Studies in Social Wellbeing

Special Edition: Community Transformations

An Open Access Journal

Volume 3 Issue 1, 2024

TABLE OF CONTENTS

L-Università ta' Malta
Faculty for Social Wellbeing

© Image credit: Matthew Kassar, Photo credit: Gottfried Catania.

This is an international journal published by the Faculty for Social Wellbeing, University of Malta.

Studies in Social Wellbeing

About the Journal

Studies in Social Wellbeing (SSW) is an online, peer-reviewed, open access journal with an international focus on topics related to wellbeing from a social perspective. We look for contributions that engage with research that promotes wellbeing, inclusion, equity and equality. Contributions are welcome from scholars carrying out research in a broad range of areas related to wellbeing, including but not limited to counselling, criminology, disability studies, family studies, gender studies, gerontology, psychology, sociology, public health, social policy and social work, and youth and community studies. Our journal aims to promote original research which crosses disciplinary boundaries in an effort to stimulate knowledge-sharing in areas related to social wellbeing. The journal aims to have a broad scope, covering research from a wide range of academic disciplines, whilst also encouraging research papers with a niche focus on wellbeing. We encourage contributions from practitioners presenting their research or reflecting on their practice, as well as from post-graduate students. Co-authored interdisciplinary research articles are particularly welcome. The journal does not adhere to any single type of methodology; inviting qualitative and quantitative research studies that draw on various psycho-social approaches and philosophical orientations. The journal is owned and managed by the Faculty for Social Wellbeing, University of Malta. It only publishes manuscripts in English. The journal publishes one issue annually.

About this Special Edition

Community Transformations presents a collection of themed articles that touch upon issues contributing to modern-day societal changes. This special edition of Studies in Social Wellbeing seeks to provide a call to action after a global pandemic. Through interdisciplinary research, this journal delves into the dynamics of community development, addressing challenges and showcasing successful strategies for sustainable transformation. The diverse perspectives and best practices aim to inspire and empower readers, researchers, practitioners, and policymakers to engage in impactful initiatives that enhance the wellbeing and resilience of communities worldwide.

Peer Review Process

Manuscripts submitted to Studies in Social Wellbeing are subject to a rigorous process of peer review by at least two reviewers with a relevant academic background and expertise.

Open Access Policy

This journal provides immediate open access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge.

L-Università ta' Malta
Faculty for Social Wellbeing

This is an international journal published by the Faculty for Social Wellbeing, University of Malta.

Special Edition Editors

International Editorial Board

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 4-5

https://www.um.edu.mt/ssw

Editorial

Prof. Andrew Azzopardi and Prof. Ruth Falzon

Editors

If we are to be honest with ourselves, we need to admit that communities are incredibly fluid and organic. There is no way we can predict the development of a community and how it will hinge on the social conditions that grow around it. However, this does not happen in isolation (Azzopardi, 2011). We live in a World characterised by ongoing changes and transformations resulting from our digitalisation, internal and external migration, changes in the economic model, travel, environmental and development issues, the impact of social media, and a dire cultural shift (Shaw, 2008). This is also within a context of post-truth that has left us reeling, trying to decipher what is true and what is not, creating a shadiness between an objective state of fact and the emotions that ensue that help swing the pendulum.

Naturally, whilst community is unyielding, and the spirit of community remains of the essence, the dynamics and intersections have fundamentally changed how we understand and conceptualize community (Azzopardi, 2012). Rituals are changing, lifestyles are governed by globalisation, and economic shifts have perpetuated a neo-liberal mindset that has completely remodelled our urban and rural communities. In many ways, this interconnectedness has brought about positive changes and reconstituted how we live and operate as a society. As Helen Keller (1903) noted alone we can do so little, together, we can do so much.

Being part of and owning a transformative community mindset entails active engagement in fostering positive change at individual, communal, and societal levels - a mindset of continuous learning, critical reflection, and empathy. Individuals play vital roles as agents of change, recognising their power to influence and shape their communities, actual or virtual. Ownership of a transformative society requires a commitment to equity, justice, and sustainability, embracing diversity, valuing inclusivity, and promoting dialogue and collaboration to address complex societal challenges - a collective responsibility to contribute to a more just, compassionate, and resilient world, where every individual has the opportunity to thrive within a context that great things are done by a series of small things brought together (attributed to van Gogh).

This special edition will attempt to do several things but will primarily be circling on the following areas: understanding social change, mental health wellbeing, identifying the catalysts of social change, and attempting to conceptualise community transformations and their effect on wellbeing influenced by a myriad of factors that are brought about through the authors' relationship with the phenomena they present. (Azzopardi & Grech, 2012; Ledwith, 2020). This special edition is another loop in this Journal that should help us understand the ongoing community transformations happening around us reminiscent of the phrase popularised by American civil rights activist and used by Barack Obama in his 2008 presidential campaign: Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.

References

Azzopardi, A. (2011). Conceptualising discursive communities: developing community in contemporary society. *International Journal of Inclusive Education, 15*(1), 179-192.

https://doi.org/10.1080/13603116.2010.496215

Azzopardi, A. (2012). Spaces for inclusive communities: Reflections on contemporary society. In A. Azzopardi & S. Grech (Ed.), Inclusive Communities (pp. 41-54). Brill.

Azzopardi, A., & Grech, S. (Eds.). (2012). *Inclusive communities: A critical reader (Vol. 16).* Springer Science & Business Media. https://www.um.edu.mt/library/oar/handle/123456789/111874

Keller, H. (1903). *The story of my life.* Doubleday.

Ledwith, M. (2020). *Community development: A critical approach*. Policy Press.

Obama, B. (2008). *2008 presidential campaign*. Retrieved from https://www.facebook.com/watch/?v=1990450430966413.

Shaw, M. (2008). Community development: Problems of ambiguity and ambivalence. In P. Herrmann (Ed.), Governance and social professions: *How much openness is needed and how much openness is possible*? (pp. 24-36). Nova Publishers.

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 6-18

https://www.um.edu.mt/ssw

The Unseen Impact: Untold Stories of Persons with Disabilities during COVID-19 - Personal Narratives from Bolivia, Niger, The Philippines, and Zambia

Jörg Weber[1], Dominique Schlupkothen[2]

Abstract

This study offers a glimpse of the experiences of persons with disabilities during the 2019 Coronavirus disease (COVID-19) pandemic, highlighting the challenges, opportunities, and lessons learned across various global contexts. Through first-hand narratives, the research underscores the insufficiencies and exclusionary practices of social protection mechanisms and safety nets. However, it also showcases the supportive role played by Organisations of Persons with Disabilities (OPDs). The study reveals the complexities surrounding access to health services during the crisis, with health-centre-congestion and fear of infection exacerbating existing obstacles. Despite these challenges, the pandemic also opened opportunities for increased involvement of persons with disabilities in response activities, fostering closer familial relationships, and prompting the development of new skills and resources. Some individuals reported improved personal hygiene and nutritional habits as well. The article concludes with recommendations for enhancing the inclusivity of future crisis response strategies, underlining the importance of involving mainstream and civil society actors. It advocates also more generally for a more proactive approach to disability-inclusive disaster risk reduction, particularly in the context of increasing climate-related disasters. The research findings and recommendations aim to influence policy and practice, promoting more inclusive preparedness for future crises.

Keywords: disabilities, COVID-19, inclusion, challenges, opportunities

[1]Christian Blind Mission (CBM), Bensheim, Germany; and Department of Health and Rehabilitation Sciences, University of Cape Town, South Africa. ORCID ID: 0000-0003-1391-2124

[2]Christian Blind Mission (CBM), Bensheim, Germany. ORCID ID: 0000-0002-2659-2564

The authors contributed equally to this article.

*Corresponding author:

Jörg Weber: Christian Blind Mission (CBM), Bensheim, Germany; and Department of Health and Rehabilitation Sciences, University of Cape Town, South Africa

Email: joerg.Weber@cbm.org

Introduction

In the latter part of 2019, a new variant of the Coronavirus, known as SARS-CoV-2, emerged and subsequently caused the COVID-19 pandemic (World Health Organisation [WHO], 2020a). Its advent unleashed a myriad of socio-economic, psychological, and health-related challenges, touching the lives of nearly every person on the planet. However, the experiences of individuals were not homogeneous, and certain populations, particularly those already contending with societal and systemic disparities, were disproportionately affected. This study focuses on one such group: persons with disabilities.

Persons with disabilities constitute approximately 16% of the global population, translating to about 1.3 billion individuals (WHO, 2022). Despite this considerable demographic, the unique experiences and challenges faced by them during the COVID-19 pandemic are often underrepresented in mainstream discourse and research. This study seeks to contribute to filling this gap by presenting an analysis of the personal experiences of persons with disabilities across various geographical and cultural contexts during the COVID-19 epidemic.

Persons with disabilities frequently encounter barriers to health, education, and employment and are more likely to live in poverty compared to those without disabilities (WHO & The World Bank, 2011). The advent of the COVID-19 pandemic further exacerbated these existing inequalities, impacting access to health services, social support systems, and accurate information about the virus, among other aspects (Kuper et al., 2020). Additionally, lockdown measures and social distancing rules, while necessary to control the virus's spread, often had unintended consequences, particularly for those with disabilities.

This paper aims to shed light on these experiences, providing an exploration of the multifaceted implications of the COVID-19 pandemic for persons with disabilities. The research initiative was designed to create secure environments for participants from communities across four nations, encouraging them to express their perspectives on the prevailing circumstances. This study examines the perceptions of individuals with disabilities within their communities regarding the pandemic's influence and the prevalent coping methods at the personal, familial, and communal tiers.

Participants shared insights into their mental health, the obstacles they faced during the pandemic, and the strategies they adopted to manage them. Within this framework, they also pondered their innate resilience and individual progression. Seasoned local researchers, including some who are themselves individuals with disabilities, carried out the interviews in Bolivia, Niger, Zambia, and the Philippines during October and November 2020.

The aim of the study was not only to consciously open spaces for the voices and perspectives of persons with disabilities to tell their own story and speak for themselves, but also to serve ideally as a critical reference point for policymakers, healthcare providers, and disability advocates. By understanding the unique challenges faced by persons with disabilities during the pandemic, more inclusive, equitable strategies, and interventions can be devised, not just for future public health and other crises, but also for an ongoing pursuit of more inclusive societies.

Methodology

This research utilised a qualitative approach, focusing particularly on capturing perceptions and voices that are often overlooked or unheard, thereby providing an exploration of the themes, interpretations, viewpoints, meanings, and perspectives of the participants. The study's methodology was designed to illuminate some of the breadth and depth of the experiences of persons with disabilities during the COVID-19 pandemic.

The primary mode of data collection consisted of open, one-to-one interviews conducted either through telephone or video calls. A total of 44 interviews were conducted, each exploring the impact of the pandemic on participants' lives and personal wellbeing. Participants were selectively recruited from countries with ongoing Community-Based Inclusive Development (CBID) programmes supported by the Christian Blind Mission (CBM), rural initiatives centred on the local and sustainable inclusion of people with disabilities.

The recruitment strategy aimed to ensure a diverse sample in terms of age, gender, socioeconomic background, and geographical location. A multi-tiered, purposive sampling approach was employed to ensure that the participants met the predefined criteria and were accessible for safe interviewing amid the pandemic restrictions. The staff involved in the CBID programmes played a pivotal role in identifying and selecting participants based on these parameters, while also ensuring their availability and safety for the interviews during the COVID-19 crisis. Each individual session lasted approximately 60 minutes on average.

To ensure consistency across interviews, a semi-structured interview guide was developed, outlining key areas of inquiry while still allowing for open-ended responses to capture the richness of participants' experiences. Participants were selected through purposive sampling, a strategy that allowed for the selection of individuals who have lived through the experience under study and could provide a depth of insight into this experience.

Upon completion, the interviews were transcribed verbatim, creating a detailed textual record of each participant's account. The transcriptions were then subjected to a rigorous process of Thematic Analysis (Braun & Clarke, 2006).

Ethical Considerations

This research received ethics approval from the CBM in April 2020. The execution of this research adhered therefore strictly to established ethical guidelines, notwithstanding the constraints associated with conducting online interviews and the subsequent visibility and interactions. Prior to each interview, participants were provided with comprehensive information about the research project, their rights as participants, and the option to anonymise any materials they provided, such as photos.

Participants received detailed information about the study's goals and expected results, making sure they fully grasped their role. Crucially, they were also made aware of their freedom to exit the interview at any point without facing any consequences. The researchers prioritised the rigorous protection of participants' identities throughout the study. As far as practically possible, these principles were upheld in the preparation of the report.

To prevent the identification of any individuals from their interview responses, the researchers strived to anonymise individual narratives to the greatest extent feasible. This cautious approach was adopted to protect the participants' identities and privacy while still preserving the authenticity and richness of the data collected.

Limitations of the Study

As with any research endeavour, this study has certain limitations. Firstly, the selection of countries included was not systematic, and the results, therefore, should not be extrapolated to other contexts. Each country has its unique set of circumstances, making any generalisations inappropriate. The purpose of this research was not to offer universally applicable conclusions, but rather to capture a snapshot of unique, localised experiences with the aim of inspiring further research and potentially influencing policy and practice.

Therefore, the findings presented in this report are context-specific and should be interpreted with these limitations in mind. They offer a valuable, though not comprehensive, insight into the experiences of individuals with disabilities during the COVID-19 in the examined contexts, but further research is necessary to expand our understanding to a broader range of experiences and settings.

Findings and Discussion

The data analysis of the interviews resulted in the identification of two main themes:

Challenges, which has six sub-themes, and *Opportunities*, which has four sub-themes. These themes elucidate the complex interplay of obstacles and possibilities experienced by persons with disabilities during the COVID-19.

Challenges are integral to understanding the gaps in current societal and systemic approaches towards disability inclusion, offering valuable insights for the future. These challenges span a variety of issues, including negative economic impact due to job losses and reduced income, a lack of accessible information, and additional physical barriers arising from non-inclusive COVID-19 protection measures. The findings also address the inadequacy and exclusionary nature of social protection mechanisms and safety nets.

On the other hand, *Opportunities* provide a glimpse into the positive changes brought about by the crisis. Participants emphasised the importance of involving persons with disabilities in COVID-19 response activities, as it ensures a more inclusive approach. Additionally, the pandemic fostered community closeness despite physical distancing, enhanced digital literacy, and positively impacted personal hygiene and nutritional habits.

By focusing on these two main themes and their sub-themes, the study offers a comprehensive understanding of the lived experiences of persons with disabilities during the pandemic, thereby informing future efforts to improve disability inclusion in times of crisis and beyond. The ensuing sections will elaborate on these main themes and their corresponding sub-themes in greater detail.

Challenges

The COVID-19 impacts Individuals with Disabilities possibly just as significantly, if not more so, than anybody else

The lived experiences of persons with disabilities during COVID-19, as presented in most of the interviews, underscore the complex and multifaceted challenges they faced. These challenges are not just a direct consequence of the virus, but are also amplified by societal structures and attitudes, reinforcing theoretical underpinnings in the literature that provide a critical lens for understanding how societal constructs and prejudices can exacerbate the difficulties faced by individuals with disabilities (Goodley, 2014).

The fear of getting infected and dying from COVID-19, emphasises the deep psychological distress experienced:

> I went to the doctor in Ballivian Square. He has assured me that it was coronavirus and has told me, you are going to die because you are an elderly person, after you, your sons are going to die. After that I came to my house crying because he kept repeating that I am going to die with the coronavirus and then my children are going to die. I have cried a lot all that time. (Andrea, Bolivia)

The enforcement of lockdowns and social distancing measures, as described by other interviewees, disrupted social lives and limited social interactions, integral to mental wellbeing. Mariama's narrative of being unable to participate in a family celebration provides a stark example of the isolation and exclusion resulting from these public health measures: “The measure concerning no congregation of people affected me a lot because my little sister gave birth during this period but, unfortunately, we could not attend the baptism” (Mariama, Niger).

Mariama’s personal account underscores a dimension of the pandemic experience that is often overlooked: the significant impact on spiritual life. The imposed curfews and lockdowns, while necessary from a public health perspective, inadvertently restricted the freedom to practice religious beliefs and rituals in communal settings. Such restrictions have potential implications for emotional wellbeing and resilience, as spiritual practices often provide solace and a sense of community during times of crisis:

> The curfew was from 5 pm to 5 am. So, I really suffer from this situation because I can’t go out anymore after the curfew. I was cooped up at home. I couldn’t practice my religion as I should, because from 5 pm we were holed up at home. (Fatoumata, Niger)

In discussing the personal impact of the pandemic measures, Elida from Zambia highlights a crucial aspect of human interaction that was severely limited by COVID-19 restrictions: “Social distancing was difficult to adhere to because we are used to closeness.” This remark highlights the struggle many faced in adapting to new norms of physical distancing, an alien concept in societies where physical closeness and touch are integral to social interactions and emotional wellbeing.

Raquel's comments reveal another significant impact of the COVID-19 pandemic, particularly on the vital roles that social and sports activities play in creating community bonds, especially in Bolivian poorer rural areas:

> I have a group of friends, whom I met playing basketball before the quarantine from the association of integrated sports. Sadly, since the lockdown begun, I have no longer seen them. We have no longer played together. I guess we won't play basketball for a while.

The cessation of group activities like sports not only affects physical health but also disrupts social connections and the sense of community. In resource-constrained settings where social, recreational, and sports activities are vital outlets for resilience and social cohesion, the absence of such activities can have profound implications. Raquel’s and others’ experiences underscore the need for pandemic responses that consider the broader social and emotional impacts of interventions, not just their immediate public health outcomes.

Adverse Economic Consequences for People with Disabilities

The narratives collected shed light on the devastating economic impact of COVID-19 on persons with disabilities. These economic challenges, which ranged from job termination and salary reduction to travel restrictions, led to significant income losses, aligning with the broader literature on the economic marginalisation of persons with disabilities (Groce et al., 2011; Mitra et al., 2011).

Andres from Bolivia encapsulated the financial strain induced by the pandemic. His account of depleting savings and resorting to loans illustrates the precarious economic circumstances faced by many persons with disabilities, exacerbated during the crisis: “More than anything it affects our finances. The pandemic put us down a lot. We were already spending the last savings we had. We had to get loans”.

Fatoumata, a resident of Niger, exemplifies the economic hardships caused by COVID-19, especially for occupations reliant on customer interactions. She reflected:

> The pandemic has negatively changed our lives because my husband is a taximan and, with these measures taken by the government, it is becoming difficult for him to satisfy the family's needs. Sometimes it is difficult to get even the condiments fees. The coronavirus pandemic has affected my salary too because since the arrival of the pandemic, I'm not getting my salary.

Fatoumata's situation illuminated the compound effects of the pandemic on households where income is directly linked to customer-based services such as taxi driving. As customer movement and interaction decreased, it resulted in a direct hit to the income of those dependent on these interactions for their livelihoods, escalating financial stress.

The lack of income had far-reaching implications beyond just financial instability. Andrea and Nabanji's accounts demonstrate that it directly impacted nutrition and health. Andrea in Bolivia and Nabanji in Zambia paint a disturbing and stark picture of the desperation sometimes experienced during the pandemic by persons with disabilities:

> Then I cried and I kept wondering, how am I going to pay for electricity, gas, water. Last month my husband sent me some money. With that money I have paid for the services and I have gone to buy some meat. Since it was not much I dried it and thus little by little I prepared soups. (Andrea, Bolivia)

Similarly, Nabanji shared: "Even food at home was affected somehow because I did not have enough money to buy food for my children”.

These narratives expose the harsh reality of the economic exclusion that many persons with disabilities face, exacerbated by the pandemic. The immediate struggle to pay for basic utilities, coupled with the challenge of securing enough food for sustenance, highlights the precarious circumstances of their communities. The distress these individuals experienced due to the financial strain of the pandemic is a glaring illustration of the compounded disadvantages that people with disabilities often endure. This distressingly aligns with Yeo and Moore's (2003) assertion about the intersection of disability with other forms of disadvantage, such as poverty and food insecurity, thereby deepening their social and economic marginalisation.

Lack of Accessible Information for Persons with Disabilities

Other narratives underscored the heightened barriers persons with disabilities faced in accessing vital information during COVID-19. Jika from Zambia illustrated how the pandemic response failed to consider the specific needs of visually impaired individuals: “Announcements were being made with a megaphone and flyers were handed out. Some of us could not read the leaflets since we can’t see. So, something in braille would be helpful”.

The use of flyers and megaphones as primary means of communication overlooked those who could not see or hear well, restricting their access to critical information. This demonstrates the concept of ableism, which refers to practices and societal norms that assume the ability to see, hear, or move without aid as the norm (Campbell, 2009). The request for Braille materials not only represents a need for inclusivity but is also a call for the recognition and accommodation of diverse ways of experiencing the world.

Gabriela's testimony from Bolivia, on the other hand, sheds light on the challenges faced by individuals with hearing impairments and their families. Her struggle to explain the pandemic to her daughter and her subsequent reliance on teachers to provide explanatory videos underscore the lack of accessible and understandable information for persons with hearing disabilities:

> My daughter did not know what was happening at all, she did not understand what she saw on the street or on TV or why I put on the mask; did not have the information. As a mother I felt powerless, because I didn’t know how to explain to her that there was a pandemic, that there was a virus, I didn’t know how to explain to her, so, talking to some teachers, they tried to send videos, to be able to explain to her.

The experience resonates with arguments by scholars such as Watermeyer (2009), who posited that societal responses to disability often exacerbate the marginalisation of persons with disabilities. In the pandemic context, this means that the added restrictions and changes have resulted in increased isolation and economic hardship for persons with disabilities. However, these difficulties are not caused by the impairments themselves, but by societal structures that fail to account for everybody’s needs. The lack of accessibility and accommodations in pandemic response measures exacerbated existing inequalities, pushing persons with disabilities further to the margins.

Increased Physical Obstacles due to (inaccessible) COVID-19 Safety Protocols

Participants’ experiences reveal how COVID-19 protection measures unintentionally enhanced physical barriers and socio-economic disparities for people with disabilities. Moses and Jika’s challenges in accessing public hygiene equipment, such as hand-washing facilities, illustrate the unintended consequences of public health measures that overlook the diverse needs of the population: “I have challenges with hand washing because buckets and basins are usually elevated and if there is no one at home I cannot wash my hands until someone returns home” (Moses, Zambia).

In his narrative, Jika from Zambia, underscored the challenges he faced while shopping and the necessity for assistance to locate handwashing equipment because he is visually impaired:

> At the shops where they have hand washing equipment, they need to ensure that someone is guiding us who can see where it is. If I go alone using my white cane it would be difficult for me to know where the equipment is.

The array of challenges faced by individuals with disabilities in accessing public health measures, such as hand sanitising stations, underscores the urgent need to heed the calls of scholars like Imrie (2001), who have long advocated for the implementation of inclusive design in public infrastructures to ensure accessibility for all abilities and offer an essential framework for equal access to critical health protection services for all, especially in times of global health crises like the COVID-19 pandemic.

Other narratives illustrated the ramifications of social distancing rules for persons who rely on physical assistance. Ernesto's account highlighted that the disruption of personal assistance forced him to change his living arrangements and routines:

> Something that has changed is personal assistance. When the pandemic started, we had to cut off physical contact. I had to go back to live with my family because I didn’t have assistance. I have been with my family for about two months, April and May, and my routine has totally changed.

