudes and behaviors of young people towards older people, but also makes the ageism of older people towards older people more visible in the example of Syrians. In addition, Syrian women have also faced stigmatization other than ageism. For example, P13 described the reaction of a local woman who believed she had climbed into her bed with her shoes and spread dirt as follows:

They have very often come down on us. How can that not hurt me? The last time, an old woman over there, maybe older than me, came and grabbed me by the arm. She asked: are you Syrian? I said yes. She asked, do you walk on the mattress with your shoes on in Syria? What's the deal with that word? Can't go to bed with shoes on, we can't enter the house with shoes on. (P13)

As can be seen from P13's statement, older Syrian women who live alone are increasingly confronted with the discourse that they are "dirty" and this discourse evolves into the discourse that they are spreading the virus, which causes them to retreat more into the house, which has driven them from loneliness to complete isolation. One phenomenon where older Syrian women living alone intersect with social isolation and stigmatization is that they have long faced exclusion from the local community. The discourse of pollution (Sevlü, 2020, p.87) that locals have long attributed to Syrian migrants has transformed into claims that they spread the epidemic due to pollution during Covid-19. Syrian women have stated that they regret the verbal attacks against their values as a result of stigmatization based on their nationality.<sup>8</sup> This shows that Syrian migrants experienced the pandemic negatively under the supervision of the dominant groups. Syrian women, who mostly live in collapsed houses, stated that when they want to go to neighborhood parks from these humid places that hinder their physical mobility and make it difficult for them to breathe, they encounter the hostile attitude of the locals and therefore do not want to go out much. The Syrian participants who expressed concern about the intolerance of the locals mainly gave examples of verbal criticism of them and described unfair treatment:

Well, that's what we heard. You see, they said there was a disease. Here were the girls in the park. They were Turks. One of them said, look, Syrian, they called me Syrian, I looked at them and started speaking Turkish to them, they were ashamed. (P14)

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<sup>8</sup> A similar stigmatization experienced by Syrian women can be seen in the examples (migrant Black, Asian and different ethnic minorities) in Germany, England and the USA (Lynn-Ee Ho and Maddrell, 2020).

It is also evident that Syrian women do not want to go to the hospitals during the pandemic period, where they say they experience the greatest stigmatization. As indicated by their statement 'It is better to die in my weakness than to go to the hospital and be humiliated' (Örer, 2020), negative discourses such as 'They say that Syrians brought the virus to Turkey' (Akdeniz, 2020) have more impact when they intersect with conditions such as age/loneliness/femininity/forced migration. Participants indicated that in the face of this stigmatization, they turned to Syrian doctors, pharmacists, and nurses for diagnosis, examination, and treatment both before the pandemic and during the pandemic, and they sought help from their family members/neighbors for their health problems.

Covid-19 has brought many restrictions to older people. However, Syrian migrants, especially migrant women over 65 living alone, felt restricted and pressured even before Covid-19 because they faced xenophobia, which emerged or became evident mainly after migration. The pandemic is a development that increases the risk of vulnerability for these groups. The pandemic thus exacerbated structural inequalities and made them even more visible.

## Conclusion

In this study, we have tried to show that the impact of the pandemic on migrant women varies according to their legal, economic, and social status. Loneliness, social isolation, support mechanisms, and life circumstances have been shown to lead to different practices in coping with the Covid 19 epidemic. We found that factors influencing differentiation in the daily living experiences of British and Syrian women include their living conditions, settlement structure, place of residence, family, individualistic and collectivistic values, relationships with locals, and government policies providing welfare and services.

British women who live alone and have weaker ties to the community did not experience loneliness very negatively during Covid-19, while Syrian women who live alone and appear to have stronger ties to the community experienced higher levels of loneliness. The Syrian women's attitudes toward the loneliness they experienced during the Covid-19 process led them to believe that they had deviated from a social norm. The contradiction between what is and what should be put them at risk of being completely alone. Although they were relatively isolated physically and socially, the British women did not feel very lonely. The Syrian women, who have a larger social network than the British women, felt more lonely. We concluded that the extent of social isolation and loneliness they felt during the pandemic was related to perceived and actual expectation. We also found that older women living alone, who were more socially isolated and more dependent on support from those around them, perceived loneliness more strongly.

British women who lived alone before the pandemic with prohibitions/restrictions such as the quarantine period reported that they continued to live their lives alone even if they had a child/children. The British participants have British, German, or Turkish friends and indicated that they meet with these people from time to time. Only one of the participants leads a very isolated life. Frankly, loneliness is certainly not unbearable or insurmountable for British women. However, this does not mean that they view loneliness as an ideal state. It would be more appropriate to view their fear of loneliness not only as a side effect of the pandemic, but also as a feeling that comes with age. In terms of loneliness, the two groups differ from each other. British women are more accustomed to living alone because of the individualistic values they bring from their country of origin. On the other hand, the fact that British women lived in a house with a garden did not limit their quarantine experience to four walls. Therefore, Syrian women were found to be a more vulnerable group to loneliness during social isolation and residence at home.

The tendency to live connected to or disconnected from the environment, conditioned by individual and collective life experiences that determine the experience of social isolation, led to different results. While the British participants were satisfied with the limited social communication they had with their environment during the pandemic, the Syrian participants felt a lack of social connections with their family, relatives, and neighbors. Thus, we see that there is a difference between the two groups in terms of satisfaction with social relationships. While the British women referred to the usefulness dimension of their social networks, the Syrian women referred to the emotional dimension of their social networks. On the other hand, one of the most important differences between the two migrant groups is in terms of the need for support mechanisms: the British women developed an institution-dependent disposition in this process, while the Syrian women have a family- and support-dependent disposition.

The intersection of poverty and pandemic is the biggest problem for Syrian women. Syrian women who do not have their own income are more dependent on family and government support when their children, who work in the informal sector, become unemployed due to the pandemic. The main problem for Syrian women is not finding ways to protect themselves from the virus, but from hunger. The idea that older people are affected by the virus and spread the virus even during the pandemic has become a form in which ageism and racism come together for Syrian women.

The data and interpretations that emerged from this study are undoubtedly not generalizable to all British and Syrian migrants living in Turkey. Further studies on this topic could pave the way for new comparisons. We believe that this article, which is a contribution to the very few studies on older migrant women living alone, will be useful for comparative studies.

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