This and similar experiences echo the work of scholars like Thomas (2004) and the relational model of disability, which emphasises the interplay between personal and socio-environmental factors in shaping the lived experiences of disability. Disability does not exist in isolation within an individual but is rather the result of “the interaction between persons with impairments and attitudinal and environmental barriers that hinder participation in society” (United Nations Convention on the Rights of Persons with Disabilities, 2007, p. 2). These dynamics collectively influence and, in many ways, determine the lived experiences of individuals with disabilities.

Another common narrative in the interviews described the struggle to afford face masks, underscoring the economic disparities often faced by people with disabilities, further exacerbated by Covid-19. This struggle highlights the intersectionality of disability and poverty, a concept that has been explored, among others, by scholars such as Mitra et al. (2011). They argued that individuals with disabilities are disproportionately likely to live in poverty. This economic vulnerability is heightened in times of crisis, like the COVID-19 pandemic. This intersectional disadvantage impedes access to crucial health protection measures such as face masks, underlining the need for social policies to consider both disability and poverty in their design and implementation, especially in response to emergency situations.

Social Protection Mechanisms and Safety Nets were insufficient and exclusionary. The crucial role of OPDs

A majority of narratives in all four countries demonstrate the crucial role of social protection mechanisms and OPDs during the pandemic, as well as the deficiencies of governmental support systems.

Concepcion and Angelica's experiences highlight the importance of governmental support, albeit limited, in providing some form of economic relief: “I received the government assistance of 8,000 pesos through the Social Amelioration Program - but only the first tranche, up to now. I’m still awaiting the second tranche. This will help me pay my bills.” (Angelica, Philippines)

> We have the government assistance, which, in a way, has helped a lot; but now people are just waiting for that, that the government will give poor people money. Eliana has received the disability allowance; they gave me the Juana Azurduy allowance [an allowance of 150 bolivianos (c. 20 dollars) a month for pregnant women until the baby’s first year]. (Concepcion, Bolivia)

This aligns with Bickenbach et al.'s (2011) emphasis on the role of social protection mechanisms in mitigating poverty among people with disabilities. However, as most of the interviewees’ experiences suggest, the adequacy and regularity of such support are often problematic.

Some of the experiences told shed light on the malfunctioning and exclusionary nature of some governmental support systems, including discrimination against persons with disabilities. Enock's struggle to access the social cash transfer and youth empowerment schemes reflects the barriers to accessing social protection faced by people with disabilities, which often hinge on administrative hurdles, lack of information, and poor implementation (Groce et al., 2011).

> I was registered for a social cash transfer but have not received anything up to now;, and a youth empowerment scheme was announced, but no explanation offered on how to access it. I approached the local counsellor to see what plans exist for persons with disabilities and there was nothing in the plans apart from a social cash transfer. (Enoch, Zambia)

Ernesto's account of the discriminatory distribution of food baskets resonates with Oliver's (1990) early critique of the systemic discrimination experienced by people with disabilities in social support systems:

> The mayor’s office has created around a 1000 food baskets, and those baskets have been distributed around all Potosí but they did not reach people with disabilities. Many people complained, they said that they are given only to their relatives. (Ernesto, Bolivia)

OPDs’ role, as exemplified by the experiences of Veronica and others, illustrates how community-based organisations can fill the gaps left by insufficient and discriminatory government support: “I didn’t [receive the food basket], and my other neighbour made me realise that it was the only area where no one received the food basket. Thank goodness, we received support from the association Qhantati (local OPD). (Veronika, Bolivia)

While the active involvement of OPDs in

crisis response is a positive development, it is essential to highlight that they should not be viewed as substitutes for official duty bearers. Particularly in poorer, rural areas, these OPDs often face their own resource limitations, leaving them ill-equipped and overstretched to fill the gaps left by traditional/state support systems (Weber et al., 2022). Thus, there is an urgent need for duty-bearers to adequately fulfil their roles in ensuring the inclusion and support of people with disabilities during crises.

Reduced Access to Health Services

The narratives of many interviewees reflect the considerable challenges faced by people with disabilities in accessing healthcare during the COVID-19 pandemic. These stories highlight issues such as health centre closures, resource scarcity, stigma, and the reprioritisation of non-COVID-19 health concerns, aligning with broader academic discussions on healthcare access during the pandemic.

Ernesto's experience exemplifies the direct impacts of healthcare service disruption due to COVID-19, particularly the closure of health centres and the scarcity of necessary medical supplies. These voices echo concerns raised in other studies about the heightened vulnerability of people with disabilities during public health crises (WHO, 2020b) and illustrate the systemic health inequities experienced by persons with disabilities (WHO, 2022).

> Another important issue has been the lack of health access. I usually use a probe that needs to be changed every week or two at the most, so I don’t get any infection. I also have to change the bags every three days for which I normally go to the hospital and there I make the request and they give me one catheter and a bag. But during the lockdown I could no longer access the probes. I remember that I did not know what to do. (Ernesto, Bolivia)

Miguel's narrative underscores the intersection of disability and stigma during the pandemic. The refusal of healthcare workers to treat his daughter due to fears of COVID-19 transmission reflects a pattern of disability - related discrimination well documented in the literature (Carey et al., 2009).

> I took my daughter to the public paediatric hospital when she had her crisis and they did not treat her, even though I told them she was a girl with a disability and that I was going to pay for the care. They thought my daughter had COVID-19 and ordered me to do the test to rule it out. I told them I was there because of her crisis, and I told them what illness she had but still they did not want to treat her. (Miguel Bolivia)

In sum, these narratives underline the urgent need for inclusive and non-discriminatory healthcare policies during public health emergencies, particularly for people with disabilities who rely on regular access to healthcare services.

Opportunities

Despite the numerous challenges experienced by individuals with disabilities during the COVID-19 pandemic, the crisis also unveiled significant opportunities. Crucially, it underscored the importance of involving people with disabilities in pandemic response activities, thereby fostering an inclusive approach to crisis management that values diverse perspectives and needs.

The imposed isolation measures also paradoxically led to stronger bonds among family members and communities, as being physically closer facilitated emotional connectivity and mutual support. The sudden transition to a remote, digital world also spurred the acquisition of new skills and resources, particularly in digital literacy and remote communication. Furthermore, the heightened focus on personal hygiene and nutrition to combat the virus had a positive impact on health behaviours, encouraging more mindful and healthier habits.

Importance of involving people with disabilities in COVID-19 response activities

The COVID-19 pandemic has underscored the crucial importance of involving people with disabilities in public health response activities. Experiences shared by individuals from various regions reflect a pressing need and a fervent demand for more participation from people with disabilities in shaping and implementing health interventions.

As exemplified by Kitana in Zambia, people with disabilities can play significant roles in educating their communities about health crises, drawing from their unique experiences and perspectives. Kitana's role as an informal educator and role model in her neighbourhood emphasises the necessity of harnessing the potential of people with disabilities by spreading awareness and facilitating understanding of complex health issues:

> In my neighbourhood for those that are not educated, I explain things to them when they are not clear. If they get flyers, for example, they come to me. I have had to explain about disability once when they wanted to know where I got my education etc. I am a sort of role model. Fellow youths without disabilities also come to ask me sometimes. (Kitana, Zambia)

Similarly, another account from Bolivia highlights the proactive role that people with disabilities can play during health crises. By engagng in information dissemination about COVID-19, coordinating assistance for those in need, and maintaining contact with association members, the participant demonstrated the agency and capacity of people with disabilities to contribute meaningfully to crisis response efforts.

Alexa from the Philippines further emphasises the leadership roles that people with disabilities can assume during crises. As an officer of a local disability association, she encouraged members to engage in preventive health measures and to cooperate with government programmes. Her involvement as a facilitator in community-based programmes testifies to the active roles that people with disabilities can play in public health initiatives.

Finally, Veronica's determination to participate in her local council in Bolivia underscores the ambition of people with disabilities to influence public policies that directly affect their lives. By pointing out local needs and expressing her desire to help address them, Veronica exemplifies the potential of people with disabilities to participate in, and contribute to, decision-making processes.

These narratives collectively affirm that people with disabilities are not merely passive recipients of public health measures. Instead, they are active agents who can, and should, be involved in designing, implementing, and evaluating health interventions. As such, their involvement is integral to the effectiveness and inclusivity of public health response activities.

Being closer together

The COVID-19 pandemic, while posing numerous challenges, also unexpectedly fostered social cohesion and strengthened familial bonds among people with disabilities. This dimension of the crisis provides a rich ground for exploring the concept of collective resilience in adversity, a theme recurrent in sociological and psychological literature (Southwick et al., 2014).

Kitana from Zambia reported an increased sense of togetherness with her family during the lockdown. This increased familial intimacy and understanding could be seen as an adaptive response to a challenging situation, underscoring the resilience that can emerge in the face of hardship: “The good part is that we came together as a family, knowing each other more” (Kitana, Zambia). Another participant from Bolivia also highlighted the unifying effect of the lockdown on her family. Her shared activities and experiences, such as preparing traditional dishes together, functioned as a form of collective coping that strengthened relational bonds and fostered a sense of shared identity in the face of adversity (Hobfoll et al., 2007).

The participants from the Philippines, highlighted enhanced family connections as a positive outcome of the pandemic. The support and care they experienced within their family context could act as a buffer against the psychological impacts of the pandemic. The protective role of familial support during the pandemic was particularly noteworthy. As evidenced within their family contexts, the support and care individuals received, acted as a crucial buffer against the psychological impacts of the pandemic. This aligns with resilience research, which emphasises the essential role of social support as a protective factor in buffering against stress and promoting resilience (Southwick et al., 2014). By reinforcing the individual's capacity to cope with adversity, social support remains a pivotal factor in navigating the challenges posed by crises like the COVID-19 pandemic.

These accounts collectively suggest that the enforced proximity of lockdown conditions could often foster a sense of community and solidarity among people with disabilities and their families. This suggests a need to integrate communal and familial support structures into public health response strategies, capitalising on these resilience mechanisms during crises.

New Skills and Resources

The COVID-19 pandemic has significantly impacted the way we communicate, forcing a rapid shift towards virtual interactions. This shift has not only mitigated the social isolation imposed by physical distancing measures but has also cultivated new skills and resources, particularly in the domain of technology use. This phenomenon is a compelling topic for a broader academic conversation about the role of technology in promoting resilience during crises, particularly among marginalised populations such as people with disabilities.

Ernesto's experience in Bolivia offers a poignant example of this trend. Despite the numerous challenges posed by the pandemic, he expressed gratitude for the opportunities opened by technology to foster connections and access resources that were otherwise inaccessible. The growth in virtual activities, such as courses and talks, has not only provided a means of continuous learning, but also facilitated the creation of support networks. In Ernesto's case, his engagement with the Latin American network of independent life is a testament to the democratising potential of digital platforms, enabling marginalised groups to participate more actively in social, educational, and political spheres.

This shift to digital platforms during the pandemic suggests an interesting paradox. While the physical world became more inaccessible due to lockdown measures, the virtual world became a space of increased accessibility, providing opportunities for learning, growth, and connection.

This highlights the potential of digital technology as a tool for social inclusion and empowerment for people with disabilities, providing a pathway to counteract the social isolation that these individuals often face. However, this digital transition also underscores the need to ensure universal access to technology and digital literacy to prevent the exacerbation of existing social inequalities through growing digital gaps in the post-pandemic world.

Enhanced personal hygiene and dietary practices

The COVID-19 pandemic has had unexpected positive effects on personal hygiene and nutritional habits, as well as on the economic status of some individuals. The fear of contracting the virus led to an increase in hygiene practices, while restrictions on movement and the closure of eateries made home-cooked meals a necessity, inadvertently promoting healthier eating habits. Participants from Bolivia and the Philippines reported increased awareness about cleanliness and a shift towards healthier diets.

For instance, Concepcion from Bolivia shared how the pandemic taught her to eat healthier, noting that the lockdown measures have discouraged street food consumption in favour of home-cooked meals:

> I also think this period has taught us to eat better, because many times we used to eat in the street, which is the easiest, but we have learned to eat healthier. I think a lot of people don’t know how to save for these kinds of situations, I think I’ve learned that too.

Similarly, other participants highlighted the increased focus on personal hygiene, particularly frequent handwashing, and the use of sanitisers. Hannah from the Philippines, expressed a newfound consciousness about health and diet, spurred by the health protocols of the pandemic.

These experiences mirror the effects seen during previous public health crises, such as the Ebola outbreak in West Africa in 2014-2016. While the Ebola crisis had devastating impacts, it also inadvertently led to increased hygiene practices, particularly handwashing with soap, which became a key preventive measure. People had to change their daily routines and customs to minimise the risk of infection, leading to better hygiene habits. Similarly, restrictions on certain types of food, particularly bushmeat, which was believed to be a source of the virus, led to changes in dietary habits (Buseh et al., 2015).

This pattern suggests that public health crises, while undoubtedly causing significant harm and disruption, can also catalyse positive behavioural changes, particularly in relation to health and hygiene practices. It underscores the capacity for human adaptability and resilience, even in the face of severe adversity. However, it also highlights the need for sustained efforts to maintain these positive changes beyond the crisis to ensure lasting improvements in public health.

Conclusion and Recommendations

The COVID-19 pandemic has presented a unique set of challenges and opportunities for persons with disabilities worldwide. It has underscored systemic disparities and gaps in social protection and healthcare systems while also highlighting community resilience and the adaptive capacities of persons with disabilities in the face of adversity. Importantly, it has further emphasised the imperative of inclusivity in public response activities.

The personal narratives in this study provide a nuanced understanding of these experiences, revealing not just the hardships but also the strength and innovation that arose during these trying times. The bonds formed within families and communities, the new skills acquired, and the increased focus on personal health and nutrition are all testament to the resilience of persons with disabilities during this unprecedented global crisis.

As we navigate through the COVID-19 aftermath, we find ourselves at a critical juncture. COVID-19 has unmasked the stark realities faced by persons with disabilities. The narratives are not just stories of survival. They also underscore the urgent need for more inclusive and equitable systems. These Covid-19 lessons must catalyse transformative change, ensuring that systems and societies are better prepared for future crises.

It is time for a renewed and stronger commitment from all stakeholders - political actors, mainstream entities, and civil society to ensure broad and inclusive preparedness. This entails proactive analysis and planning, leading to more inclusive responses.

The following recommendations are not a roadmap for recovery but a clarion call for transformative change. Learning from COVID-19 constitutes a chance to design more shock-resistant and inclusive systems, ensuring that all individuals are fully included and adequately supported in our societies.

- **Collaborative Efforts for Inclusive Preparedness*:*** Inclusive preparedness is not the responsibility of a single entity but requires collaborative efforts from all sectors of society. Governments, NGOs, private sector organisations, and communities need to work together to develop and implement comprehensive strategies for inclusive preparedness.

- **Increased Accessibility and Inclusivity in Health Services:** Health systems must be redesigned to become equitable by being accessible and responsive to the needs of persons with disabilities. This includes providing accessible information, physical accessibility, and disability-inclusive health policies.

- **Strengthened Social Protection Mechanisms:** The pandemic has exposed the limitations of existing social safety nets. We recommend that governments improve and expand these systems, ensuring that they adequately cover and reach persons with disabilities.

- **Inclusion in Decision-Making:** Persons with disabilities should be included at all levels of decision-making, particularly in matters that directly affect them. Policies and programmes are more effective and responsive when those they aim to assist are involved in their development and implementation.

- **Digital Inclusion:** The pandemic has underscored the power of technology in building connections and facilitating access to resources. It is crucial to ensure that persons with disabilities have access to digital technologies and are equipped with the necessary skills to use them effectively.

- **Skills Development and Economic Opportunities**: The pandemic highlighted the adaptability and resourcefulness of persons with disabilities. Governments, NGOs, and private sector organisations should provide opportunities for skills development and economic empowerment, helping to foster independence and resilience in the face of future crises.

As we navigate the lingering Covid-19 impacts, the critical importance of incorporating disability-inclusive measures into disaster risk reduction strategies has become irrefutably clear. The insights derived from these experiences not only inform our approach to the current health crisis, but also carry broader implications for future challenges. These may range from public health emergencies to the escalating threats posed by climate change. In essence, the lessons we learn today will not only shape our immediate response but also inform a more inclusive, resilient, and equitable future for all.

References

Bickenbach, J., Bigby, C., Salvador-Carulla, L., Heller, T., Leonardi, M., LeRoy, B., Mendez, J. A., Putnam, M., Spindel, A., & Wehmeyer, M. (2011). *The Toronto declaration on bridging knowledge, policy and practice in aging and disability. International Journal of Integrated Care, 12.* https://doi.org/10.5334/ijic.1086

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), pp.77-101. https://doi.org/10.1191/1478088706qp063oa

Buseh, A. G., Stevens, P. E., Bromberg, M., & Kelber, S. T. (2015). The Ebola epidemic in West Africa: challenges, opportunities, and policy priority areas. *Nursing Outlook, 63*(1), 30-40. https://doi.org/10.1016/j.outlook.2014.12.013

Campbell, F. K. (2009). *Contours of Ableism: The Production of Disability and Abledness*. Palgrave Macmillan.

Carey, A. C., Block, P., & Scotch, R. K. (2009). *Disability and the Life Course: Global Perspectives*. Cambridge University Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin, 98*(2), 310. https://doi.org/10.1037/0033-2909.98.2.310

Goodley, D. (2014). *Dis/ability studies: Theorising disablism and ableism*. Routledge.

Groce, N., Kett, M., Lang, R., & Trani, J. F. (2011). Disability and poverty: The need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly, 32*(8), 1493-1513. https://doi.org/10.1080/01436597.2011.604520

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M., Gersons, P. R., Jong, T. V. M., Layne C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R., Reissman, D., Ruzek, J., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid–term Mass Trauma Intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes, 70*(4), 283–315. https://doi.org/10.1521/psyc.2007.70.4.283

Imrie, R. (2001). Barriered and bounded places and the spatialities of disability. *Urban Studies, 38*(2), 231-237. https://doi.org/10.1080/00420980124639

Kuper, H., Banks, L. M., Bright, T., Davey, C., & Shakespeare, T. (2020). Disability-inclusive COVID-19 response: What it is, why it is important and what we can learn from the United Kingdom's response. *Wellcome Open Research, 5*. https://doi.org/10.12688/wellcomeopenres.15833.1

Mitra, S., Posarac, A., & Vick, B. C. (2011). *Disability and poverty in developing countries: A snapshot from the World Health Survey* (World Bank social protection working paper, 1109). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1908128

Oliver, M. (1990). *The Politics of Disablement*. Palgrave Macmillan.

Oliver, M. (1996). *Understanding Disability: From Theory to Practice.* St. Martin's Press.

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European journal of psychotraumatology, 5*(1), 25338. https://doi.org/10.3402/ejpt.v5.25338

The World Bank. (2023, April 3). *Disability Inclusion Overview*. https://www.worldbank.org/en/topic/disabilit y

Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & society, 19*(6), 569-583. https://doi.org/10.1080/0968759042000252506

United Nations *Convention on the Rights of Persons with Disabilities Act*. (2007). https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Watermeyer, B. (2009). Claiming loss in disability. *Disability & Society, 24*(1), 91-102. https://doi.org/10.1080/09687590802535717

Weber, J., Grech, S., Rule, S., Morris, F., Muego, P. E., Miller, N., Vergunst, R., & Monne, R. (2022). *The Lost Link: Localization of the UN Convention on the Rights of Persons with Disabilities.* Church Blind Mission

World Health Organization. (2020a, March 26). *Coronavirus disease (COVID-19) pandemic*. World Health Organization. (2020b). *Disability considerations during the COVID-19 outbreak*. https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1

World Health Organization. (2022). *Global report on health equity for persons with disabilities*. https://www.who.int/publications/i/item/9789240063600

World Health Organization and The World Bank. (2011). *World Report on Disability*. Geneva: WHO. https://www.who.int/publications/i/item/9789241564182

Yeo, R., & Moore, K. (2003). Including disabled people in poverty reduction work: “Nothing about us, without us”. *World development, 31*(3), 571-590. https://doi.org/10.1016/S0305-750X(02)00218-8

Authors’ Bios

Jörg Weber is Senior Global Advisor CBID for CBM and Honorary Research Associate at the University of Cape Town, brings more than 20 years of expertise in advising inclusive community development for diverse organisations, including UN bodies and government agencies. Having conducted Programme Evaluations in over 40 countries, he is also the executive editor for WHO's INCLUDE training and the audio-visual section of the international journal Disability and the Global South.

Dominique Schlupkothen is currently CBM’s Director for CBID, leading a global technical team supporting about 160 disability-inclusive programmes in 30 countries. He holds a Master’s degree in International Business and Cultural Studies (IBCS) and has dedicated his life to inclusive development. In the past 15 years, he has served in programme leadership and advisory roles, supporting the implementation of participatory approaches and engaging with persons with disabilities and their communities to achieve meaningful and sustainable change. He has contributed to a number of publications and guidance documents, including the Make Development Inclusive manual supporting disability mainstreaming in development cooperation and Connectedness, Resilience, and Empowerment - Perspectives on Community Development (Springer). Dominique grew up in a diverse international and intercultural environment. He has worked and lived in Africa, Asia, and Europe. Dominique is passionate about inclusive community development as the basis of self-empowerment and collective action to build resilient, equitable, and inclusive communities.

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 19-34

https://www.um.edu.mt/ssw

Malta: The Rise of an Anti-Politics Culture? An Inevitable Trend of Depoliticisation and Repoliticisation

Mary Grace Vella[1]

Abstract

Is the rise of anti-politics evidenced by the depoliticisation and repoliticisation of the political sphere viable within an embedded culture of high politicisation? By underlining the relationship between depoliticisation (expressed primarily through electoral abstention) and repoliticisation (expressed primarily through civic engagement), this paper discusses the plausibility of the rise of an anti-politics culture in Malta; a country characterised by near-universal election turnout, strong party loyalties, and an enduring two-party system. Taking Malta as a case study for both macro and micro-level analysis, the paper examines the country's exceptional case of outstanding politicisation, in tandem with emerging trends of depoliticisation arising from partisan dealignment, presaging a repoliticisation of sociopolitical life through civic realignments. The rise of an anti-politics culture is examined and interpreted within the context of Malta's bipartisan duality and political tribalism. Despite its bipartisanship engrossment, the rise of this anti-politics culture, characterised by greater cognitive mobilisation and a more rational assessment of parties evident through increased electoral abstention, floating and cross-party voting, as well as increased activism in non-electoral forms of civil participation, is seen to portend a progressive transformative shift towards realignment forces which demand more responsive and accountable systems of governance.

Keywords: anti-politics, demobilisation, repoliticisation, cognitive mobilisation

[1] Faculty for Social Wellbeing at the University of Malta. ORCID ID: 0000 0003 2385 9048

Introduction

> If the erosion of trust is accompanied by an increase in political engagement, this may be an indication of the rise of critical citizens who give voice to their discontent. On the other hand, if falling trust in institutions is coupled with decreasing political participation, then one may assume that political cynicism prevails. (Boda et al., 2018, p. 43)

To what extent can the above observation be applied to the contemporary Maltese political scenario? Could the erosion of trust be reflecting not only demobilisation and partisan dealignment trends but also emerging forms of realignment, expressed through greater civic engagement and activism? In what ways are depoliticisation and repoliticisation processes evinced in the rise of a Maltese anti-politics culture?

By underlining the relationship between depoliticisation (expressed primarily through electoral abstention) and repoliticisation (expressed primarily through civic engagement), this paper aims at addressing the above-mentioned issues by taking Malta as a case study analysis.

The Maltese Context

This Mediterranean European Union archipelago is one of the world's smallest and most densely populated countries, with over 523,000 living on two islands - Malta and Gozo, in 316 km. Over the past two centuries, Malta's political history has undergone a dynamic transformation marked by colonial rule, independence, and evolving geopolitical landscapes. From the early 19th century until the mid-20th century, Malta was a British colony strategically significant in the Mediterranean. Following extensive lobbying and nationalist movements, Malta gained independence in 1964, became a republic in 1974, and held Maltese and English as the national language of this repuplic. The post-independence era established a robust democratic system characterised by a parliamentary republic structure with periodic elections. The political landscape is dominated by two major parties: the Nationalist Party (PN) and the Labour Party (PL). Malta’s 2004 accession to the European Union, contributed to economic growth and political integration. Malta's political trajectory reflects a resilient journey from colonial subjugation to a sovereign, democratic republic intertwined with its quest for national identity and global positioning in the contemporary geopolitical panorama.

Cognitive Mobilisation: An Indicator of Depoliticisation and/or Repoliticisation?

The contemporary political scenario resonates a “rupture of the relationship between those who govern and the governed” (Castells, 2018, p. 4), a laceration, which typified by a lack of trust in political institutional bodies, delegitimises conventional models of representation proffered by liberal democracy. Indeed, decreasing affinity towards political parties is a widespread phenomenon in Western democracies (Dalton, 2004). Regardless of historical background or the institutional framework, citizens seem to be increasingly shedding their party ties, leading to processes of partisan dealignment. Electoral trends in advanced industrial democracies suggest that these weakening ties are nearly universal, such that the “only major variation is in the timing of the decline” (Dalton & Weldon, 2005, para. 8).

Under conditions of dealignment, the social psychological bonds linking voters and parties weaken, resulting in heightened electoral volatility and increased potential for abstention (Franklin et al., 1992; McAllister, 2007). Partisan dealignment thus results in less predictable voting patterns of behaviour, which may lead to increased chances of electoral realignments, characterised by fundamental changes in partisan balance and public policy (Burnham, 1970). Indeed, “theories of party realignment ultimately rest upon theories of change in individual partisanship” (Franklin, 2001, p. 1).

The concept of cognitive mobilisation has become an established explanation as to why citizens in advanced industrial societies are losing their partisan attachments. The premise can be traced back to Inglehart (1977) and Dalton et al. (1984), who argued that, as a consequence of the transition to advanced industrial societies, the functional value of partisanship loses its strength and appeal.

These transformations are seen to have afforded citizens with improved political resources, arising from higher levels of education and media expansion. These developments, in turn, increase the amount of political information available and enhance the citizens’ capability to evaluate this information, translating into a more cognitive and informed electorate (Dalton, 1984, 2004). Inglehart (1990) and Wolf (2002), presented evidence that the proportion of these sophisticated non-partisans has significantly increased amongst the European and American electorate respectively. Partisan dealignment tends to be more widespread among the younger generations, the more politically sophisticated, and the higher educated citizens (Dalton & Wattenberg, 2000).

Cognitive mobilisation implies that citizens possess the relevant resources and skills to deal with the complexities of politics (Dalton, 2004), such that they “do not need cues from parties any longer. Hence, they do not feel attached to parties anymore” (Berglund, 2002, pp. 2-3). This autonomy from traditional political influences suggests that the electoral process in advanced industrial societies is increasingly becoming an affair of internal mobilisation. Allegedly, this, in turn, is leading to greater electoral volatility characterised by increased tactical voting, decreased levels of turnout, weaker relationships between structural position and voting, and greater importance to issues and evaluation of government performance. Furthermore, such processes may also enhance support for non-mainstream parties and alternative forms of political participation.

Dealignment processes, arising from cognitive mobilisation, thus suggest the emergence of a more critically equipped electorate that is more capable of making informed political decisions (Dalton, 1996). Short-term political factors, such as issues and political parties’ handling of these issues, may, as a result, become more important in determining electoral behaviour.

Myriad cases of corruption have undermined the credibility of national states and institutional bodies (Castells, 2018). A more critically disposed electorate is also more likely to demand and embrace reforms that provide greater opportunities for public expression (Donovan & Karp, 2006) and involvement in decision-making (Dalton, 1984; Inglehart, 1990). This has in turn contributed to the development of different forms of political participation that go beyond simple electoral participation.

Dalton and Weldon (2005) proposed that cognitive mobilisation and political distrust are prompting individuals to seek access to politics through other nonpartisan means, such that, corresponding to processes of partisan dealignment, there has been a corresponding rise in social and political involvement. Since the 1960s, there has indeed been a global emergence of social movements concerned with human rights, including sexual orientation and gender identity, animal welfare and environmentalism, minority inclusion and empowerment, development issues, and anti-globalisation.

Interest groups and organisations revolving around such issues have increasingly become focal points for citizens’ lifestyles, and ideological expression, particularly among younger generations. Worcester and Mortimore (2001) commented, “The public are increasingly turning to single-issue pressure groups, NGOs, or other channels for their political expression rather than political parties” (p. 118). Through these social movements, a new world order is emerging characterised by the construction of meaning through networks and communication, the expression of agentic action, and the representation of “diverse cultural identities that convey a meaning beyond the boundaries of the political” (Castells, 2018, p. 15).

Unlike engagement in formal politics, this type of political activism allows for greater flexibility (Saunders, 2013), leading to an anarchic and citizen-led form of politics that, even if displayed through ephemeral, thin, and sporadic commitment (Hay et al., 2008), further reduces the clout of political institutions. Indeed, such a view proposes that, despite increasing distrust and political disenchantment with formal politics, citizen engagement is “[not in acute crisis]” though mainstream political parties as “conduits of engagement, maybe in irreversible decline” (Tonge, 2008, p. 7).

As myriad cases of corruption have led to undermining the credibility of national states and institutional bodies (Castells, 2018), the expansion of direct democracy is observed to be directly linked to dissatisfaction with governments and mainstream parties. Dalton et al. (2001) in fact sustained that political dissatisfaction is largely responsible for support of direct democracy rather than an interest in participatory democracy per se. Similarly, Norris (1999) and Pharr and Putnam (2000) suggested that, rather than greater involvement in the political process, disillusioned citizens simply demand more effective governance.

Despite this perceived shift from partisan alignments to more direct forms of participation, electoral participation is seen to remain an influential factor in stimulating other forms of citizenship involvement. Indeed, voting is seen to carry spill-over effects on other forms of political participation (Watson & Tami, 2001), such that “withdrawal from the ballot box seems to go hand-in-hand with keeping off the streets” (Saunders, 2013, p. 16). In view of this perceived correlation between initial voting behaviour and future electoral and citizenship participation, it has, as a result, been suggested that the higher predisposition of young people to abstain may lead to an increased rate of non-participation in future years. This notion is further consolidated by the habitual nature of voting and abstention, where those non-voting are more likely to sustain this pattern of behaviour throughout their life-course (Blais, 2000; Phelps, 2005).

Nannestad and Paldam (2000) argued that such arguments tend to view voters and non-voters as separate groups, whereas in reality, people may withdraw from and re-enter into the electorate over time. Thus, electoral turnout may be better viewed as a “surface expression of political engagement and political disengagement” (Hay et al., 2008, p. 2).

Abstention is not inevitably a chronic disease since non-voters can be motivated to re-engage within the electoral process (Doppelt & Shearer, 1999). Moreover, the relationship between cognitive mobilisation, political distrust, and political participation suggests that the nature of abstention may be more intricate than it initially appears to be. Politics may thus be better understood as comprising two fundamental conflicting forces: one depoliticising and the other repoliticising (Rancière, 1995).

Conflict is indeed seen as an indispensable force for the development of democracy (Laclau & Mouffe, 1985), since “as war is too important to be left in the hands of the generals, democracy - deliberative democracy - is too important to be left in the hands of the politicians” (Pettit, 2004, p. 64). In consequence, from this perspective, there can be “no democratisation without depoliticisation” (Pettit, 2004, p. 64), since politicisation, depoliticisation, and repoliticisation are “natural and ongoing (self)-governing processes without which no kind of political and societal life could endure or go on in time-space” (Bang, 2013, p. 18).

In the exceptional case of high politicisation in Malta, characterised by near universal electoral turnout, strong partisanship, and an enduring two-party system, how natural and ongoing are these self-governing processes of depoliticisation and repoliticisation? In the recognition that “the political culture of participation or abstention, or of politicisation or non-politicisation cannot be separated from the global culture” (Virós, 1994, para. 7), the following section takes Malta as a case study for institutional analysis through a brief overview of its general sociopolitical culture to set the scene for its exceptional case of politicisation, emerging trends of depoliticisation and the plausibility of repoliticisation.

Malta: An Exceptional Case of Outstanding Politicisation?

As a small and densely populated Mediterranean island state, Malta understandably shares a number of characteristics typical of small states, including “limited resource base … diseconomies of scale … limited options for development strategies … [and] extreme vulnerability to the winds of economic change” (Briggs, 1987, p. 4). Nevertheless “within the small and island state category … Malta assumes the dimensions of a superpower” (Warrington, 1992, p. 230). It has a relatively diversified economy and an advanced educational system which caters for a wide range of labour market requirements. Malta’s relatively strong economic position thus “allows it to consider solutions that would not be feasible in many other small and island states” (Warrington, 1992, p. 230).

Given the strong interlinks between small scale economics and politics (Baldacchino, 2011), small states tend to also share certain socio-cultural and political realities, including a “combination of social homogeneity and particularism” (Richards, 1982, p. 170) typified by a strong sense of collective identity, closer links between state and society and between politicians and citizens, divergence between official policy and political reality, personality politics, and “less complex and more lucid” (Anckar & Anckar, 2000, p. 223) sociopolitical realities. All these factors are “located together within a discrete area which give the microstate its separate and distinctive character” (Richards, 1982, p. 170).

While “society in larger states is much more an autonomous aggregate of groups separate from the state” (Richards, 1982, p. 159), in smaller polities government, the state and society are more closely interrelated. Given this “personalised and multiplex nature of human relationships” (Rajbansee, 1972, p. 217) where "members of the public are a kind of extended family" (Rajbansee, 1972, p. 221) sharing a common world-view emerging "from shared problems and problem conceptions" (Anckar & Anckar, 2000, p. 223), there tends to be a stronger sense of community and pronounced sense of national identity, particularly when faced with external threats.

As a result, politics in small states tends to be more benign and less prone to internal violence (Dommen, 1980). However, when differences occur, these tend to be more personal, intense, and emotionally charged (Richards, 1982). Indeed, "partisan and/or ethnic rivalry in small polities can be quite intense, especially in two-party competitions" (Baldacchino, 2011, p. 5). Thus, despite their homogenous traits, small islands jurisdictions are "not immune from damaging internal splits", particularly where partisan politics takes on "proto-ethnic qualities" (Baldacchino, 2005, p. 37).

Indeed, the same sociological structure of small states seems to present "both democracy-stimulating and democracy undermining components" (Veenendaal, 2013, p. 5). These divergent perspectives both seem to apply to Malta, resulting in democratic credentials as well as a number of democratic deficits.

On the basis of the models of democracy presented by Katz (2005), Malta would fall within the binary popular sovereignty model. This is characterised by the idea that all issues tend to cluster into two main complexes, where the choice of the majority represents the will of the people. This model, as exemplified through the following overview of traditional Maltese political culture, presents an institutional prescription of a two-party system, an electoral system supporting two-party politics and governance by that party that gains a plurality of votes.

Traditional Political Culture: A Duopoly of Patronage and Nepotism

Maltese politics is typified by "intense partisanship, by the conflation of national and local issues, and by a style of leadership that has elements of both charisma and patronage" (Warrington, 1992, p. 222). Moreover, the nature of political activity is primarily and explicitly defined in terms of a polarised two-party system.

Malta's political scene, characterised by the Labour and Nationalist parties alternating power, presents "a bipartisan see-saw formulation" (Falzon & Micallef, 2008, p. 393) where the "PN and PL act in tandem as a duopoly" (Briguglio, as cited in Calleja, 2010, para. 20). In this scenario of polarisation and rotation of power, a "winner takes all political system" has prevailed (Baldacchino, 2002a, p. 197).

Boissevain (1993) perceived political factionalism as a major characteristic of Maltese traditional culture. Bipartisanship was described as a "sociological reality that has permeated our society, from band clubs and feasts to soccer and, what have you, politics not excluded" (Abela, as cited in Calleja, 2010, para. 6). This dualism tends to be characterised by "rivality and fierce antagonism" (Boissevain, 1993, p. 150) between parties and presents an "either-or and us-them partisan paradigm" (Baldacchino, 2002a, p. 203), where "those who are not with you are against you" (Baldacchino, 2011, p. 19).

For most of the Maltese community, political allegiance is "ascribed historically - one votes with the family-and/or by geographical area" (Mitchell, 2003, p. 385). As Hirczy (1995) observed, "partisanship in this polarised polity is so pervasive, ingrained and linked to class ideology and locality that preference patterns are known by street. Loyalties are strong, stable and rooted in social and family background" (p. 258). These party loyalties "fuel, and are in turn fuelled by, two parallel, political party juggernauts … that attempt to lock, reinforce and secure voter loyalties from cradle to grave" (Baldacchino, 2009, pp. 153-154). Maltese political parties are thus seen to take on the characteristics of "a moral community" (Baldacchino, 2002a, p. 197). It is thus not surprising that Maltese elections tend to be "extremely heated affairs" (Cini, 2003, p. 1) and politics remains a "corrosive zero-sum contest" (Boissevain, 1993, p. 150), approached "with the same verve as if we were fighting a war" (Fenech, 2008).

This partisanship-led political culture, characterised by emotional rather than rational or ideological alliances, traces its origin to the Knights' and British colonial rule over Malta, when the reliance of the Maltese on state support created a mutualistic "patron-client relationship" (Fenech, 2008, para. 9). Thus, the colonial experience is likely to have impacted on social and political patterns of behaviour, in the form of "clientelism, parochialism and abject philistinism" (Frendo, 1991, p. 212).

Vassallo (1979) indeed proposed that patronage is a major contributory factor in social stratification, as those who refuse to assume a partisan political stance tend to possess less social credit (Baldacchino, 1994).

> With one of the two political organisations in full control of the state apparatus at any time, the likelihood of obtaining desirable goods from the state is generally seen to change in accordance with the nature and clout of individual partisan affiliation. (Baldacchino, 2002a, p. 199)

Due to this concentration of power, the stakes at election time are extremely high (Cini, 2004), such that "having your party in power is a bit like having your uncle ladle out the gruel" (Falzon, as cited in Grech 2009, paras. 14-15). In view of this political reality, Boissevain (1993) contended that "Malta is a paradise for political saints" (p. 156), a situation which has witnessed several politicians being accused of patronage, nepotism, and corruption (Cini, 2003).

While political competition in Malta is "vigorous and boisterous, none of the Maltese parties preach revolutionary change" (Lane, 1998, para. 10). Although issues are often party-politicised, this divergence does not seem to be based on the fundamentals of the democratic process or policy orientations, such that despite their distinct origin, the main parties "have become increasingly shorn of ideological principles or divides with time" (Baldacchino, 2009, p. 157).

The need to appeal to the majority induces the two major parties to absorb a wide range of divergent interests, discouraging the adoption of strong stands on issues which may estrange voters. Given the close electoral results, the "implications of alienating even a fraction of this organised mass could be politically very damaging" (Baldacchino, 1994, p. 574). Along with the pervasiveness of informal relations, this makes it difficult for government to implement and enforce its policies, "especially unpleasant ones" (Hoetjes, 1992, p. 141), a factor which may hinder progressive social change. This has resulted in a situation where the major parties have become "catch-all parties [where] operating in an open economy … they are obliged to woo the centre ground of politics and promote liberal economic strategies" (Baldacchino, 2009, p. 157).

Friggieri (2009) proposed Malta's political culture thus tends to be characterised less by competing policies or ideologies than by patronage-driven rivalries and power struggles. Friggieri described this Maltese political situation as "Rainbow politics. Political parties are everything and nothing: simultaneously ultra-conservative and liberal; throwbacks to the ugly past and progressive … Rainbow politics is one way of describing it. Catch-All Hodge-Podge is another" (para.7).

Given the pervasiveness and institutionalisation of the two-party system, "not being visibly affiliated with one of the two parties is tantamount to being an opportunist" (Grech, 2011, para. 7). Furthermore, partisan considerations often overshadow national interest (Pirotta, 1997). Technocrats, professionals, and intellectuals are unable to exist separately from parties (Sammut, 2007), such that "rather than being seen as independent and critical third parties, they are often associated readily with a political stripe" (Baldacchino, 2002b, p. 201). In a scenario where the academic class has "been silenced or chooses to remain silent" (Azzopardi, 2007, para. 21), there tends to be very little critical appraisal of the political process.

These "reactionary symptoms" (Frendo, 1991, p. 204) are also reflected in terms of the civic expression by the non-governmental sector. Consequently, people tend to be wary of being associated with an issue which may be politically contentious, even if they may personally feel strongly about it. Non-governmental organisations projecting political issues outside the framework of this partisan system, or the Catholic Church, are projected as an aberration and are still perceived as having a hidden political agenda such that "the public sphere and any civic expression within it is channelled through the discourse of these mammoth institutions, outside which all else is marginalised" (Falzon & Micallef, 2008, p. 399).

Indeed, despite the fact that volunteers are more likely to be more positively oriented towards the political process by exhibiting higher levels of political interest, engaging more frequently in political discussion, and judging politics as more important (Abela, 1997), their involvement in non-electoral forms of political participation is often an extension to electoral participation and is largely typified by participation in partisan activities such as mass meetings and partisan support through membership or canvassing.

Political polarisation has thus resulted in undermining "the agendas of civil society and other interest groups" (Sammut, 2009, p. 93) to the extent that the non-governmental sector is "underdeveloped and … dangerously over-politicised" (Baldacchino, 2009, p.154). Indeed, volunteers in Malta "do not espouse a clearly demarcated programme for social change" (Abela, 1997, p. 7) and are more likely to endorse change through gradual reform, rather than revolutionary action, such that "when changes have been affected on a local level, they have tended to come from above, rather than from below" (Cutajar, 2009, pp. 3-4). Moreover, "though post-materialist values gained influence in recent years, materialism and traditionalism consistently prevail as the dominant ideologies" (Briguglio, 2009, p.135).

In view of the "two-party political system and its totalising discourse" (Baldacchino, 2002a, p. 191), Malta faces a "serious dearth of acerbic political satire" (Falzon & Micallef, 2008, p. 403). Apart from this austere lack of critical appraisal of the political process, this situation may have resulted in a more serious and widespread malignancy, where partisanship "may easily override any sense of national patriotism [such that] in this incessant, internal struggle for loyalty and support, Maltese nationalism has lost out" (Baldacchino, 2002a, p. 198). Consequently, "Malta may be an old nation in a cultural sense, but politically this nation does not disclose or manifest itself" (Baldacchino, 2002b, p. 198), qualifying it as a "nationless state" (Baldacchino, 2002a, p. 7).

Given this eminent partisanship, along with various institutional features of the electoral system, it is thus not surprising that Malta has the highest turnout in all Western democracies and one of the highest turnout rates worldwide (International Foundation for Electoral Systems, 2008). The exceptional, near universal turnout in Maltese elections (Hirczy, 1995) has indeed been attributed to various factors which act in tandem as mobilising and facilitating forces.

Apart from "unitary, concentrated government, high levels of partisanship; proportional representation; highly competitive elections resulting in one-party governments despite proportional representation; extremely intense election campaigns; and a polarised electorate of partisan, committed voters" (Hirczy, 1995, p. 255), it is also ascribed to Malta's "small, urbanised and geographically concentrated population" (Louth & Hill, 2005, p. 28), which increases the weight of individual ballots (Blais, 2000; Jackman, 1987; Lynn, as cited in Grech, 2009), and the "chance of casting the decisive vote" (Hirczy, 1995, p. 269).

Moreover, given the concentration of the population within the small geographical size of the country, "issues cannot really be distant" (Falzon, as cited in Grech, 2009, paras. 16-17) giving "greater access to decision makers … for finding out what public opinion is and mobilising it" (Baker, 1992, p. 22). In such a context, "it is not surprising that alienation … is not much of an issue in Malta" (Falzon, as cited in Grech, 2009, paras. 16-17).

Accordingly, there has been considerable individual and group-level stability in electoral behaviour and party identification in Malta, compared to other advanced contemporary societies. While evidence of a malaise in formal politics characterised by the growth of an anti-politics culture and demobilisation processes transpires from a wide range of Western democracies, Malta, given its high electoral participation and partisan loyalties, seemingly presents an exceptional case. Notwithstanding, the "social and economic context in which the contemporary electorate thinks and acts is very different from that of previous generations" (Vella, 2018, p. 413), and Malta seems to be slowly shedding its traditional partisan alignments through the emergence of a more fluid and volatile sociopolitical dynamic.

Malta: The Rise of an Anti-Politics Culture? An Inevitable Trend of Depoliticisation and Repoliticisation?

> There are signs, that within Maltese society, attitudes may be changing as more people may be becoming increasingly critical and distrustful of political parties and representative forms of democracy. Apart from increased levels of abstention, such cognitive mobilisation is reflected in a more rational assessment of parties through increased floating and cross-party voting, as well as increased participation in non-electoral forms of participation. (Vella, 2018, p. 505)

However, to what extent can these processes be attributed to the rise of an anti-politics culture? This section provides some reflections on this question by discussing whether the increased demobilisation of the electorate, along with other emerging trends in political behaviour, represent processes of depoliticization, arising from partisan dealignment, which may possibly lead to a repoliticisation of sociopolitical life through political realignments.

> Anti-politics is seen as contributing to the "displacement of older forms [of politics] based on ideological contestation, strong political parties, and greater belief in political capabilities [as well as] single-issue campaigns in which political parties may be by-passed and sleaze politics" (Tonge, 2008, p. 1).

Traits of anti-politics are also, to some extent, evident within the local sphere. Such traits can be observed on several fronts, including the loss of ideological contestation, higher levels of distrust in the capacities of the state, depoliticisation processes, as well as more vocal campaigning by civil society organisations (Vella, 2018).

As in other European contexts, "political parties are increasingly positioning themselves as non-ideological" (Camilien, 2013, p. 5), such that, despite projecting themselves as opposing fronts, the two main parties are increasingly becoming too similar. Indeed, it may be stated that, apart from the fact that sleaze politics is an ingrained feature of local political culture, in Malta, as in other contemporary post-industrial societies, "the ideological debate has disappeared" (Huhne, 2009, p. 333).

The politics of public expectation is also a highly relevant issue for Malta since, given the competitive nature of electoral campaigns, politicians do tend to promise unrealistic and unattainable goals, leading to inflated public expectations, which may contribute to additional cynicism and disenchantment with the political system (Vella, 2018).

However, the pervading network of patronage and nepotism helps to counteract the prevalent anti-politics perception that engagement in formal politics is a pointless and futile activity. Conversely, partisanship and the adoption of a pro-[formal] politics front, may be a highly lucrative and effective way of securing a good social standing within the local context, subject to the incumbency of one's party.

The psychological mood prevalent with a rise in anti-politics is also, to a certain extent, evident within the local sphere, though on an informal grass-roots level. Similarly, to other advanced industrial societies drifts the general sentiment that politicians are largely self-serving, corrupt, and incompetent, and that the established political system is not likely to bring about any real and concrete changes.

In this regard, the local media have also become a more influential anti-politics force, despite its concurrent dual role of acting, on the one hand as a partisan agenda setter consolidating ascribed party loyalties through the positive portrayal and exoneration of one's party and vitiation of adversaries; on the other, by offering a critical and sardonic account of the nature of Maltese politics through a rise in investigative journalism. Indeed, as in other nations, apart from the expansion of independent media, "citizen politics has been empowered by the new networked technology of the internet-blogging and social networking tools, … offering a limited challenge to the established media hegemonies" (Hay et al., 2008, p. 13). Yet, possibly unlike in other advanced democracies, the Maltese public's distrust and cynicism remain largely on an attitudinal and psychological level and is not fully translated into overt electoral and political disenchantment, through abstention or civil society activism.

Within recent years the Maltese political landscape has experienced a simultaneous increase in both electoral abstention as a form of protest non-voting (Vella, 2018) and citizenship activism through the flourishing of a more vocal and non-partisan civic sector. This is also attested by an increase in political participation, such as attending a protest or demonstration, contacting a political or public official, and signing a petition, among those with low levels of political trust, signifying a rising critical citizen phenomenon (Boda et al., 2018).

These two anti-politics phenomena may reflect a symbiotic relationship, intersecting depoliticisation and repoliticisation processes. Though there is no clear evidence that the general electorate or the non-voting population is turning from conventional politics to other forms of political engagement, whereas voter turnout appears to be declining, involvement in non-traditional participation methods seems to be on the increase (Vella, 2018). Concurrently, whereas levels of trust are consistently low towards institutional political bodies, civil society gears more public confidence. Indeed, Malta records the highest level of trust in non-governmental organisations (Younis & Rzepa, 2019). Thus, there appears to be an attitudinal, if not a fully behavioural devolution, from representative democracy to a widened form of participatory democracy, and from mainstream parties to less established parties and civil society organisations.

Though there tends to be a strong link

between anti-politics and alternative forms of political participation, the relationship between civic activism and demobilisation within the local context is not so clearly evident. Non-voters in general tend to express high levels of support towards more direct forms of participation. Most have voted in the context of referendums and have been active in grass-roots organisations (Vella, 2018). This, however, does not necessarily suggest that all those demobilised are automatically contributors in these realignment processes, since non-voting tends to be characterised by both disengagement and active discontent.

While a particular segment of the non-voting population, mainly the Ideological non-voter category (Vella, 2018), tends to be supportive of direct democracy by being active in alternative forms of political participation, such as through pressure groups and grass-roots organisations; other non-voters are more likely to fall under Hibbing and Theiss-Morse's (2002) description of the disaffected critical citizen (Vella, 2018).

Thus, they tend to be distrustful of political bodies "to the point that they feel vigilant citizens must keep watch on what government is doing - but they may not want to be more active in politics" (Bowler et al., 2007, p. 354).

As a result, these non-voters, are "many citizens attached to a delegate model of representation … and they see direct democracy not as a method to govern by but as a means to better instruct their representatives" (Bowler et al., 2007, p. 359). At the end of the day, the psychological and ideological disposition of the voting and non-voting segments of the Maltese electorate may not be so disparate, since both tend to exhibit low levels of trust towards the party and political system. Yet, they tend to differ in terms of their electoral response to the pervading sense of political cynicism. Non-voting represents an initial sign of these dynamic anti-politics undercurrents, acting as a connecting bridge between the attitudinal and behavioural developments of dealignment and realignment processes.

As a result, rather than in terms of the lack of an anti-politics sentiment, Malta's exceptionalism may reside in this dichotomy between belief and action, the disparity between what is said and what is actually done on an individual political and electoral level. Indeed, the Maltese public qualifies as an armchair critic, persistently complaining but refraining from taking explicit action to address its ailments (Vella, 2018).

The anti-politics psychological culture prevalent in Malta is conceivably as real and vigorous as in other nations, yet it tends to be highly superficial on a behavioural level. Indeed, while the Maltese (in general) tend to express higher levels of trust in both European and national institutions as compared to their European counterparts, they then tend to exhibit relatively the same levels of trust towards political parties (European Commission, 2021). The European Commission (2021) reports that 62%, 46%, and 42% of Maltese, as compared to 49%, 37% and 35% of EU27, tend to respectively trust the European Union, National Government and National Parliament. 20% of Maltese as compared to 21% of EU27 tend to trust political parties (European Commission, 2021).

Further, Malta also represents even lower levels of political efficacy and satisfaction with the way democracy works. With regard to political efficacy, 45% and 46% of the Maltese, compared to 55% and 41% of EU27, respectively, agree and disagree that their voice counts in their country (European Parliament, 2021); 43% and 53% of the Maltese, as compared to 55% and 43% of EU27, respectively feel satisfied and not satisfied with the way democracy works in their country (European Commission, 2021).

Notwithstanding, Malta remains highly exceptional in terms of voter turnout and its mild forms of political civil activism. Toka, (2006) investigated differences between rates of electoral and non-electoral participation, Malta placed 6th worldwide regarding the difference in favour of turnout. Whilst Malta scored 88% in voter turnout, it only scored 46% in non-electoral participation, resulting in a variance of 42%.

When compared to the rest of the EU, the Maltese are thus more likely to feel duty-bound to vote while being less likely to consider the importance of engaging in politics and current affairs (European Commission, 2007; European Parliament, 2009) through more direct forms of participation, such as signing petitions and participating in protests and demonstrations.

It may be the case that Malta's divisive bipartisan culture overrides a collective anti-politics sentiment. The us and them, namely citizens versus the political class phenomenon evident in the anti-politics cultural trend abroad, remains largely subdued under the red (Labour Party) and blue (Nationalist Party) of Maltese politics. The extent of patronage and nepotism helps to further compound this division by additionally differentiating between the red citizens and its political class and the blue citizens and its political class.

The European Commission (2021) reports that 69% as compared to 20% of the Maltese, respectively, tend not to trust and trust political parties. Thus, although trust towards political bodies may also be at an all-time low, critique and disenchantment at the incumbent party, namely the state's way of governance, is often solely addressed by the disenfranchised class until the long-awaited rotation in administration takes place.

As a result, Malta's exceptionalism lies in the fact that such forces of antagonism and disenchantment with the party and political system take place on two, possibly three, separate modalities: One for each political party and the other amid the more sophisticated part of the electorate which, despite being more critical and a partisan, is still likely to support the lesser evil through floating voting rather than actual rejection of the present party system. Indeed, it seems that rather than adopting the confrontational anti-politics stance evident in other Westernised countries, a segment of the sophisticated part of the Maltese electorate may be endorsing the dictum that, if you can't beat them, join them.

It has been argued that "People vote, not only with their social group, but also for it" (Lazarsfeld et al., 1968, p. 148). But do they also abstain with and for their social group? Despite the fact that the young, and those more cognitively mobilised tend to have a higher predisposition to abstain (Vella, 2018), given the heterogeneity of the non-voting population in terms of attitudinal and behavioural characteristics, this segment of the electorate cannot be considered as a coherent social group within the local context through a typology based on different forms of electoral abstention (uncollected voting documents, unvoted documents, and spoilt ballots), frequency and stability (persistent or sporadic) of non-voting. Vella (2018) differentiated between four main types of active/passive and insiders/outsiders abstainers to the political system: ideological, antagonistic, indifferent, and circumstantial.

Though negative valence towards politics is an underlying feature of most non-voters, as expressed through low levels of trust in political bodies and disillusionment with governance and partisan structures implying that "non-voting is largely a voluntary, strategic, and rational form of political expression and constitutes a form of alienation and political protest against present modes of governance" (Vella, 2018, p. 412), Malta's non-voting population is still not a unified class, projecting a cohesive anti-politics stance. Thus, as of yet, the act of abstention in Malta remains an individual act rather than a collective political action.

As in other aspects of social life, it may be the case that Malta exhibits two simultaneous intermingling demobilisation processes, arising from apartisan anti-politics and partisan anti-politics as evidenced through the nature of electoral abstention and civic engagement on the local sphere (Vella, 2018). Indeed, through partisan non-voting relating to ideological conviction or indifference to the political system and partisan non-voting where abstention corresponds to a direct response to the party system, as in the case of antagonist non-voting (Vella, 2018), electoral abstention itself is bound to this entrenched bi-polar duality. This may also be the case with regard to the nature of civic engagement in the local sphere whereby, despite the existence of a consistent vocal yet modest force of a partisan activism across different legislatures, a significant portion of civic engagement reflects partisan activism despite its claims of autonomous action.

Nevertheless, Malta does not exist in a vacuum and the structural features of contemporary societies, namely greater individualism, increased specialisation including that of the political system, and the complexity of the challenges arising from global neo-liberalism and technological advances, do impact on Maltese society.

The notion of exceptionalism may indeed be a misnomer, as slowly emerging dealignment-realignment dynamics, characterised by increasing distrust and a partisan critique towards political bodies, the growth of non-traditional voting patterns of behaviour as well as the emergence of diverse forms of civil society activism, assert themselves. Indeed, "Maltese society appears to be heading towards a more dynamic shifting of balance between dealignment and realignment forces, leading to a more vibrant and multi-layered political culture" (Vella, 2018,

p. 417).

Malta's bipartisan and tribal insularity may indeed present a deliberate resistance to and rational time-lag adjustment from an engrossed partisan political legacy to a more fluid anti-politics civilisation. A move from a political system which, apart from its high stakes in terms of patronage and nepotism, offers abundance in terms of partisan cues and ascribed personal and collective identities, to one which offers no functional benefits apart from the individual aesthetics of ethical and ideological conviction or the personal gratification of expressing defiance to the political and party system.

While bipartisanship undermines the rise of a unified anti-politics culture, even a slight gradual increase in the sophisticated and a partisan segment of the electorate is likely to translate into a larger stratum of committed anti-politics agents, creating a ripple effect across the wider society. Indeed, "through generational replacement, non-voting and other underlying trends of devolution could lead to a progressive transformative shift towards a realignment of the political sphere, through calls for more responsive and accountable democratic structures and processes" (Vella, 2018, p. 417). The impact of this already initiated wave of feeding antagonism and disenchantment with the party and political system may have a far-reaching impact on the macro-political system, such that through reconciling the disparity between belief and action, Malta may be increasingly losing its outstanding and exceptional high politicisation.

Just like other countries, Malta is witnessing a process of "both depoliticisation and repoliticisation" (Fawcett & Marsh, 2013, p. 2). However, in Malta's specific case, this might also be interpreted as a direct by-product and political response to the duality and political tribalism evident in Maltese society. Indeed, emerging trends highlight the exceptionalism, or rather, the dissolving exceptionalism surfacing through this emerging anti-politics modality. As yet, this modality remains embedded within the nature of Malta's exceptional political culture and high-stake nature of elections, acting as a buffer to an otherwise unexceptional growth in non-voting, anti-politics, and the possibility of the repoliticisation of social life through a more livid and candid form of civic engagement and activism.

As the democratisation of Maltese society should be measured not only quantitatively in terms of turnout rates but also and most importantly qualitatively through higher and more intensive degrees of participation, it also needs to be progressively measured in terms of "the democratisation of power relations" (Flacks, 1996, p. 105). By providing essential preconditions to consolidate transparency, fairness, inclusiveness, and accountability of political bodies in all spheres of social life, through the impact created by such dealignment-realignment processes, the "problem of democracy becomes no longer simply "who votes" but "where one votes" (Trend, 1996, p. 14). As a result:

> Given their repercussions on the political sphere, these trends in de/re-alignment may bode well for the quality of Maltese democracy, since they may represent a more active citizenry which critically appraises rather than passively accepts the inadequacy and incongruity of Maltese politics. (Vella, 2018, p. 417)

References

Abela, A. (1997, Aug. 27). *Citizenship in Malta: A European Values perspective.* [Conference session]. European Values in Transition' of the European Sociological Association 1997 Conference, University of Essex, United Kingdom.

Anckar, D., & Anckar, C. (2000). Democracies without Parties. *Comparative Political Studies 33(*2), 225-247. https://doi.org/10.1177/0010414000033002003

Azzopardi, M. (2007, November 18). *The junk we deserve*. MaltaToday. http://archive.maltatoday.com.mt/2007/11/18/interview.html

Baker, R. (1992). *Public administration in small and Island states*. Kumarian Press.

Baldacchino, G. (1994). Workers Participation and the Control of Labour. In R. G. Sultana & G. Baldacchino (Eds.), *Maltese Society: A Sociological Inquiry* (pp. 573-590). Mireva.

Baldacchino, G. (2002a). A Nationless State? Malta, National Identity and the EU. *West European Politics 25(*4), 191-206. https://doi.org/10.1080/713601632 baldacchino, G. (2002b). 'Jurisdictional Self-reliance for Small Island Territories: Considering the Partition of Cyprus'*. The Round Table, 91*(365), 349-360. https://doi.org/10.1080/0035853022000010326

Baldacchino, G. (2005). The contribution of social capital to economic growth: lessons from island jurisdictions, The Round Table. Commonwealth *Journal of International Affairs, 94*(378), 35-50. https://doi.org/10.1080/00358530500033075

Baldacchino, G. (2009). Pangs of nascent nationalism from the nationless state? Euro coins and undocumented migrants in Malta since 2004. *Nations and Nationalism, 15*(1), 148-165. https://doi.org/10.1111/j.1469-8129.2009.00360.x

Baldacchino, G. (2011). The power of jurisdiction in promoting social policies in small states. Geneva.

Bang, H. P. (2013, March 24). *It's the politicians' fault: Depoliticisation as dehumanization of politicians* [Conference session]. Party's Over?' 63rd Annual Political Studies Association Conference, City Hall, Cardiff, Wales.

Berglund, F. (2002). *Cognitive mobilisation. A cause of partisan dealignment*? Institute for Social Research.

Blais, A. (2000). *To vote or not to vote? The merits and limits of rational-choice theory.* University of Pittsburgh Press.

Boda, Z., Medgyesi, M., Fondeville, N., & Özdemir, E. (2018). *Societal change and trust in institutions*. Publications Office of the European Union.

Boissevain, J. (1993). *Saints and fireworks: Religion and politics in rural malta.* Progress Press.

Bowler, S., Donovan, T., & Karp, J. A. (2007). Enraged or Engaged? Preferences for direct Citizen Participation in Affluent Democracies. *Political Research Quarterly, 60*(3), 351-362. https://doi.org/10.1177/1065912907304108

Briggs, G. A. (1987). *Management and Management Development in Small and Island States* [Conference session]. Annual conference, International Association of Schools and Institutes of Administration, Milan, Italy.

Briguglio, M. (2009). Politics, the State and Civil Society- A theoretical framework. In J. Cutajar & G. Cassar (Eds.), *Social Transitions in Maltese Society* (pp 125-146). Agenda.

Burnham, W. D. (1970). *Critical elections and the mainsprings of American politics.* Norton.

Calleja, S. (2010, April 18). *Small Political parties - what future?* The Malta Independent. https://www.independent.com.mt/articles/2010-04-18/news/small-political-parties-what-future-273272/cookie-declaration

Camilien, P. (2013, March. 24). *Strengthening the State through Dissent: Global Participatory Acts and the State* [Conference session]. 'Party's Over?' 63rd Annual Political Studies Association Conference, City Hall, Cardiff, Wales.

Castells, M. (2018). *Rupture: The crisis of liberal democracy.* John Wiley & Sons.

Cini, M. (2003). Malta Votes Twice for Europe: The Accession Referendum and General Election, March/April 2003. *South European Society and Politics, 8*(3). https://doi.org/10.1080/13608740808539659

Cini, M. (2004). Culture, Institutions and Campaign Effects: Explaining the Outcome of Malta's EU Accession Referendum. *West European Politics, 27*(4), 584-602. https://doi.org/10.1080/0140238042000249911

Cutajar, J. (2009). Social Inequality. In J. Cutajar & G. Cassar (Eds.), *Social Transitions in Maltese Society* (pp 125-146). Agenda.

Dalton, E. (1984). Cognitive Mobilization and Partisan Dealignment in Advanced Industrial Democracies. *The Journal of politics, 46*(1), 264-284. https://doi.org/10.2307/2130444

Dalton, R. J. (1996). *Citizen Politics: Public opinion and political parties in advanced industrial democracies* (2nd ed). Chatham House.

Dalton, R. J. (2004). Partisan mobilization, cognitive mobilisation and the changing American electorate. *Centre for the Study of Democracy, 26(*2), 274-286. https://doi.org/10.1016/j.electstud.2006.04.009

Dalton, R. J., Burklin, W., & Drummond, A. (2001). Public opinion and direct democracy. *J. Democracy, 12*, 141. https://heinonline.org/HOL/P?h=hein.journals/jnlodmcy12&i=713

Dalton, R. J., Flanagan, S. C., & Allen Beck, P. (1984). *Electoral change in the advanced industrial democracies: Dealignment or realignment?* Princeton University Press.

Dalton, R. J., & Wattenberg, M. (Eds.) (2000). *Parties without Partisans*. Oxford University Press.

Dalton, R. J., & Weldon, S. (2005). Partisanship and Party System Institutionalization. *Party Politics, 13*(2), 217-234. https://doi.org/10.1177/1354068807073856

Dommen, E. C. (1980). Some distinguishing characteristics of Island States, *World Development, 8*(12), 931-947.

Donovan, T., & Karp, J. A. (2006). Popular Support for Direct Democracy. *Party Politics, 12(*5),671-688. https://doi.org/10.1177/1354068806066793

Doppelt, J. C., & Shearer, E. (1999). *NonVoters. America's no Show*. Sage Publications.

European Commission. (2021). *Standard Eurobarometer 95: Spring 2021 survey.* [Data set]. http://data.europa.eu/88u/dataset/s2532_95_3_95_eng

European Parliament. (2021). *Resilience and Recovery - Public Opinion one year into the Pandemic. Spring 2021 survey*. [Data set]. Public Opinion Monitoring Unit within the Directorate - General for Communication. https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2021/spring-2021-survey/report.pdf

Falzon, M. A., & Micallef, M. (2008). Sacred Island or World Empire? Locating Far-Right Movements in and beyond Malta. *Journal of Contemporary European Studies, 16*(3). 393-406. https://doi.org/10.1080/14782800802501039

Fawcett, P., & Marsh, D. (2013, March 24). *Depoliticisation, Governance and Political Participation*. [Conference session].'Party's Over?' 63rd Annual Political Studies Association Conference, City Hall, Cardiff, Wales.

Flacks, R. (1996). Reviving democratic activism: Thoughts about trategy in a dark time. In D. Trend (Ed.), *Radical Democracy: Identity, Citizenship, and the State* (pp. 102-116). Routledge.

Franklin, C. H. (2001). *Party identification and party realignment.* [Working Paper]. University of Wisconsin

Franklin, M. N., Mackie, T., & Valen, H. (1992). *Electoral change. Responses to evolving social and attitudinal structures in Western countries.* ECPR Press.

Frendo, H. (1991). *Party Politics in a Fortress Colony: The Malta Experience.* Midsea Publication.

Friggieri, D. (2009, May 31). *Anche la democrazia può fare schifo.* MaltaToday. http://archive.maltatoday.com.mt/2009/05/31/david.html

Grech, A. (2011, November 21). *Taking sides: Malta`s politicised media & society. Malta* Insideout. http://www.maltainsideout.com/13474/taking-sides-maltas-politicised-media-society/

Grech, H. (2009, February 15). *Malta has highest free voter turnout in the world*. The Times of Malta. http://www.timesofmalta.com/articles/view/20090215/local/malta-has-highest-free-voter-turnout-in-the-world.245033

Hay, C., Stoker, G., & Williamson, A. (2008). Revitalising politics: have we lost the plot.

Representation, 45(3), 225-236. https://doi.org/10.1080/00344890903129681

Hibbing, J., & Theiss-Morse, E. (2002). *Stealth democracy: Americans' beliefs about how Government should work.* Cambridge University Press.

Hirczy, W. (1995). Explaining Near-Universal Turnout: The Case of Malta. *European Journal of Political Research, 27*(2), 255-272. https://doi.org/10.1111/j.1475-6765.1995.tb00638.x

Hoetjes, B. J. S. (1992). The Dutch connection in the Caribbean: Six Islands living apart together. Public Administration in Small and Island States, 131-43. https://doi.org/10.24043/isj.401

Huhne, C. (2009). Revitalising politics: Responding to the Challenge. *Representation, 45* (3), 325-335. https://doi.org/10.1080/00344890903129608

Inglehart, R. (1977). *The silent revolution: Changing values and political styles among western publics*. Princeton University Press.

Inglehart, R. (1990). *Culture shift in advance industrial society*. Princeton University Press.

International Foundation for Electoral Systems. (2008). *Voter Turnout.* International Foundation for Electoral Systems.

https://www.electionguide.org/elections/type/custom/?country_id=&election_type_id=&year=2008

Jackman, R. W. (1987). Political Institutions and Voter Turnout in the Industrial Democracies. *American Political Science Review, 81*(2), 405-423. https://doi.org/10.2307/1961959

Katz, R. S. (2005). Democratic Principles and Judging 'Free and Fair'. *Representation, 41*(3), 161-179. https://doi.org/10.1080/00344890508523309

Laclau, E., & Mouffe, C. (1985). *Hegemony and socialist strategy: Towards a radical democratic politics* (Vol.8). Verso.

Lane, J. C. (1977). How Malta votes. In B. Hilary (Ed.), *The Malta Year Book 1977* (pp. 431-438). De La Salle Brothers Publications.

Lazarsfeld, P., Berelson, B., & Gaudet, H. (1968). *The people's choice: How the voter makes up his mind in a presidential campaign.* Columbia University Press.

Louth, J., & Hill, L. (2005). Compulsory voting in Australia: Turnout with and without it. *Australian Review of Public affairs, 6*(1), 25-37. https://www.researchgate.net/publication/228344724_Compulsory_Voting_in_Australia_Turnout_With_and_Without_It

Malta Independent. (2009, January 16). *Political Maturity*. Malta Independent. https://www.independent.com.mt/articles/2009-01-16/opinions/political-maturity-218936/

McAllister, I. (2007). The personalization of politics. In R. J. Dalton & H. D. Klingemann, (Eds.), *The Oxford Handbook of Political Behaviour*, 571-588. Sage Publications.

Mitchell, J. (2003). Looking Forward to the Past: National Identity and History in Malta. Identities: *Global Studies in Culture and Power, 10*(3), 377-398. https://doi.org/10.1080/10702890390228919

Nannestad, P., & Paldam, M. (2000). Into Pandora's Box: Into Pandora's Box of economic evaluations: a study of the Danish macro VP-function, 1986–1997. *Electoral Studies 19*(2-3), 123-140. https://doi.org/10.1016/S0261-3794(99)00043-8

Norris, P. (1999). Gender: A Gender-Generation Gap?. In Evans, G., & Norris, P (Eds) Geoffrey Evans and Pippa Norris, (Eds.), Critical Elections: *British Parties and Voters in Long-Term Perspective* (pp. 148-63). Sage Publications.

Pettit, P. (2004). Depoliticizing Democracy. *Ratio Juriks, 17*(1), 52-65. https://doi.org/10.1111/j.0952-1917.2004.00254.x

Pirotta, G. (1997). Politics and public service reform in Small States: Malta. Public Administration and Development. *The International Journal of Management Research and Practice, 17*(1), 197-207. https://doi.org/10.1002/(SICI)1099-162X(199702)17:1<197::AID-PAD921>3.0.CO;2-U

Pharr, S. J., & Putnam, R. D. (Eds.). (2000). Disaffected *democracies: What's troubling the trilateral countries?* Princeton University Press.

Phelps, E. (2005). Young Voters at the 2005 British General Election. *The Political Quarterly, 76*(4), 482–487. https://doi.org/10.1111/j.1467-923X.2005.00710.x

Rajbansee, J. (1972). Size and Bureaucracy in the Caribbean. *Journal of Comparative Administration, 4,* 205-24. https://doi.org/10.1177/009539977200400205

Rancière, J. (1995). *On the shore of politics*. Verso.

Richards, J. (1982). Politics in small, independent communities: Conflict or consensus? *Journal of Commonwealth and Comparative Politics, 20*(2),155-7. https://doi.org/10.1080/14662048208447405

Sammut, A. (2007, March 27). *And so it goes on.* Times of Malta. http://www.timesofmalta.com/articles/view/20070327/opinion/and-so-it-goes-on.22235

Sammut, C. (2009). Reassessing the Maltese media system. In J. Cutajar & G. Cassar (Eds.), *Social Transitions in Maltese Society* (pp 75-99). Agenda.

Saunders, C. (2013, March. 24). *Anti-politics in action? Do European protestors hate formal politics more or less than the general public?* [Conference session].'Party's Over?' 63rd Annual Political Studies Association Conference, City Hall, Cardiff, Wales.

Toka, G. (2006). Elections and Representation. In P. M. Heywood, E. Jones, R. Martin, & U. Sedelmeier. (Eds.), *Developments in European Politics* (pp. 117-135). Palgrave Macmillan.

Tonge, J. (2008). Revitalising Politics: *Have we lost the plot or are we obsessed with foisting our obsession on others?* A response to Hay, Stoker and Williamson: 'Revitalising politics: have we lost the plot?' Hansard Society Conference, London.

Trend, D. (1996). Democracy`s Crisis of Meaning. In Trend, D. (Ed.). *Radical Democracy: Identity, Citizenship, and the State* (pp. 7-18). Routledge.

United States Census Bureau. (2015). *Current Population Survey: Annual Social and Economic (ASEC) Supplement Survey, 2015* (ICPSR 36525) [Data set]. United States Department of Labor. https://doi.org/10.3886/ICPSR09133.v1

Vassallo, M. (1979). *From lordship to stewardship: Religion and social change in Malta*. Mouton.

Veenendaal, W. P. (2013). *Politics and Democracy in Microstates. A Comparative Analysis of the Effects of Size on Contestation and Inclusiveness.* [Doctoral dissertation, Leiden University]. Leiden University Repository. https://scholarlypublications.universiteitleiden.nl/access/item%3A2930826/view

Vella, M. G. (2018). Non-voting - disconnecting from partisan politics. *Symposia Melitensia, 14*, 405-418. https://www.um.edu.mt/library/oar//handle/123456789/30241

Virós, R. (1994). *A Qualitative Approach to Electoral Abstention*. Universitat Pompeu Fabra. [Working Paper No. 98]. Barcelona.

Warrington, E. (1992). Taking account of small scale and insularity in administrative reform strategies: The case of Malta 1988-90. In R. Baker (Ed.). *Public Administration in Small and Island States* (pp. 221-232). Kumarian Press.

Watson, T. & Tami, M. (2001, Month Date). *Make Voting Compulsory.* Fabian Society. http://www.fabiansociety.org.uk/documents/ViewADocument.asp?ID=33&CatID=52. –

Wolf, M. R. (2002). *An Attentive Public? The Response of Different Voter Groups to campaign cues in advanced industrial nations.* [Doctoral dissertation, Indiana University]. ProQuest Dissertations and Theses Global.

Worcester, R., & Mortimore, R. (2001). *Explaining labour's second landslide.* Politico's Publishing Ltd.

Younis, M., & Rzepa, A. (2019, June 20). *One in Three Worldwide Lack Confidence in NGOs*. Gallop Blog. https://news.gallup.com/opinion/gallup/258230/one-three-worldwide-lack-confidence-ngos.aspx

Author's Bio

Mary Grace Vella is a probation and social inclusion officer by profession and a resident academic at the Department of Criminology. She lectures within various other departments of the University of Malta and has taught at the Giovanni Curmi Higher Secondary School, the Institute for Health and Social Care at MCAST and the Junior College. She is an activist and founding member of *Moviment Graffitti* and other civil society organisations dealing with humanitarian, environmental, and animal rights issues. She is also a member of the Academics for Choice network.

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 35-45

https://www.um.edu.mt/ssw

Malta: Green Social Work - Working Toward Environmental Sustainability

Natalie Kenely[1]

Abstract

The climate crisis is producing whole nations and peoples who are vulnerable to the devastating effects of climate hazards - a reality in which different sectors of threat, such as water shortage impact other sectors including agriculture, health, and eco-systems. One certain phenomenon that climate change is creating is that of environmental migration. Various authors assert that the environmental degradation being created by the climate crisis we are witnessing is precipitating the deterioration of environmental, political, and economic systems that are leading to a global migrant crisis. This article discusses the role that social workers could play in developing eco-wisdom knowledge for themselves and for the communities they serve. They can foster innovation in climate adaptation and resilience for disadvantaged communities. This article explores the response that social work could provide because it recognises the interconnectedness of humans and the broader ecosystems within their physical surroundings. Contemporary social work needs to commit to include environmental justice in its practice. This would be one pivotal way of promoting inclusionary social work that meets some of the 21st century challenges.

Keywords: green social work, eco-social approach, environmental inequality, sustainability, environmental migration, climate crisis, environmental justice

[1] Faculty for Social Wellbeing, University of Malta, ORCID ID: 0000-0002-8228-2827

Introduction

"The science is clear; climate change affects us all." That is how the International Organization for Migration (IOM) introduced the 27th Conference of the Parties (COP 27) of the United Nations Framework Convention on Climate Change (UNFCC), which took place in Egypt in November 2022. It is a "threat to human wellbeing and the health of the planet" (Pörtner et al., 2022, p. 7).

This article sheds light on the vital need for environmental justice and the pivotal role of social work in shaping a more inclusive and sustainable future for all. Through an analysis of the interconnected realities of the climate crisis and environmental migration, this article uncovers innovative and holistic approaches that can help communities adapt to the profound transformations of our world.

Through this article, I wish to advocate for the need to place green social work on the agenda of social work practice and education. The role of social work in combating climate change and its ramifications is still underestimated. While in some countries social workers have already started to implement practices that safeguard the climate, much more could be done. This article also advocates for a paradigm shift in professional ethics that should embrace eco-wisdom, recognising our total dependence on our environment. It addresses the need for university education for social workers to incorporate green social work into their curriculum.

Patricia Espinosa, the Executive Secretary of the United Nations Framework Convention on Climate Change (UNFCCC), introduced her foreword to the 2019 UN Report on Climate Action and Support Trends with stern words: "Once a distant concern, climate change is now an existential threat and the greatest challenge facing this generation. It is abundantly clear that business as usual is no longer good enough" (United Nations Climate Change [UNCC] Secretariat, 2019a, p. 4). The climate crisis is producing whole nations and people who are vulnerable to the devastating effects of climate hazards - a reality in which different sectors of threat (e.g., water shortage) impact other sectors like agriculture, health, and eco-systems.

One certain phenomenon that climate change is creating is that of environmental migration. Various authors assert that the environmental degradation being created by the climate crisis we are witnessing is precipitating deteriorating "environmental, political, and economic systems that are creating a global migrant crisis" (Powers, 2018a, p. 1023). The human mobility implications of the climate crisis are profound. In 2021 alone, disasters led to 23.7 million internal displacements (Internal Displacement Monitoring Centre's Global Report, 2022), and "over 216 million people could become internal climate migrants by 2050" (p. 80).

More than ever before, discourse on the environment has been focused mainly on climate change, depletion of natural resources, and energy issues, as well as other factors such as the increase in urban population and territorial expansion. We have all followed the young climate activist Greta Thunberg's impassioned pleas in her TED talks and to world leaders: "What we do or don't do right now, me and my generation can't undo in the future" (Thunberg, 2019), appealing to us that hope is not enough and action is now needed. This video has been watched over 6.2 million times. Her speech to the UN has been viewed more than 8.6 million times on YouTube, and we are all familiar with her challenging words, "How dare you!" (Guardian News, 2019). She has been applauded, admired, ridiculed, and called names. I dare say what she has been doing and saying is creating a lot of discomfort amongst those of us who should be listening, observing, and acting, and amongst those of us who tried but then fit comfortably into the social milieu and abandoned their crusade.

The UN has described climate change as one that defines our time and one that is happening far quicker than was feared. In his remarks at the Climate Action Summit (2019b), UN Secretary General António Manual de Oliveira Guterres pointed out that "the climate emergency is a race we are losing, but it is a race we can win" (para. 2). Eleven thousand scientists from 153 countries, including Malta, united to declare a global climate emergency in 2019. They have warned that untold human suffering is unavoidable without huge shifts in the way we live.

We have seen several governmental bodies across the world make climate emergency declarations. In June of 2019, the UN Human Rights Council described an impending "climate Apartheid" (UN, 2019c, para. 9), where an even greater rift will appear between the global haves and have-nots, with many people being left without means to escape the worst effects of the climate crisis.

Climate change will have devastating consequences for people in poverty and will exacerbate inequality. More than 20 years ago, Daniel Hogan (2001), Professor and Researcher in Population Studies, already emphasised the need to understand environmental change and population dynamics in all their complexities, not only in growth rates but also through the processes of internal migration in metropolitan areas. The integration of environmental considerations into social work practices becomes imperative, aligning with the current global agenda on sustainable development and fostering a synergistic approach between social work and environmental advocacy.

Green Social Work and The Global Agenda for Social Work and Social Development

Green social work is an emerging field within social work that focuses on the intersection of social justice and environmental sustainability. It recognises the profound impact of environmental issues on social wellbeing and seeks to address these challenges through a holistic and ecocentric approach. Powers et al. (2018b) described green social work as an ecocentric perspective that "respects not only humans, but also values the natural environment in its own right within the ecosystem" (p. 63). It has become increasingly clear that "humans are in a symbiotic relationship with the environment, but the impact humans have on the ecosystem often puts the environment and humans at great risk and have created a global, ecological crisis" (Powers et al., 2018b, p. 63). Green social work advocates for environmental justice, ecological integrity, and sustainable development while promoting equitable and inclusive practices.

It is not a new specialisation of social work. Rather, it is a transversal concept that cuts across all specialisations of practice. Green social work presents a new paradigm for the management of social problems in the sense that it seeks to secure the wellbeing of people and the planet through reforming sociopolitical power structures (Dominelli, 2012). It also attempts to deal with the negative consequences brought upon the environment by the industrial society of mass consumption (Dominelli, 2012, 2018).

For instance, the production and utilisation of harmful substances result in the contamination of soil, air, and water, thereby causing insufficient or unsafe access to sustenance and clean water for all forms of life. These ecological issues additionally precipitate societal and political discord as individuals vie for access to and authority over the dwindling natural resources, often culminating in unparalleled levels of human anguish and involuntary displacement (Dominelli, 2012).

Addressing the multifaceted ecological crisis necessitates global, multidisciplinary, and community-centric responses (Schmitz et al., 2012). While the ecological crisis affects the entire ecosystem, the central focus of environmental justice endeavours remains the specific repercussions of these perils on disadvantaged and historically marginalised populations (Dominelli, 2012). This requires another shift in the core competencies of social workers that "should include co-building the sustainability of indigenous eco-societies" (Wang & Altanbulag, 2022, p. 2).

Social work, in its efforts to continually redefine itself in a dynamic world, continues more than ever to utilise and implement a person-in-environment perspective in its teaching and practice. It was Harriet Bartlett, in the 1950s, who pointed out the importance of the interaction between the person and the environment. She was among the first to articulate social work's domain as "person-in-environment" (Bartlett & Saunders, 1970, p. 162).

The focus on the person and the environment is a core defining feature of social work, and the person-in-environment approach has been a widely accepted principle of social work practice since its inception (Rothery, 2016). Green social work has taken this person-in-environment perspective to new grounds. In fact, the International Federation of Social Workers (IFSW) Climate Justice Programme has been drawn up in order for social work to redress the injustices we contribute to with our personal and professional consumption patterns. Green social work is highlighting the direct connection between human activities and the climate crisis.

"Much of the burden of unsustainable consumption patterns has fallen disproportionately on the most vulnerable people in the world, who typically have the smallest consumption patterns" (IFSW, 2019, para. 4). Green social work is reframing how we talk about social issues, the planet, and the intersection between the two. It is a branch of social work that deals with the impact of faltering environmental stability on human populations. It is essentially a broadening of the definition of environment, sociologically speaking, from referring exclusively to someone's immediate surroundings to referring to the planet that we all share. Put simply, it urges social workers to broaden the concept of "a client's life space and assist clients in expanding it to encompass the natural environment" (Norton, 2009, p. 300). Achieving the integration of ecosocial work in practice involves a multifaceted approach. Here are some key strategies that the world of social work must consider:

- **Education and Training**: Social work practitioners should receive training and education on ecosocial work principles. This includes understanding ecological systems, sustainability, and the dynamics of ecological oppression. This knowledge equips practitioners with the tools they need to address the unique challenges faced by vulnerable communities.

- **Intersectionality Awareness**: Recognise the intersectionality of social issues. Vulnerable groups often face a combination of ecological, economic, and social challenges. Social work practitioners should be trained to understand these intersections and how they impact the lives of their clients.

- **Strengths-Based Approach**: Continue to apply the strengths perspective in ecosocial work. Identify the strengths and resilience of the communities and individuals affected by ecological oppression. Building on these strengths is crucial to fostering a sustainable solution.

- **Community Engagement**: Involve the affected communities in the design and implementation of interventions. Social work practitioners should work closely with community members to understand their specific needs and aspirations. Empower these communities to be part of the solutions.

- **Advocacy**: Social workers can advocate for policies and practices that support ecological justice. This may involve working with local and national governments to ensure that vulnerable groups are considered in disaster preparedness and response plans.

- **Environmental Justice**: Promote the concept of environmental justice within the practice of ecosocial work. Ensure that the distribution of environmental benefits and burdens is equitable, and work to rectify environmental injustices.

- **Collaboration**: Collaborate with experts in various fields, such as environmental scientists, urban planners, and community organisers. This interdisciplinary approach can lead to more comprehensive and effective solutions.

- **Resilience-Building**: Help vulnerable communities develop resilience to ecological challenges. This includes providing resources, skills, and knowledge to adapt to and mitigate the impacts of ecological oppression.

- **Cultural Competence**: Understand the cultural contexts of the communities being served. Cultural competence is crucial for effective engagement and intervention, as it ensures that solutions are culturally sensitive and relevant.

- **Holistic Assessment:** Take a holistic approach to assessment, recognising that ecological oppression and catastrophes affect various aspects of individuals' and communities' lives. Assess not only immediate needs but also long-term wellbeing and sustainability.

Incorporating ecosocial work into practice can be complex, but it is essential, especially when working with vulnerable populations impacted by ecological crises. There are already some initiatives we can learn from. In Croatia, social workers helped people save water in times of shortage. In Malta, community social workers collaborate with the national Water Services Corporation on a campaign called Water: Be the Change, aimed at teaching people how to save water. During the 2019 Coronavirus disease (COVID-19) pandemic, social workers recognised that the slogans, Stay Home, Stay Safe and Wash Your Hands bore an implicit privilege, assuming that individuals possessed homes and had access to clean water (Dominelli, 2021). International social workers adopted new roles (Banks et al., 2020b), such as in the Global South, where many became involved with community health protocols, including hygiene and distributing personal protective equipment (Banks et al., 2020a, 2020b).

Through our interactions with social workers from across Europe, we are hearing of stories where green social work is becoming more and more part of social workers’ methods, including care farms, common gardens, green mental health, and projects to make neighbourhoods greener. Dominelli (2016), in fact, regarded social work as an important actor for building capacities in communities as well as in working with families, groups, and individuals to achieve social and environmental justice.

The three major international social work organisations, namely the International Association of Schools of Social Work, the International Council on Social Welfare, and the International Federation of Social Workers have established a Global Agenda for Social Work and Social Development (2018). One of the key pillars of this agenda is the promotion of Community and Environmental Sustainability. Throughout the history of social work theory and practice, the significance of community has remained central. Social work has consistently focused on the individuals' welfare and wellbeing within their communities, as well as the social contexts that shape their lives. The changing environmental and societal context necessitates not just the advancement of theoretical knowledge but also the integration of environmental concerns into the education of social workers (Närhi & Matthies, 2018). In recognising the interconnectedness of humans and their ecosystems, it becomes apparent that equipping social workers with a holistic understanding of the dynamic relationships between individuals and their environments is essential for addressing the multifaceted challenges posed by the evolving landscape.

Humans and their Ecosystems - Ensuring Environmental Sustainability

Environmental sustainability has many definitions but has broadly been defined as the "capacity of the environment to endure human manipulation" (Norton, 2011, p. 304). At the core of environmental sustainability lies the crucial connection between humans and the natural world, emphasising the need for a relationship based on interconnectedness and mutual dependence. Helne and Hirvilammi (2015) asserted that "in order to be sustainable, the pursuit of wellbeing and the struggle to meet the needs of mankind should be grounded in a balanced and responsible human-nature relationship" (p. 170).

This relationship is not only vital for human survival but also essential for the planet's wellbeing. Disconnected from the environment, humans become less concerned about engaging in activities that contribute to the destabilisation of the climate. This disconnection also fosters conditions that support conflict and undermine their ability to meet collective needs such as access to water, food, land, safety, and security (Fry, 2011).

Environmental sustainability encompasses the preservation of biodiversity, which is crucial for human survival, social sustainability, and achieving social and environmental justice. Schmitz et al. (2011) asserted that when social workers engage with the field of environmental sustainability, they possess the necessary training and skills to effectively collaborate with interdisciplinary teams, bringing together different perspectives and facilitating collective efforts towards sustainable solutions. As a result, social workers are best placed to promote environmental justice due to their expertise in collaboration, networking, advocacy, community development, and capacity building.

Their skills and knowledge enable them to work effectively with individuals, communities, and organisations to address environmental injustices, advocate for equitable distribution of environmental resources, and empower marginalised groups to participate in decision-making processes related to environmental issues. By leveraging their unique skill set, social workers can contribute to creating a more just and sustainable society (Schmitz et al., 2011, p. 301). They are prepared and experienced in "integrating theoretical perspectives, such as ecosystem theory, strengths perspective, intersectionality perspective, and green development, to promote the innovation and application of the social work practice approaches of harmonious coexistence with nature" (Wang & Altanbulag, 2022, p. 1).

Social work is being called upon to, more than ever, promote environmental justice, which entails the fair distribution of environmental benefits and burdens across different populations. Social work must acknowledge that marginalised communities often bear the brunt of environmental degradation and climate change impacts. Recognising the interconnectedness between social and environmental issues, social workers are called to address environmental injustices and advocate for equitable access to resources, clean environments, and opportunities for all.

This includes collaborating with communities affected by environmental injustice to empower them in decision-making processes, supporting community-led initiatives, strengthening their voices in policy discussions, and helping them advocate for their environmental rights. Social workers could be involved in educating communities about the environmental issues they face, including the potential health impacts, and providing resources for informed decision-making. This may involve teaching sustainable practices and the importance of protecting the environment.

Social workers can become advocates for policy change at the local, regional, and national levels. They are called upon to work towards changing policies and regulations that perpetuate environmental injustices and promote more equitable and environmentally sustainable solutions.

Social workers must engage in research and data analysis to document environmental disparities and their impact on vulnerable communities. This research could be used to raise awareness, support advocacy efforts, and inform evidence-based interventions.

Social workers already adopt an intersectionality perspective in their work. Green social work calls upon them to recognise how various forms of oppression (e.g., racial, economic, and environmental) intersect and compound the challenges faced by marginalised communities. This helps tailor interventions to address these complex issues.

As mentioned earlier, social workers are already being called upon to respond to environmental crises such as natural disasters, global health crises, or resource scarcity in ways that prioritise vulnerable communities. This sees them supporting the recovery of whole communities and resilience building. Green social work should push social workers to request to participate in environmental impact assessments to ensure that the potential consequences of development projects are thoroughly considered, particularly regarding their impact on marginalised populations. They should also be used to enter homes and teach communities about sustainable living practices, which could include energy efficiency, waste reduction, sustainable agriculture, and responsible resource use.

One major way in which social workers could contribute to environmental justice is through collaboration with environmental organisations, governmental agencies, and other stakeholders. Social workers can serve as intermediaries to ensure that the concerns and needs of marginalised communities are heard and addressed. Furthermore, in cases of severe environmental injustice, social workers can collaborate with legal experts to pursue legal action on behalf of affected communities or individuals.

Social Work and Climate-Induced Displacement: Addressing the Challenges and Building Resilient Communities

One of the most profound consequences of climate change is the displacement of people from their homes and communities due to the adverse effects of climate-related events. Climate-induced displacement, also known as environmental migration, refers to the forced movement of individuals and communities due to environmental degradation, natural disasters, or other climate-related factors, such as sea-level rise, extreme weather events, desertification, and resource scarcity (Baldwin et al, 2014; Beniston, 2004; Internal Displacement Monitoring Centre, 2018).

The concept of environmental migration is controversial, largely because of the difficulty in measuring the extent to which environmental factors compel people to move (Bronen, 2012). As Powers et al. (2018a) stressed, “environmental migration occurs at the nexus of complex and interwoven concerns: the global climate crisis, and the global migrant crisis” (p. 1025).

The factors that contribute to migration are complex and encompass a range of influences that both “push” and “pull” individuals to leave their homes (Warner et al., 2010, p. 690). These factors include economic, social, political, and environmental aspects and they are often interconnected. This means that people's decision to migrate is not solely driven by a single factor but rather by a combination of various factors that interact and shape their circumstances. Economic factors, such as lack of job opportunities or economic instability, can push individuals to seek better prospects elsewhere. Social factors, such as conflicts or discrimination, can also contribute to the decision to leave. Political factors, such as oppression or a lack of political freedoms, may create a push factor for migration. Additionally, environmental factors, such as natural disasters, climate change, or environmental degradation, can play a significant role in displacing people from their homes. It is important to recognise the interplay between these different factors and their impact on migration patterns, as it helps us understand the complex dynamics that lead individuals and communities to leave their place of origin in search of better lives or safer environment (Warner et al., 2010).

Social work’s involvement in shaping the discussion on and response to the growing issue of environmentally induced displacement is critical (Besthorn & Meyer, 2010). Social workers must have a comprehensive understanding of the complex factors driving displacement, including the interplay between environmental, social, and economic dimensions. With their expertise in micro, meso, and macro systems, social workers possess the ability to analyse intricate matters concerning the relationship between humans and their environment.

Climate-induced displacement disproportionately affects vulnerable populations, including low-income communities, indigenous peoples, and marginalised groups. Estimates of the number of environmental migrants vary widely, with the most generally accepted estimate of 200 million (McAuliffe & Ruhs, 2018). As defined by McAuliffe and Ruhs (2018) in the 2018 IOM World Migration Report, environmental migrants are those displaced and/or migrating because of natural and human-made disaster events, as well as ongoing, deteriorating environments that create conditions that are not sustainable for life.

According to the Internal Displacement Monitoring Centre (2019), an estimated 17.2 million people were displaced by climate-related disasters in 2018 alone. These numbers are expected to increase as the impacts of climate change continue to intensify. Displacement due to climate change can take many forms, including coastal erosion and sea-level rise, increased frequency and severity of storms and floods, droughts and desertification, loss of biodiversity, and agricultural productivity (Brown, 2008).

Displacement due to climate change is often linked to social and economic factors, including poverty, inequality, and conflict. Displaced persons often face significant challenges, including loss of livelihoods, food insecurity, and limited access to basic services such as healthcare and education. Displacement due to climate change can have profound psychological impacts on individuals and communities.

Social workers play a vital role in providing trauma-informed care, psychosocial support, and mental health services to help individuals cope with the stressors and uncertainties associated with forced migration and displacement. Social work principles, such as the promotion of human rights, social justice, and the dignity and worth of individuals and communities, align with the needs and rights of displaced populations. Social work acknowledges the intersectional nature of displacement, considering the intersecting identities and social inequalities that influence individuals' experiences. This includes considering gender, age, ethnicity, and socioeconomic status in providing support and advocating for policy changes. Social workers can therefore apply their expertise to address the psychosocial, economic, and environmental dimensions of displacement.

While international human rights law provides protection for individuals who migrate due to environmental reasons, the practical implementation of these rights can often be challenging, both during the process of migration and in the new location. Individuals who are displaced within their own country because of natural or human-made disasters are covered by the provisions outlined in the Guiding Principles on Internal Displacement (IOM, 2015). Additionally, McAuliffe and Ruhs (2018) in the 2018 IOM World Migration Report officially recognised environmental migrants as:

> Persons or groups of persons who, for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are obliged to have to leave their habitual homes, or choose to do so, either temporarily or permanently, and who move either within their territory or abroad. (para. 1)

This definition acknowledges that environmental migrants are forced to leave or make a voluntary decision to migrate due to deteriorating environmental conditions and extreme environmental events. Such migration may occur for varying durations, including brief, prolonged, or permanent periods of time (IOM, 2015).

Environmental migrants encompass a diverse range of individuals, where some may be eligible for legal refugee status based on criteria related to other forms of displacement. However, existing international policies do not explicitly recognise climate change and environmental hazards as grounds for refugee status, and the term environmental refugee does not hold legal standing or status (United Nations High Commissioner for Refugees, 2016). The differential recognition and provision of aids and resources to migrants based on their specific hardships, with environmental hardships often being excluded, adds to the complexity of the issue.

The communities that receive displaced individuals also experience significant effects. In countries that host migrants, many of whom face trauma, vulnerability, exploitation, and immense challenges as they try to cope with legal, economic, social, cultural, and personal difficulties for which they are ill-equipped, lack sufficient financial resources, and adequate social support (Ross-Sheriff, 2011).

Social work is a profession that operates at the nexus of various systems and disciplines, making it well-placed to address the issue of environmental migration within the broader context of the complex migrant crisis. Social workers play crucial roles in supporting environmental migrants throughout their journeys, addressing challenges at various stages. This includes engaging in efforts to mitigate the underlying climate change issues that contribute to displacement, facilitating the rebuilding and reestablishment of individuals in their original homes, assisting with the resettlement process and the establishment of new lives, and advocating for policy and legal changes to incorporate environmental refugees. In addressing the needs of environmental migrants, social workers collaborate not only with professionals in the social and natural sciences but also with communities worldwide to contribute to the achievement of the UN Sustainable Development Goals (IFSW, 2017).

Promoting resilience among climate-displaced populations is essential for long-term wellbeing and adaptation. Social workers can contribute to building individual and community resilience by facilitating access to social support networks, fostering community cohesion, and assisting in the development of adaptive strategies and livelihood opportunities. Social workers have a crucial role in advocating for the rights of these populations, ensuring their access to essential services, and addressing the intersecting social inequalities that exacerbate their vulnerability to displacement. “Professionals are challenged to create transdisciplinary, community-based response systems which are holistic, multi-pronged, and inclusive of migrants’ voices and strengths” (Powers et al., 2018a).

Addressing climate-induced displacement requires a comprehensive and collaborative response from various stakeholders, with social work playing a crucial role. By understanding the complexities of climate-induced displacement, advocating for the rights and wellbeing of displaced populations, and implementing effective interventions, social workers can contribute to building resilient communities. It is imperative to prioritise ethical considerations, engage in ongoing learning and collaboration, and work towards sustainable and inclusive solutions that promote the dignity and rights of all individuals affected by climate-induced displacement.

Conclusion

In the context of working towards environmental sustainability, green social work recognises that vulnerable and marginalised populations are disproportionately affected by environmental degradation and climate change (Drolet, 2014). It aims to address these inequalities by advocating for the fair distribution of environmental resources, access to clean air and water, and protection of human rights in relation to the environment. It encourages social workers to incorporate ecological perspectives and sustainability principles into their practice. This involves promoting sustainable lifestyles, advocating for environmentally friendly policies and practices, and supporting community-driven initiatives for environmental conservation and resilience.

Green social work acknowledges the urgent need to mitigate the impacts of climate change and adapt to its effects. It involves supporting initiatives that reduce greenhouse gas emissions, promoting renewable energy sources, and assisting communities in building resilience to climate-related disasters (Dominelli, 2013). Green social work promotes sustainable development that meets the needs of the present without compromising the opportunity of future generations to meet their own needs. It encourages social workers to engage in sustainable community development practices, such as promoting local economies, sustainable agriculture, and ecofriendly infrastructure.

Green social work recognises the importance of systemic change and policy advocacy to address environmental issues effectively. It involves engaging in policy debates, influencing decision-making processes, and advocating for environmentally conscious policies and legislation at local, national, and international levels (Norwegian Refugee Council, 2011). It emphasises the role of education and awareness in promoting environmental sustainability. It involves educating individuals, communities, and organisations about the interconnectedness of social and environmental issues, raising awareness about environmental challenges, and empowering individuals to take sustainable actions.

By incorporating these principles and practices, green social work seeks to foster a more sustainable and equitable society that respects the environment, promotes social justice, and ensures the wellbeing of present and future generations. It is paramount that social work continues to build capacity “in community development, advocacy, and anti-oppressive social protection initiatives, rather than clinically individualised social work interventions, in order to create interventions that bridge the needs of affected populations and policy development” (Drolet, 2014).

References

Baldwin, A., Methmann, C., & Rothe, D. (2014). Securitizing ‘climate refugees’: the futurology of climateinduced migration. Critical Studies on Security, 2(2), 121-130. https://doi.org/10.1080/21624887.2014.943570

Banks, S., Cai, T., De Jonge, E., Shears, J., Shum, M., Sobocan, A. M., Strom, K., Truell, R., Uriz, M. J., & Weinberg, M. (2020a). Practising ethically during COVID-19: Social work challenges and responses. *International Social Work 63*(5), 569-83. https://doi.org/10.1177/0020872820949614

Banks, S., Cai, T., De Jonge, E., Shears, J., Shum, M., Sobocan, A. M., Strom, K., Truell, R., Uriz, M. J., & Weinberg, M. (2020b). Ethical Challenges for Social Workers during COVID-19: A Global Perspective. The International Federation of Social Workers.

Bartlett, H., & Saunders, B. (1970). *The common base of social work practice.* National Association of Social Workers.

Beniston, M. (2004). Issues Relating to Environmental Change and Population Migrations. A Climatologist’s Perspective. In J. D. Unruh, M. S. Krol, & N. Kliot (Eds.), *Environmental Change and its Implications for Population Migration.* Kluwer Academic Publishers .

Besthorn, F. H., & Meyer, E.E. (2010) Displaced Persons: Broadening Social Work’s Helping Imperative. *Critical Social Work, 11*(3). https://ojs.uwindsor.ca/index.php/csw/article/view/5836/4802

Bronen, R. (2012). *Climate-Induced Community Relocations: Creating an Adaptive Governance Framework Based in Human Rights* (UMI Number: 3537834) [Doctoral Dissertation, University of Alaska Fairbanks]. ProQuest and Dissertations Publishing. https://www.proquest.com/dissertations-theses/climate-induced-community-relocations-creating/docview/1324034838/se-2?accountid=27934

Brown, O. (2008). *Migration and climate change.* United Nations. https://doi.org/10.18356/26de4416-en

Dominelli, L. (2012). *Green social work: From environmental crises to environmental justice.* Polity.

Dominelli, L. (2013). Social work education for disaster relief. In M. Grey & J, Coates (Eds.), *Environmental Social Work* (p. 214). Routledge. https://doi.org/10.4324/9780203095300

Dominelli, L. (2018). *The Routledge handbook of green social work*. Taylor and Francis.

Dominelli, L. (2021). A green social work perspective on social work during the time of COVID-19. *International Journal of Social Welfare 30*(1), 7–16. https://doi.org/10.1111/ijsw.12469

Drolet, J. (2012). Social work and environmentally induced displacement: A commentary. *Refuge, 29*, 55. https://refuge.journals.yorku.ca/index.php/refuge/article/view/38191/34570

Drolet, J. L., & Sampson, T. (2017). Addressing climate change from a social development approach: Small cities and rural communities’ adaptation and response to climate change in British Columbia, Canada. *International Social Work, 60*(1), 61-73. https://doi.org/10.1177/0020872814539984

Fry, T. (2011). Design as politics. Berg. Guardian News (2019, September 23). *Greta Thunberg to world leaders: 'How dare you? You have stolen my dreams and my childhood'* YouTube. https://www.youtube.com/watch?v=TMrtLsQbok

Helne, T., & Hirvilammi, T. (2015). Wellbeing and Sustainability: A Relational Approach. *Sustainable Development, 23*(3), 167–175. https://doi.org/10.1002/sd.1581

Hogan, D. J. (2001). Demographic dynamics and environmental change in Brazil. *Ambiente & Sociedade, 9,* 43-73. https://doi.org/10.1590/S1414-753X2001000900004

Human Rights Council. (2019). *Climate change and poverty – Report of the Special Rapporteur on Extreme Poverty and Human Rights*. Office of the United Nations High Commissioner for Human Rights. https://www.ohchr.org › HRC › Session41 › Documents › A_HRC_41_39

Internal Displacement Monitoring Centre (2018). *Unsettlement: Urban displacement in the 21st century: Research Agenda and Call for Partners*. IDMC. https://www.internal-displacement.org/publications/unsettlement-urbandisplacement-in-the-21st-century

Internal Displacement Monitoring Centre. (2022). *Global Report on Internal Displacement*. IDMC. https://www.internal-displacement.org/sites/default/files/publications/documents/IDMC_GRID_2022_LR.pdf

Internal Displacement Monitoring Centre. (2019). *Global report on internal displacement 2019.* IDMC. https://www.internal-displacement.org/publications/2019-global-report-on-internal-displacement

International Federation of Social Workers. (2017). *High level political forum 2017, United Nations, New York Workshop to promote Social Workers Role for reaching the Sustainable Development Goals (SDGs)*. IFSW. http://ifsw.org/news/high-level-political-forum-2017-united-nations-new-york-workshop-to-promote-social-workers-role-for-reaching-the-sustainable-development-goals-sdgs/

International Federation of Social Workers., International Council on Social Welfare., & International Federation of Social Workers. (2018). *Global Agenda for Social Work and Social Development: Third Report.* IFSW. https://www.iassw-aiets.org/wp-content/uploads/2018/07/Global-Agenda-3rd-Report-PDF.pdf

International Federation of Social Workers. (2019). *The IFSW Climate Justice Program.* IFSW. https://www.ifsw.org/social-work-action/climate-justice-program/

International Organization for Migration. (2015). *IOM outlook on migration, environment and climate change.* International Organisation for Migration. https://doi.org/10.18356/14b2ac9d-en

McAuliffe, M., & Ruhs, M. (2018). World migration report 2018. *International Organization for Migration*, 1-32. https://publications.iom.int/books/world-migration-report-2018

Närhi, K., & Matthies A. L. (2018). The ecosocial approach in social work as a framework for structural social work. *International Social Work, 61(*4), 490-502. https://doi.org/10.1177/0020872816644663

Norton, C. L. (2009). Ecopsychology and social work: Creating an interdisciplinary framework for redefining person-in-environment. *Ecopsychology, 1*(3), 138-145. https://doi.org/10.1089/eco.2009.0046

Norton, C. L. (2012). Social work and the environment: An ecosocial approach. International *Journal of Social Welfare, 21*(3), 299-308. https://doi.org/10.1111/j.1468-2397.2011.00853.x

Norwegian Refugee Council. (2011). *The Nansen Conference: Climate Change and Displacement in the 21st Century.* Norwegian Refugee Council. https://www.nrc.no/resources/reports/the-nansen-conference---climate-change-and displacement-in-the-21st-century/

Pörtner, H. O., Roberts, D. C., Tignor, M. M. B., Poloczanska, E., Mintenbeck, K., Alegría, A., Craig, M., Langsdorf, S., Löschke, S, Möller, V., Okem, A., & Rama, B. (Eds.). (2022). *Climate Change 2022: Impacts, Adaptation and Vulnerability.* Cambridge University Press. https://doi.org/10.1017/9781009325844

Powers, M. C., Schmitz, C. A., Nsonwu, C. Z., & Mathew, M. T. (2018a). Environmental migration: Social work at the nexus of climate change and global migration. *Advances in Social Work, 18(*3), 1023-1040. https://doi.org/10.18060/21678

Powers, M. C. F., Willett, J., Mathias, J. & Hayward, A. (2018b). Green Social Work for Environmental Justice: Implications for International Social Workers. In L. Dominelli (Ed.), *The Routledge Handbook of Green Social Work*. Routledge. https://www.routledge.com/The-Routledge-Handbook-of-Green-Social-Work/Dominelli/p/book/9781315183213

Ross-Sheriff, F. (2011). Global migration and gender. *Affilia, 26*(3), 233-238. https://doi.org/10.1177/0886109911417692

Rothery, M. (2016). Critical ecological systems theory. In N. Coady & P. Lehman (Eds.), *Theoretical perspectives of direct social work practice: A generalist-eclectic approach* (3rd ed.). Springer Publishing Company.

Schmitz, C. L., Matyók, T., Sloan, L. M., & James, C. (2012). The relationship between social work and environmental sustainability: Implications for interdisciplinary practice. *International Journal of Social Welfare, 21*(3), 278-286. https://doi.org/10.1111/j.1468-2397.2011.00855.x

Thunberg, G. (2018, November). *The disarming case to act right now on climate change*. TED. https://www.ted.com/talks/grethttps:/unfccc.int/sites/default/files/resource/Climate_Action_Support_Trends_2019.pdfa_thunberg_the_disarming_case_to_act_right_now_on_climate_change?language=en

United Nations. (2019a). *Climate Action and Support Trends*. United Nations Climate Change. https://unfccc.int/sites/default/files/resource/Climate_Action_Support_Trends_2019.pdf

United Nations. (2019b). *Remarks at 2019 Climate Action Summit.* United Nations: Secretary-General. https://www.un.org/sg/en/content/sg/speeches/2019-09-23/remarks-2019-climate-action-summit

United Nations. (2019c, June 25). *UN expert condemns failure to address impact of climate change on poverty.* https://www.ohchr.org/en/press-releases/2019/06/un-expert-condemns-failure-address-impact-climate-change-poverty#:~:text=%E2%80%9CWe%20risk%20a%20'climate%20apartheid,water%20will%20be%20dramatically%20affected.

United Nations High Commissioner for Refugees. (2016, November 6). *Frequently asked questions on climate change and disaster displacement.* UNHCR. http://www.unhcr.org/en-us/news/latest/2016/11/581f52dc4/frequently-asked-questions-climate-change-disaster-displacement.html

Wang, P., & Altanbulag, A. (2022). A concern for eco-social sustainability: Background, concept, values, and perspectives of eco-social work. *Cogent Social Sciences, 8*(1), 2093035. https://doi.org/10.1080/23311886.2022.2093035

Warner, K., Hamza, M., Oliver-Smith, A., Renaud, F., & Julca, A. (2010). Climate change, environmental degradation and migration. *Natural Hazards,* 55, 689-715. https://doi.org/10.1007/s11069-009-9419-7

Author’s Bio

Natalie Kenely (Ph.D., (Melit), B.A. (Hons) (Melit), B.A. (Gen) (Melit), Dip SW) is a senior lecturer in social work at the University of Malta. Natalie’s lecturing centres around social work leadership and management and advanced research methods. She coordinates student field placements. Her research focuses on leadership in social work, reflective practice, resilience, and wellbeing. Natalie served as Head of the Department of Social Policy and Social Work. She chaired the Faculty for Social Wellbeing Research Ethics Committee and served on the University Research Ethics Committee for several years. She holds a Social Work warrant and is a member of the Maltese Association of Social Workers.

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 46-57

https://www.um.edu.mt/ssw

Mental Wellbeing in Malta during the Pandemic Aftermath: A Call-to-Action

Paulann Grech[1], Alexei Sammut[2], Andrew Azzopardi[3]

Abstract

During the 2019 Coronavirus disease (COVID-19) pandemic, mental health challenges constituted a parallel peak to physical health difficulties. Local research conducted during COVID-19 identified mental wellbeing implications that merited consideration. Currently, the population is progressing to a new normality. Whilst the encouragement to adapt is commended, the mental wellbeing nuances experienced during COVID-19 pandemic and in the face of an altered reality following the pandemic, need to be addressed. This paper will navigate around some of the needed changes in the local context. This literature review utilised the University of Malta library resources and main online media portals to access literature involving the local context that is Malta, focusing on a specific mental wellbeing area rather than on generic mental health, and published between 2020 and 2022. Eligible publications yield it for four areas, namely loneliness, anger, social media access, and mental health at the workplace. These were explored with international literature to elicit further recommendations. The analysis yielded recommendations on environmental and architectural considerations, awareness and access to mental-health services, changes at the workplace, and consideration of identity markers to ensure accessibility to our social welfare systems to all.

Keywords: COVID-19 pandemic, wellbeing, mental health, challenges, physical health

[1]Faculty of Health Sciences at the University of Malta. ORCID ID: 0000-0001-5485-0893

[2]Faculty of Health Sciences at the University of Malta. ORCID ID: 0000-0002-0255-7780

[3]Faculty for Social Wellbeing at the University of Malta. ORCID ID: 0000 0002 5294 9803

The authors contributed equally to this article.

*Corresponding author:

Paulann Grech: Faculty of Health Sciences, University of Malta

Email: paulann.grech@um.edu.mt

Introduction

During the 2019 Coronavirus disease (COVID-19) pandemic, the sudden increase in demand for mental health support was instantly noted. This was evidenced in what therapists, social operators, and educators were claiming throughout the pandemic and reflected in the social media talk that was resonating with these growing concerns. To this extent, as reported by the World Health Organisation (WHO) in an assessment involving 130 countries, 93% of countries worldwide reported a disruption in mental health services. This provided the first proof of the pandemic's effects on mental health and the burden it consequently placed on social welfare and the health support systems. It also amplified the critical need for increased funding to support empirical research that would result in policy action and guidance (WHO, 2020).

Prior to the pandemic, many countries were not managing to reach the set national mental health standards, and less than 2% of their national health expenditures were being allocated to mental health (WHO, 2020). During COVID-1, this situation deteriorated further, with bereavement, isolation, financial losses, and fear all serving as catalysts for mental health conditions or exacerbating pre-existing ones. A thorough analysis of the pandemic's existing effects on mental health was published in a research brief in March 2022 (WHO, 2022).

This report showed that the pandemic resulted in a worldwide increase in mental health problems. If infected, those with a history of mental illness were at an increased risk of dying from physical causes triggered by the virus and were also more likely to suffer from severe COVID-19 symptoms. According to the reported data, most countries did not see a rise in suicide rates at the beginning of the pandemic. However, there were indications that young individuals were at increased risk. The longer-term COVID-19 consequences and related economic crises on mental wellbeing and suicide rates remain a worry, given the well-established link between suicidal behaviours and financial troubles (Mathieu et al., 2022). Studies also revealed that the pandemic significantly disrupted outpatient mental health care and widened the treatment gap for mental illness (Grech et al., 2022).

The Maltese Islands were affected by the pandemic's early phases similarly to other countries. Research conducted locally during the acute phases revealed alterations in mental wellbeing that warranted attention. while Briguglio et al. (2021) noted a reduction in pleasure and life satisfaction. A wide range of emotions and psychological attitudes related to the pandemic emerged from a local document analysis conducted between March and June 2020, amply demonstrating the country's ongoing mental health turmoil (Grech & Grech, 2020). Additionally, mental health services noted greater demand for help at certain times during the pandemic (Scerri et al., 2021).

The Aftermath of the Pandemic in Malta

In the aftermath of the pandemic, there has been a national emphasis by various governance bodies on the resumption of everyday life. The easing of the restrictions was a significant turning point in the reuptake of normality since the masks and social distancing had served as constant and vivid reminders of the lurking virus. While the effort to view COVID-19 as an event of the past is commendable, it is evident that the nation is going through a multi-sectorial recovery journey, especially in terms of wellbeing and economic aspects.

As the focus on physical health and economic stability has understandably occupied the main priority, it can be argued that the nation’s post-pandemic mental health status is subtly, but surely shifting to the back burner position. Concerningly, this de-prioritisation is inversely related to concerns that are being voiced regarding the state of the population’s mental health.

This paper shall localise four mental wellbeing areas identified through a review of local publications over the past three years. These areas merit consideration and action in terms of their potential consequences on the nation’s post-pandemic mental wellbeing. The literature search commenced by selecting keywords that could lead to relevant local publications. Key terms were then constructed utilising synonyms, acronyms, spelling variations, outdated and modern language, as well as lay and medical vocabulary. To search for relevant papers, the University of Malta library's resources were used to access the HyDi portal. Filters and limiters were employed to restrict the results to those particularly relevant to the topic. To locate additional relevant papers, the bibliographies and reference lists of pertinent articles were examined. The same search strategy was used to conduct an additional search on the leading main online media portals to locate articles on the topic. The resulting publications were then screened using the inclusion criteria in Table 1.

Table 1

Inclusion Criteria

1. Involving the local context i.e., Malta
2. Focusing on a specific mental wellbeing area rather than on generic mental health
3. Published between 2020 and 2022

Eligible publications were then screened and categorised according to their primary focus. This led to the emergence of the four areas that shall be presented. These areas, namely loneliness, anger, social media access, and mental health at the workplace, shall be explored against a backdrop of international literature to shed further light on the depth and complexity of their effect on wellbeing. Following this analysis, recommendations outlining a call to action in this sector shall be postulated.

Loneliness

As a result of the social contact restrictions during the pandemic, loneliness levels were at an unprecedented high in Malta and overseas(Azzopardi et al., 2021). In order to measure local loneliness during COVID-19 (frequency and severity) among a sample of Maltese people (n = 906) and to examine any connections between loneliness and sociodemographic factors, Azzopardi et al. (2021) employed a quantitative online survey. The data demonstrated a relationship between age group, country, and occupational group and the incidence of self-reported loneliness. Younger participants and non-Maltese residents of Malta both reported experiencing loneliness more often. The frequency and severity of loneliness were substantially correlated with occupation type, with individuals in entry-level jobs or those without jobs reporting higher rates of loneliness as well as a greater likelihood of being severely lonely. In comparison to results from Clark et al. (2021) survey, in the year prior to the pandemic, rates of loneliness intensity were much higher throughout the sample. However, it has to be noted that loneliness levels in Malta before the pandemic had already been of concern, with research results showing that 43.5% of the Maltese population felt lonely (Clark et al., 2021). In this view, the COVID-19 exacerbated a situation which had already been disquieting (Azzopardi & Grech, 2012).

Zammit (2022) postulated that in countries like Malta, where the perception is that there is less poverty and hunger, citizens tend to live faster lives, have less social connection, spend less leisure time, and spend less time in open spaces. Furthermore, focus on work and financial prosperity leads to fewer children, smaller families, and fewer moments spent with loved ones. These factors can be conducive to loneliness.

The link between loneliness and poor mental and physical health has been well-established in the literature. Various mental health and cognitive conditions, including depression, alcohol abuse, child maltreatment, sleep problems, personality disorders, hypertension, and Alzheimer's disease, may be caused or exacerbated by loneliness (Mushtaq et al., 2014). Additionally, loneliness contributes to several physical conditions like diabetes and cardiovascular conditions (e.g., coronary heart disease and hypertension), as well as to impaired functional ability (Hawkley, 2022).

O’Sullivan et al. (2021) explored the prevalence of loneliness during the COVID-19 and concluded increased levels of loneliness. Their cross-sectional survey with 20,398 participants from 101 countries concluded that the prevalence of severe loneliness was 21% during the pandemic, with 6% of the participants retrospectively declaring that they had experienced severe loneliness even before the pandemic (O’Sullivan et al., 2021).

Many existing studies on this topic are constrained by measurement difficulties, such as the use of solitary scales or items, single-country limitations, and small sample numbers (O’Sullivan et al., 2021). In this view, further national and transnational research on the prevalence of loneliness in the post-COVID-19 period, using validated loneliness and social isolation measures, is merited.

Anger

Gallup (2021) informed that one in four people in Malta reported feelings of anger the day before they completed the survey. Given these findings, local mental health and wellbeing experts have engaged in an exploration of this phenomenon in order to establish causality. A media article by Zammit (2022), postulated that in Malta, environmental factors may act as anger triggers. This refers to excessive noise, overpopulation, multiple construction projects, traffic condensation, limited space in public places, and a lack of hygiene due to rubbish strewn all over the Maltese Islands.

They also described that, following childhood, an individual’s mental stability becomes more dependent on their environmen. Thus, if there is the inherent belief that the ecology is unpleasant and unappealing and that society itself lacks structure and values, it increases the incidence of anger. In non-threatening situations, it would be a person's frontal lobe which is activated to solve problems and make rational decisions. However, in threatening situations, the amygdala reacts and gears the individual for fight or flight. Since local triggers are constant and present throughout the person's daily life, the person remains permanently in a hyper-alert mode. Thus, the amygdala is in overdrive, leading to reactions like anger (Zammit, 2022).

Zammit (2022) noteworthily concluded that the experts' explanations highlight that many individuals seem to be living a life in which a lion is constantly chasing after them. In this view, lifestyle may be an additional anger culprit since there seems to be a local widespread, quasi-obsessional desire for self-appeal through social media (the pressuring need to constantly use personal attractiveness to influence or appeal to others, such as through witty comments or use of physical appearance), a higher income, and a constant strive for attaining higher general achievement than others. These traits seem to set the local markers for success and accomplishment and can often take out the fun from activities which would otherwise be conducive to mental wellbeing (Zammit, 2022).

The consequences of experiencing persistent anger on mental wellbeing have been well explored in the literature (Martin, 2020; Staicu & Cutov, 2010; Suh et al., 2021). One such study explored the link between anger and psychological health among working people in Uttarakhand, India (Dhasmana et al., 2018). According to this research, there is a negative correlation between unrestrained rage and psychological health. Anger increases the likelihood of physical problems, depression, and anxiety. Serious issues at work and in personal relationships may also arise as a result of persistent anger.

The repercussions of persistent anger also extend to physical health. Numerous bodily systems, including the cardiovascular, immunological, digestive, and central neurological, may be impacted if anger is not resolved. This may result in delayed wound healing and a potential rise in the risk of malignancies, as well as higher risks of hypertension, stroke, heart disease, stomach ulcers, and bowel illnesses (American Psychological Association, 2022).

Dyslin (2022) highlighted higher levels of frustration and agitation during COVID-19 and its aftermath, leading to the conception of the term "pandemic anger" or "panger" (para. 4). In a qualitative study to explore this concept, Kubacka et al. (2023) described as an emotional response to feelings of rage, frustration, and helplessness brought on by the conviction that fundamental social and personal rules and boundaries have been violated during a pandemic. In most cases, this seems to be directly related to the stress induced by the situation itself and its consequences, such as lockdowns, curfews, and other restrictions on individual freedom (Braun-Lewensohn et al., 2021). Notably, those who reported having greater hopes, a more resilient community, and more trust also reported having fewer mental health symptoms and less anger (Fancourt et al., 2020; Marinthe et al., 2020; South et al., 2020).

Leyba (2020) raised awareness about the possibility of displacement anger, which may describe post-COVID 19 persistent levels of anger and frustration. This refers to a subconscious defence mechanism which involves the transfer of unresolved anger induced during the COVID-19 (the original source) to another person or situation. In this view, and upon considering the other local anger triggers described previously, an effort to understand and manage national anger merits consideration.

Social Media Access

Post-pandemic data show that 85% of Maltese people with internet access (87.5% of the population) log on to online social networks at least once daily (Misco, 2022). Further analysis also revealed that social media users in Malta increased by 6.4% between 2021 and 2022 (Kemp, 2022). The high use of social media during the pandemic may be explained by the need to access information on the COVID-19 situation in Malta, coupled with a safe means of connecting to others during a quasi-lockdown and physical distancing measures. In this manner, social media and other online platforms served as invaluable tools to alleviate loneliness and provide support. Invariably, this may have led to further local attachment to social media.

Prior to the pandemic, it had already been reported that Malta has one of the highest rates of social media use in Europe, with 94% of young internet users and 71% of older users actively participating in some kind social platform (Farrugia, 2018). A possible rationale for these figures may be related to the fact that the inhabitants reside on a highly populated small island. Thus, their lives intersect with those of many others, instilling curiosity in what others are doing. In the past, villages were often closer-knit than now, with a slower pace of life, fewer people working outside the house, and more time spent at home (Grech, 2019). Then social media emerged, creating a parallel version of reality. Among other benefits, it is indisputable that social media provide the ideal setting for social connectivity despite the privacy and relative obscurity of one’s home. All kinds of social media stimulate the development of a tremendous quantity of data, which enables the users to keep informed about family, friends, and co-workers.

This may seem to be a completely benign and rational recreational activity. However, in the local context, the possible hazards to mental health associated with the use of social media are not adequately highlighted. Notably, issues like cyberbullying and internet addiction have gained national attention over the years through campaigns like the #StopHate initiative against online bullying, studies on problematic internet use by the President's Foundation for the Wellbeing of Society, and the Hate Crime and Speech Unit.

However, there may be other, less obvious negative impacts on mental health that merit further investigation and which may result from regular and/or passive use of social media rather than necessarily from excessive and/or active usage. This refers to the effects that particular social media postings, especially images, can have on a person's subjective mental wellbeing. If one were to judge happiness based on pictures uploaded on social media, it would appear that many users live in a paradise-like bliss where people look perfect, couples are consistently in love, and children behave perfectly (Grech, 2019). Many individuals are aware that these images are sometimes far from realistic snapshots and that what is really being shown online is a selected, doctored, and curated version of reality.

Nevertheless, it is no secret that the temptation to negatively compare one's life to others' social media photographs or postings is often relatively strong (Grech, 2019). The Fear of Missing Out (FOMO), often linked to millennial discontent, may also be made worse by the continual peering into social media platforms. In its simplest form, FOMO is wishing one could have done something or gone there but missed the opportunity (Gupta & Sharma, 2021). Such upward social comparisons are of concern and may not always occur in conscious thought. As a result, one can be left with a strong sense of dread and unhappiness without fully understanding what initially caused it.

Some may be able to quickly and automatically recover from these mental states by having the ability to reason that such comparisons are unjust and pointless. Others find it more challenging to do so and when this happens, can cause persistent emotions of despair, worry, and demotivation. Since even the most resilient have moments when mental health is not at its best, one’s reaction to social media postings does not necessarily rely on emotional fortitude. This implies that everyone is susceptible to accepting such flawless online representations of reality and, as a result, slipping into a more pessimistic frame of mind. The idea that social media may be linked to negative mental health states is a heavily debated one that appeared in international literature prior to the COVID-19 pandemic. In one such study conducted on 1,700 persons between the ages of 19 and 32, Primack et al. (2017) discovered a link between social media usage, anxiety, depression, and perceived social isolation.

While other research emerging from similar studies corroborated these findings, it should be emphasised that others, like the one by Heffer et al. (2019), provided contrasting conclusions. A counterargument to this is that persons with mental illnesses may want to utilise social media more and, as a result, the link between these platforms and unpleasant mental states may be explained by an already existing underlying lack of wellbeing.

During COVID-19, widespread lockdowns and social restrictions resulted in many experiencing the effects of social disconnection and loneliness (Tull et al., 2020). Consequently, many resorted to increased social media use as a source of information and support (Cellini et al., 2020) and to preserve routines and relationships (Drouin et al., 2020). As a result, it has been reported that the use of social media has significantly increased (by around 20%) globally since the pandemic (Dixon, 2022). Given the existing pre-pandemic research on the link between social media use and wellbeing, various studies have explored how social media use has affected people's mental health and ability to interact with others (Cho et al., 2023; Lee et al., 2022).

Research by Ahmad and Murad (2020), Drouin et al. (2020), and Saud et al. (2020), amongst others, has been dedicated to exploring the social and psychological effects of social media use during COVID-19, with inconsistent results. For instance, Ahmad and Murad (2020) and Drouin et al. (2020) have respectively shown that social media may be both a source of anxiety and social support, and can induce fear. Several studies have provided evidence that social media use during the pandemic was positively associated with subjective wellbeing (Cho et al., 2023). Such benefits included improved happiness and mental wellbeing (Khodabakhsh & Ahmadi, 2021; Lee &

Jang, 2022). Other researchers, such as Ngien and Jiang (2021), reported a stress reduction effect. Contrastingly, social media use during the pandemic was also linked to depression and anxiety (Ahmad & Murad, 2020; Alrasheed et al., 2022).

It seems as if during COVID-19, social media usage had a mixed impact on people's subjective wellbeing (Pennington, 2021; Yang et al., 2020). Overall, the findings conclude that, depending on the many underlying mechanisms involved, the influence of social media on users' psychological wellness might vary. Thus, it remains unclear if, when, or why greater reliance on social media may affect wellbeing (Cho et al., 2023).

Therefore, it is crucial to continue exploring the effect of social media use on mental wellbeing in the post-pandemic period. This is especially applicable to the local setting in view of the level of social media use, which had already been high prior to the pandemic, and which has now continued to rise.

Mental Health at the Workplace

Misco's (2022) online survey reported that 79% of respondents had experienced mental health issues as a result of their work. This is a 16% point increase from the year before (Arena, 2022). Participants cited many reasons: More than half (52%) reported working more than 40 hours per week, whilst 43% noted that they face a demanding and/or high workload (43%) and tight deadlines (41%). Half claimed that their employer takes mental health seriously. However, two-thirds (72%) stated they had never revealed stress or mental health issues to a superior (Arena, 2022).

Whilst these findings may be partly attributed to pandemic fatigue, it has to be noted that the prevalence of remote and hybrid work arrangements has inevitably led to employees being permanently on call and on site, sometimes at the price of employee satisfaction and mental wellbeing. Additionally, with employees absent from the workplace, it may be more difficult for managers to recognise early warning signs of an employee's difficulties, and may be unable to take prompt action to safeguard their wellbeing (Attard & Grech, 2022).

Thus, although some workers may benefit from the flexibility of working from home and saving travel time, others may experience stress, worry, and mental health problems owing to their isolation and lack of social support. While a job may benefit a person's mental health, it also carries the risk of exacerbating pre-existing issues or leading to the emergence of new mental health conditions (Azzopardi et al., 2023; Soman & Shroff, 2021).

In the post-pandemic world, mental health at the seems to be capturing research interest. Mitravinda et al. (2023) explored the state of mental health in the IT sector. They concluded that, in line with the social, psychological, and occupational consequences discussed in the literature, there seems to be enhanced awareness of mental health problems at work. Business enterprises are striving to help workers in the post-pandemic era, and there are choices for working remotely after the pandemic. However, it may be that these efforts do not have the intended effect, and this needs further exploration (Mitravinda et al., 2023).

Soman and Shroff (2021) reported that various mental health considerations and actions for employers were postulated because of the changing mental health needs of employees as a result of the pandemic. These include four-day working weeks, sick leave policies as sick and mental health leave, daily doses of mindfulness tips and exercises for employees, and fitness sessions. The implementation and assessment of the effectiveness of such interventions may be considered in a local setting.

Implications and Recommendations

These four mental health-related areas yield several recommendations, highlighting the urgent need for a post-pandemic call-to-action in relation to mental wellbeing. The recommendations featured hereunder are not meant to be exhaustive. Instead, the intention is to outline a range of primary pragmatic mental health considerations that may enhance the nation's mental wellbeing during the aftermath of the pandemic.

Anger

- **Inclusion of positive mental health training:** This is ideally incorporated within the national academic curriculum, starting from the early years. Examples of positive mental health training: relaxation and stress management, mindfulness, visualisation, building resilience, and problem solving.
- **Ambient noise regulation**: Long-term exposure to ambient noise may have detrimental effects on the cardiovascular system, metabolism, and children's cognitive development, as well as triggering extreme annoyance and sleep disruption (WHO, 2018).
- **Architectural considerations that respect mental health:** This refers to the risks related to over development, uglification of the country, and limited availability of green areas.

- **A strategy to address road rage:** Such a strategy needs to be based on an exploration of the social, environmental, and structural conditions that trigger this concerning state.
- **An effort to address bureaucracy across services:** There is a need for more one-stop hubs and nationwide efforts to ensure that services in Malta are user-friendly and easily accessible, especially to those experiencing mental wellbeing challenges (e.g., avoiding prolonged on-hold periods whilst trying to reach services by phone and ensuring good-quality customer care).

Loneliness

- **Public health initiatives to address loneliness (Azzopardi et al., 2021):** e.g., more government funding for regional mental health services could be required to support the rising demand for psychological support.
- **The necessity for experts, such as healthcare professionals, to set up assessment tools and social prescribing measures and the need to adopt specialised treatments that cater to the individual needs of various at-risk groups (Azzopardi et al., 2021):** This would make it possible to identify those who are significantly lonely and provide them suggestions and help on how to ameliorate their situation.
- **Further research is required to evaluate the long-term repercussions for those who had elevated degrees of loneliness during the pandemic and to examine the effectiveness of any treatments made to lessen loneliness (Azzopardi et al., 2021).**

Social Media Use

- **The need for more awareness regarding the link between social media and mental wellbeing:** The need for pragmatic education across ages on healthy use of social media:
- **Awareness and training initiatives need to target, amongst other areas:**
  (i). the potential detrimental mental wellbeing effects of social media ping-ponging (i.e., the compulsive and repetitive act of logging in and out of platforms to check on other people);
  (ii). the high incidence of making upward comparisons when accessing social media posts that feature seemingly perfect lives;
  (iii). the link between excessive social media use and anxiety, depression, loneliness, and sleep problems;
  (iv). FOMO, which is linked to negative mental health states;
  (v). intrusion of social media in daily life and the effect on relationships;
  (vi) the risk of social media addiction; and
  (vii) self-help techniques and professional support pathways.

Mental Health at the Workplace

- **Regular assessment of the employees' mental wellbeing (Attard & Grech, 2022):** This refers to the use of formal evidence-based tools and employers informally monitoring employees for any warning signs of mental health deterioration.
- **Setting clearer work-rest boundaries:** This is especially true in light of remote working (right to disconnect) (Miernicka, 2024; Müller, 2020; Zlatanović & Škobo, 2024).
- **Ensuring that the physical environment at the work setting support mental wellbeing:** This refers to the architectural design, interior design planning, maintenance of the workplace and ensuring that the setting caters to the basic needs of the employees (Engelen, 2020; Veitch et al., 2024; Wilkins et al., 1989).
- **Promoting leadership types conducive to positive mental health, e.g., transformational leadership style; generation of psychological safety at the workplace:** Blame cultures, over-competitiveness, a lack of empathy, and some leadership styles are detrimental to mental wellbeing at the workplace. The aim is to generate a space where employees feel safe, respected, and motivated (Kacamokovic et al., 2024; Lee, 2022).
- **Adaptation of flexible working arrangements:** Autonomy and freedom are considered to be conducive to positive mental health states and can help increase an employee's quality of life.
- **Facilitation of access to mental health support services:** Employers should have a clear mental health pathway in place to ensure smooth and timely access to support services and an overall structure that facilitates help-seeking

Conclusion

This paper has focused on the urgent need to address the nation's mental wellbeing further during the COVID-19 recovery period. At this point, it is essential to acknowledge that whilst four mental health-priority areas have been separately explored and discussed, complexities abound. This is primarily due to the fact that many of these mental health-related issues intersect with each other and with other challenges that may not be perceived as directly falling under the mental wellbeing umbrella term. In this view, an intersectional approach to mental wellbeing is crucial, referring to the acknowledgement that every individual has multiple identities made up of various of identification markers. Gender, sexual orientation, religion, age, class, ability/disability, and ethnicity are all examples of identity markers that cross over to form an intersection that establishes how lives are shaped, defined, and experienced (Turan et al., 2019).

The act of pigeonholing mental health as a standalone phenomenon in society, a preference to work in silos, and the neglect of the needs of population sub-types may lead to a dangerous situation of allowing inter-sectorial gaps to form. This may result in those in need falling deeply into these unreachable spaces and being unable to be captured by our social welfare systems, especially during this vulnerable COVID-19 recovery period.

References

Ahmad, A. R., Murad, H. R. (2020). The impact of social media on panic during the COVID-19 pandemic in Iraqi Kurdistan: Online questionnaire study. *Journal of Medical Internet Research. 22*(5). https://doi.org/10.2196/19556

Alrasheed, M., Alrasheed, S., & Alqahtani, A. S. (2022). Impact of social media exposure on risk perceptions, mental health outcomes, and preventive behaviors during the COVID-19 pandemic in Saudi Arabia. *Saudi Journal of Health Systems Research. 15*(4):1-7. https://doi.org/10.1159/000525209

American Psychological Association (2022, March 3). *How to recognize and deal with anger.* https://www.apa.org/topics/anger/recognize

Arena, J. (2022, August 8). *79% of employees experience work-related mental health issues – survey*. Times of Malta. https://timesofmalta.com/articles/view/79-employees-experience-work-related-mental-health-distress-survey.973118

Attard, C., & Grech, M. (2022, n.d.). *Redefining a post-pandemic world*. PwC. https://www.pwc.com/mt/en/publications/humanresources/redefining-wellbeing-in-a-post-pandemic-world.html

Azzopardi, A., & Grech, S. (Eds.). (2012). *Inclusive communities: A critical reader (Vol. 16).* Springer Science & Business Media. https://www.um.edu.mt/library/oar/handle/123456789/111874

Azzopardi, A., Bonnici, J., & Clark, M. (2021). Loneliness in Malta During the Covid-19 Pandemic. *Studies in Social Wellbeing, 1*(1), 53-64. https://www.um.edu.mt/library/oar/handle/123456789/78766

Azzopardi, A., Clark, M., Formosa, M., & Psaila, C. (2023). Intersectional reflections on the Impact of COVID-19 across the life course. *Studies in Social Wellbeing, 2(*1), 20-32. https://www.um.edu.mt/library/oar/handle/123456789/112257

Braun-Lewensohn, O., Abu-Kaf, S., & Kalagy, T. (2021). What factors explain anger and mental health during the COVID-19 pandemic? The case of Israeli society. *World journal of psychiatry, 11(*10), 864-875. https://doi.org/10.5498/wjp.v11.i10.864

Briguglio, M., Caruana, M., & Debono, N. (2021). Wellbeing disparities during the COVID-19 outbreak: Evidence from Malta*. Traumatology, 27*(4), 388. https://doi.org/10.1037/trm0000323

Cellini, N., Canale, N., Mioni, G., & Costa, S. (2020). Changes in sleep pattern, sense of time and digital media use during COVID-19 lockdown in Italy. *Journal of Sleep Research, 29(*4). https://doi.org/10.1111/jsr.13074

Cho, H., Li, P., Ngien, A., Tan, M. G., Chen, A., & Nekmat, E. (2023). The bright and dark sides of social media use during COVID-19 lockdown: Contrasting social media effects through social liability vs. social support. *Computers in human behavior, 146*. https://doi.org/10.1016/j.chb.2023.107795

Clark, M., Bonnici, J., & Azzopardi, A. (2021). Loneliness in Malta: Findings from the first National Prevalence Study. *Journal of Social and Personal Relationships, 38*(9), 2751-2771. https://doi.org/10.1177/02654075211020120

Dhasmana, P., Singh, G., Srinivasan, M., & Kumar, S. (2018). Anger and psychological wellbeing: A correlational study among working adults in Uttarakhand, India. International *Journal of Medical Science and Public Health, 7(*4), 296-300. https://doi.org/10.5455/ijmsph.2018.0102802022018

Dixon, S. J. (2022, August 31). *Social media use during COVID-19 worldwide - Statistics & facts.* Statista.

https://www.statista.com/topics/7863/social-media-use-during-coronavirus-covid-19-worldwide/#topicHeader__wrapper

Drouin, M., McDaniel, B. T., Pater, J., & Toscos, T. (2020). How parents and their children used social media and technology at the beginning of the COVID-19 pandemic and associations with anxiety. *Cyberpsychology, Behavior, and Social Networking, 23*(11), 727–736. https://doi.org/10.1089/cyber.2020.0284

Dyslin, A. (2020, June 15). Does the pandemic have you 'pangry'? Mayo Clinic News network. https://newsnetwork.mayoclinic.org/discussion/does-the-pandemic-have-you-pangry/

Engelen, L. (2020). Does active design influence activity, sitting, wellbeing and productivity in the workplace? A systematic review. International *Journal of Environmental Research and Public Health, 17*(24), 9228. https://doi.org/10.3390/ijerph17249228

Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings effect: politics, trust, and behaviours during the COVID-19 pandemic. *The Lancet, 396* (10249), 464-465. https://doi.org/10.1016/S0140-6736(20)31690-1

Farrugia, C. (2018, April 4). *Just 10 per cent of Maltese are not on social media*. Times of Malta.

https://timesofmalta.com/articles/view/just-10-per-cent-of-maltese-are-not-on-social-media.675314#:~:text=Earlier%20this%20year%2C%20the%20statistics,were%20active%20social%20media%20users.

Gallup. (n.d.). *What Is the World's Emotional Temperature?*. News Gallup. https://news.gallup.com/interactives/248240/global-emotions.aspx

Grech, P. (2019, September 19). *Spending time on Facebook will not cure your despair.* Times of Malta. https://timesofmalta.com/articles/view/the-lives-of-others-paulann-grech.734963

Grech, P., Chircop, D., & Azzopardi, A. (2022). To Hell and Back: A Performer's mental health journey during the COVID-19 pandemic. *Journal of Psychiatric and Mental Health Nursing, 30*(2), 148-154. https://doi.org/10.1111/jpm.12868

Grech, P., & Grech, R. (2020). COVID-19 in Malta: The mental health impact. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(5), 534-535. https://doi.org/10.1037/tra0000925

Gupta, M., & Sharma, A. (2021). Fear of missing out: A brief overview of origin, theoretical underpinnings and relationship with mental health. *World Journal of Clinical Cases, 9*(19), 4881-4889. https://doi.org/10.12998/wjcc.v9.i19.4881

Hawkley, L. (2022). Loneliness and health. *Nature Reviews Disease Primers, 8*(22). https://doi.org/10.1038/s41572-022-00355-9

Heffer, T., Good, M., Daly, O., MacDonell, E., & Willoughby, T. (2019). The Longitudinal Association Between Social-Media Use and Depressive Symptoms Among Adolescents and Young Adults: An Empirical Reply to Twenge et al. (2018). *Clinical Psychological Science, 7(*3), 462-470. https://doi.org/10.1177/2167702618812727

Kacamakovic, M. K., Domniku, M., & Lokaj, A. S. (2024). The Transformational Leadership, Company Size and Employees' Job Satisfaction. *Migration Letters, 21*(4), 1525-1537. https://migrationletters.com/index.php/ml/article/view/8174

Kemp, S. (2022). *Digital 2022: Malta. Data* Reportal. https://datareportal.com/reports/digital-2022-malta

Khodabakhsh, S., & Ahmadi, S. (2020). The relationship between subjective happiness and social media usage during the COVID-19 pandemic: The moderating role of resilience. *Aloma, 38*(2),105-112. https://doi.org/10.51698/aloma.2020.38.2.105-112

Kubacka, M., Luczys, P., Modrzyk, A., & Stamm, A. (2023). Pandemic rage: Everyday frustrations in times of the COVID-19 crisis. *Current Sociology, 71*(5), 887–904. https://doi.org/10.1177/00113921211050116

Lee, Lee, L. R. (2022). Transformative leadership. Imagining the Future: Historically Black Colleges and Universities-A Matter of Survival, *89-103*

Lee, J., & Jang, S. (2022). Have changes in internet use during the COVID-19 pandemic affected older adults' self-rated health? A cross-sectional study of young-old and old-old populations in Korea. *Geriatric Nursing, 48,* 141-145. https://doi.org/10.1016/j.gerinurse.2022.09.012

Lee. Y., Jeon, Y. J., Kang, S., Shin, J. I., Jung, Y. C., & Jung, S. J. (2022). Social media use and mental health during the COVID-19 pandemic in young adults: A meta-analysis of 14 cross-sectional studies. *BMC Public Health, 22*(1). https://doi.org/10.1186/s12889-022-13409-0

Leyba, E. (2023, April 3). *When Anger From Coronavirus is Displaced*. Psychology Today. https://www.psychologytoday.com/us/blog/joyful-parenting/202004/when-anger-coronavirus-is-displaced

Marinthe, G., Brown, G., Delouvée, S., & Jolley, D. (2020). Looking out for myself: Exploring the relationship between conspiracy mentality, perceived personal risk, and COVID-19 prevention measures. *British Journal of Health Psychology, 25*(4), 957-980. https://doi.org/10.1111/bjhp.12449

Martin, R. C. (2020). Including Maladaptive Anger in Psychology Courses. *Teaching of Psychology, 47*(1), 102-107. https://doi.org/10.1177/0098628319889540

Mathieu, S., Treloar, A., Hawgood, J., Ross, V., & Kõlves, K. (2022). The Role of Unemployment, Financial Hardship, and Economic Recession on Suicidal Behaviors and Interventions to Mitigate Their Impact: A Review. *Frontiers in public health, 10*, 907052. https://doi.org/10.3389/fpubh.2022.907052

Miernicka, I. (2024). The Right to Disconnect as a

Tool to Tackle Inequalities Resulting from Remote Working. In: Addabbo, T., Ales, E., Curzi, Y., Fabbri, T., Rymkevich, O., Senatori, I. (eds) *Work Beyond the Pandemic. Palgrave Macmillan,* Cham. https://doi.org/10.1007/978-3-031-39951-0_8

Misco (2022). *Usage of social media 2022 - A misco report.* Misco. https://miscomalta.com/usage-of-social-media-2022-a-misco-report/

Mitravinda, K. M., Nair, D. S., & Srinivasa, G. (2023). Mental health in Tech: Analysis of Workplace Risk Factors and Impact of COVID-19. *SN computer science, 4*(2), 197. https://doi.org/10.1007/s42979-022-01613-z

Müller, K. (2020). The right to disconnect. European Parliamentary Research Service *Blog, 9.* https://www.telepolis.pl/images/2021/01/EPRS_BRI2020642847_EN.pdf

Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship between loneliness, psychiatric disorders and physical health? A review on the psychological aspects of loneliness. *Journal of clinical and diagnostic research, 8*(9). https://doi.org/10.7860/JCDR/2014/10077.4828

Ngien, A., & Jiang, S. (2021). The effect of social media on stress among young adults during COVID-19 Pandemic: Taking into account fatalism and social media exhaustion. *Health Communication, 37(*10), 1337-1344. https://doi.org/10.1080/10410236.2021.1888438

O'Sullivan, R., Burns, A., Leavey, G., Leroi, I., Burholt, V., Lubben, J., Holt-Lunstad, H., Victor, C., Lawlor, B., Vilar-Compte, M., Perissinotto, C. M., Tully, M. A., Sullivan, M. P., Rosato, M., Mc Hugh Power, J., Tiilikainen, E., & Prohaska, T. R. (2021). Impact of the COVID-19 Pandemic on Loneliness and Social Isolation: A Multi-Country Study. *International journal of environmental research and public health, 18*(19), 9982. https://doi.org/10.3390/ijerph18199982

Primack, B. A., Shensa, A., Sidani, J. E., Whaite, E. O., Lin, L. Y., Rosen, D., Colditz J. B., Radovic, A. M., & Miller, E. (2017). Social Media Use and Perceived Social Isolation Among Young Adults in the U.S. *American Journal of Preventive Medicine, 53*(1). https://doi.org/10.1016/j.amepre.2017.01.010

Saud, M., Mashud, M., & Ida, R. (2020). Usage of social media during the pandemic: Seeking support and awareness about covid-19 through social media platforms. *Journal of Public Affairs, 20*(4). https://doi.org/10.1002/pa.2417

Scerri, J., Sammut, A., Cilia Vincenti, S., Grech, P., Galea, M., Scerri, Calleja Bitar, D., & Dimech Sant, S. (2021). Reaching out for Help: Calls to a Mental health Helpline Prior to and during the COVID-19 Pandemic. *International Journal of Environmental Research and Public*

Health, 18(9), 4505. https://doi.org/10.3390/ijerph18094505

Soman, P. & Shroff, V. (2021, December 15). *Mental health and wellbeing of employees in a post-pandemic world: considerations for employers.* International Bar Association. https://www.ibanet.org/mental-wellbeing-of-employees-post-pandemic-considerations-for-employers

South, J., Stansfield, J., Amlôt, R., & Weston, D. (2020). Sustaining and strengthening community resilience throughout the COVID-19 pandemic and beyond. *Perspectives in Public Health, 140(*6), 305-308. https://doi.org/10.1177/1757913920949582

Staicu, M., & Cuţov, M. (2010). Anger and health risk behaviors. *Journal of Medicine and Life, 3(*4), 372-375. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3019061/

Suh, H., Lee, K., Chung, S., Park, M., Jang, B., & Kim, J. W. (2021). How Suppressed Anger Can Become an Illness: A Qualitative Systematic Review of the Experiences and Perspectives of Hwabyung Patients in Korea. *Frontiers in Psychiatry, 12*, 637029. https://doi.org/10.3389/fpsyt.2021.637029

Tull, M. T., Edmonds, K. A., Scamaldo, K. M., Richmond, J. R., Rose, J. P., & Gratz, K. L. (2020). Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life. *Psychiatry Research, 289*. https://doi.org/10.1016/j.psychres.2020.113098

Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Perscosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Medicine, 17*(1), 7. https://doi.org/10.1186/s12916-018-1246-9

Veitch, J. A., Van Roon, P., D'Angiulli, A., Wilkins, A., Lehman, B., Burns, G. J., & Dikel, E. E. (2024). Effects of temporal light modulation on cognitive performance, eye movements, and brain function. *Leukos, 20(1), 67-106. https://doi.org/10.1080/15502724.2023.2170883*

Wilkins, A. J., Nimmo-Smith, I., Slater, A. I., & Bedocs, L. (1989). Fluorescent lighting, headaches and eyestrain. *Lighting Research & Technology, 21*(1), 11-18. https://doi.org/10.1177/096032718902100102

World Health Organization (2018). *WHO environmental noise guidelines for the European region.* Regional Office for Europe. https://www.who.int/publications/i/item/9789289053563

World Health Organization (2020, October 5). *COVID-19 disrupting mental health services in most countries, WHO survey.* World Health Organization https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey

World Health Organization (2022, March 2). *Mental health and COVID-19: Early evidence of the Pandemic's impact: Scientific Brief.* World Health Organization. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

Zammit, M. L. (2022, August 25). *Why are the Maltese so angry and anxious?* Times of Malta. https://timesofmalta.com/articles/view/maltese-angry-anxious.975512

Zlatanović, S. S., & Škobo, M. (2024). The 'Twilight'of Health, Safety, and Well-being of Workers in the Digital Era–Shaping the Right to Disconnect. *Journal of work health and safety regulation,* 23. https://doi.org/10.57523/jaohlev.oa.23-003

Authors' Bios

Paulann Grech is an associate professor with the Department of Mental Health, University of Malta. Prior to focusing on lecturing, Prof. Grech used to work as a practitioner within the state community mental health services in Malta. In addition to lecturing, she is involved in research projects related to community engagement, mental health advocacy, critical psychiatry, narrative work, service user involvement, and approaches to understanding and managing mental distress. Prof. Grech is the chairperson of the NGO Hearing Voices Malta, the Maltese branch of the Hearing Voices Network. She is a mental health activist and a co-organiser of ongoing campaigns. In this role, she regularly co-organises awareness events and participates in others as an invited speaker, focusing on different mental health aspects. As a writer, Dr Grech is particularly interested in observing and writing about life from a mental health perspective**.**

Alexei Sammut is a senior lecturer and the Head of the Department of Mental Health within the Faculty of Health Sciences at the University of Malta. He trained and had a career in the public sector as a Deputy Charge Nurse in the Mental Health services and is registered both as a General nurse as well as a Mental Health Nurse. Dr Sammut has worked in various mental health settings including Acute Psychiatry, Old Age Psychiatry and Learning Disabilities. Dr Sammut currently heads the Department of Mental Health, University of Malta. He is a published author, elected board member of Horatio, European Psychiatric and Mental Health Nurses and the President of the Maltese Association of Psychiatric Nurses (MAPN)

Andrew Azzopardi is an Associate Professor, - Dean of the Faculty for Social Wellbeing, and former Head of the Department of Youth and Community Studies. His lecturing and research focus on social inclusion, social wellbeing, sociology, critical pedagogy, disability politics, youth and community studies. He has published extensively in these areas. He is a member of the Editorial Panel of the highly acclaimed ‘International Journal of Inclusive Education’, and co-editor of ‘Inclusive communities: A Critical Reader’ (2012). Azzopardi has also edited Youth: Responding to Lives – An International Reader (2013), co-edited Perspectives on wellbeing – A Reader (2019) and also co-edited societas.expert, the research magazine. He also anchors a current affairs programme on one of the main radio stations and online news portals.

Studies in Social Wellbeing, Special Edition Journal, Volume 3, Issue 1: 58-67
©The Author(s) 2024
https://www.um.edu.mt/ssw

The Overlooked Voice: Advocating for ~~Patient~~ Client Agency in Medical Practice

Ruth Falzon[1]

Abstract

This paper presents narratives where doctors overlooked the importance of listening, resulting in human, funny, tragic, and sometimes deadly experiences, and outcomes. It argues for enhancing client agency in medical interactions, emphasising the transformative impact of valuing clients' perspectives. I draw on experiences highlighting the consequences of dismissing voices in the hope of acting as a springboard need for a person-centred approach in healthcare. While miscommunication or a lack of effective communication between doctors and clients can contribute to errors, I acknowledge that the causes of medical mistakes are multifaceted, and I, from the outset, declare that I have great respect for doctors, also as a doctor's daughter. This chapter, begs all professionals to listen to and consider information, even if it does not make sense to them, and always to treat patients as clients. The paper considers the philosophical and practical implications of the words patient and client and then leaves the narratives to dominate.

Keywords: miscommunication, narratives, patient, client, healthcare

[1] Faculty for Social Wellbeing at the University of Malta. ORCID ID: 0000-0003-2631-2654

The Overlooked Voice: Advocating for ~~Patient~~ Client Agency in Medical Practice

This paper presents narratives where medics overlooked the importance of listening, resulting in human, funny, tragic, and sometimes deadly situations, experiences, and outcomes. It argues for enhancing client agency in medical interactions, emphasising the transformative impact of valuing ~~patients'~~ clients' perspectives. I draw on experiences highlighting the consequences of dismissing voices in the hope of acting as a springboard for the urgent need of a person-centred approach in healthcare.

While miscommunication or a lack of effective communication between medics and patients can contribute to errors, I acknowledge that the causes of medical mistakes are multifaceted, and I, from the outset, declare that I have great respect for doctors, also as a doctor's daughter. In this chapter, I want to plead with all professionals to listen to and consider information, even if it does not make sense to them, and always to treat patients as clients.

~~Patient~~ Client Agency: What's in a Name?

The terminology used in healthcare can vary and different terms may be used in different contexts or regions. Traditionally, patient has been widely used to refer to individuals receiving medical care. Client is more commonly associated with business or professional services (Dupuis et al., 2012; Falkenstein et al., 2016). More recently, the literature presents a shift in some sectors of society towards using terms like Clients, Service Users, or Consumers in healthcare to emphasise a more person-centred and collaborative approach. This change reflects a move towards viewing healthcare as a service industry where patients have more agency and are actively involved in their care decisions (Costa et al., 2019; Farid et al., 2023; Freshwater, 2015). The Content Authority Website (2023) explains that:

> When it comes to the healthcare industry, there is often confusion over whether to use the word "client" or "patient". The truth is, both terms can be used interchangeably, but there are subtle differences between the two. In general, "client" is more commonly used in the context of healthcare services provided by private practices or clinics, while "patient" is more commonly used in healthcare services that hospitals or other medical facilities provide. (para.1)

This website argues that client and patient hold distinct meanings in healthcare contexts. Clients typically seek services from healthcare providers, viewing them as service providers and themselves as consumers; whilst patients receive medical care from a healthcare provider seen as a caregiver, emphasising the need for care. The website argues that while the distinction may seem subtle, it significantly influences interactions between healthcare professionals and those seeking care. They detail that, for instance, therapists perceiving clients as customers might adopt a business-like approach, focusing on satisfaction and retention; whilst doctors may view patients as individuals in need of care may prioritise compassion and empathy, emphasising overall wellbeing and recovery.

Common usage errors involve incorrectly using client in healthcare instead of the more appropriate term patient and vice versa in non-healthcare settings, where choosing between client and patient depends on various factors, such as service settings, the nature of the professional relationship, and the interaction goals. Legal documents often use patients, reflecting an association with medical treatment; psychological treatment uses clients, implying a collaborative relationship and aligning with the collaborative nature of therapy; whilst in alternative medicine, practitioners may prefer client due to its holistic connotations (Dupuis et al., 2012; Tran et al., 2018).

Whilst I can perhaps accept that, in a person's best interest, in legal terms, one may accept the use of the word patient, I am afraid I have to disagree with the arguments above regarding when and when not to use client or patient. These arguments seem to imply that difference would need to be made if the persons' issue were mental or physical and if one were paying directly or using state-funded facilities. In my view, using the word client instead of patient, is "Respectful language, a cornerstone of reducing harm and suffering" (Tran et al., 2018, p. 4).

Ultimately, the choice of terminology depends on beliefs, culture, and philosophy: The philosophy of a nation, healthcare organisations, cultural and linguistic contexts, or specific efforts to promote patient empowerment. Regardless of terminology, the key focus should be fostering open communication, mutual respect, and a collaborative approach between healthcare providers and those seeking care. However, language mirrors one's beliefs and attitudes more glaringly than one would perhaps want; and therefore, I believe that the vocabulary one uses reveals one's conscious and unconscious beliefs and attitudes (Deber et al., 2005; Flores-Sandoval, 2021; Gazzola et al., 2023; Lloyd et al., 2001). Grasser et al., (2023) added that, in relation to mental health:

> Identifying preferred terminology is important because language, including terminology surrounding medical conditions and the people who have them, is a conduit for propagating stigma (p. 654).

A survey in an Australian regional mental health service concluded that:

> Client was identified as the preferred term followed by consumer, patient, and other terms. The results indicated that the treatment setting influences the way people prefer to be addressed. In the hospital setting, people preferred to be known as patients, whereas in community settings, they preferred client and consumer. (Lloyd et al., 2001, p. 324)

A Historical Guide?

Harper (2001) explained that both words have their origins in Latin: Client comes from cliens, which referred to a dependent or follower and patient from patiens, which means suffering or enduring.

In ancient Rome, a cliens was a person under the protection of a patron, typically a more powerful or influential individual. Over time, the meaning evolved, and in medieval and later usage, came to denote someone who seeks professional services or advice, often in legal financial contexts (Olivetti, 2003-2027). In the modern context, especially in healthcare, the term emphasises a more collaborative and equal relationship between those seeking services and service providers, reflecting a shift towards autonomy and shared decision-making.

The original usage of patiens was more closely tied to the idea of enduring or suffering through an illness. In medieval and early modern English, the term became associated with someone undergoing medical treatment or care, emphasising the passive role of those receiving care. Whilst the historical roots suggest a more passive stance, in contemporary healthcare, efforts have been made to move away from the notion of passivity, recognising patients' active role in managing their health, particularly when consumer-mentality started to increase (Bloch, 2003; McLaughlin, 2009; Sluzki, 2000).

Both client and patient have undergone semantic shifts, reflecting changes in societal attitudes towards relationships, autonomy, and the nature of receiving services. However, differences remain. While client continues to emphasise collaboration and partnership, patient retains its historical ties to enduring or suffering, though its modern usage acknowledges the active involvement of individuals in their own healthcare. As discussed above, the choice between these terms often reflects broader shifts in societal values and approaches to healthcare. Thus, confusion and disagreement over the correct terminology prevail (de Haan, 2010; Deber et al., 2005; Ratnapalan, 2009).

When Fiction Mirrors Reality

Experiences of miscommunications have been documented for centuries, even in the literature. In Gustave Flaubert's (2013) 1856 novel, protagonist Emma Bovary struggles with dissatisfaction in her marriage, seeks solace in romantic fantasies, and starts experiencing health issues. She consults various doctors, who all dismiss her complaints. The failure of these physicians to understand her emotional distress and provide meaningful support directly contributes to Madam Bovary's downward spiral, ultimately leading to her tragic end. Edna Pontellier (Chopin, 1981) grapples with societal expectations and her own desires. When Edna seeks medical advice regarding her emotional struggles, she is prescribed rest and isolation. The doctors failed to comprehend Edna's internal turmoil and provide appropriate support, again contributing to the novel's tragic ending.

In Tolstoy's 1878 classic novel, Anna Karenina (Tolstoy, 1995) suffers from postpartum depression and seeks medical help. Unfortunately, her doctor, more concerned with societal norms than Anna's wellbeing, prescribes rest and isolation. The lack of empathetic listening and understanding contributes to Anna's deteriorating mental health, ultimately leading to tragic consequences. Charlotte Perkins Gilman's (1981) short story The Yellow Paper deals with another woman suffering from postpartum depression and being confined to a room by her physician husband. The doctor dismisses her concerns and refuses to acknowledge her deteriorating mental state, leading to a tragic outcome.

As depicted in literature and historical accounts, these narratives of miscommunication with doctors resonate across centuries and persist in contemporary society, reflecting enduring challenges. The theme of misunderstood symptoms, dismissive attitudes, and inadequate communication between ~~patients~~ clients and healthcare providers transcends temporal boundaries. Narratives illustrate instances of dire consequences due to misinterpretation or cultural misunderstandings. The continuity of these narratives highlights the persistent need for effective communication in healthcare, emphasising the enduring importance of fostering understanding, empathy, and collaboration between medical professionals and ~~patients~~ clients across different eras and cultural contexts.

The Narrative

Whilst the above literature examples deal with women and mental health, this paper's narratives include physical issues. Narratives have been fictionalised so that all examples can be regarded as anonymous. These stories may have happened to me, my relatives, friends, and acquaintances, even if presented using the first-person writing style. The only two exceptions are my son's thumb incident and my car accident, which I also wrote in the first person. I have only retained the individual's gender if and when it pertained to the narrative. I have otherwise used general-neutral names. All names start with a C to present my standpoint that the word client should replace patient in medical and mental health jargon.

Cal's Story

Medical professionals consistently dismissed Cal's persistent complaints of unexplained pain. Despite repeated attempts to convey the severity of their symptoms, their concerns were trivialised and attributed to stress. Unfortunately, a later diagnosis revealed a life-threatening condition that could have been addressed earlier if the medical team had taken their complaints seriously. Cal did not die, but an earlier diagnosis would have spared them two surgeries followed by radiotherapy. It is incredible that Cal is not bitter about the experience and always refers to the Maltese proverb that when someone thinks you are dead when you are still alive, seven years are added to your life.

Cai's Story

Cai was not Maltese, and their cultural background and communication style – verbal and non-verbal - differed from the doctors and nurses attending to them. Their expressions of discomfort and subtle cues were not adequately understood, leading to a misdiagnosis and a prolonged period of suffering. With a more culturally sensitive and person-centred approach, the medical team could have accurately deciphered Cai's concerns, preventing unnecessary anguish.

The Broken? Thumb

I was waiting for my children to finish their afterschool activity. My children's gym teacher called me in. An aluminium door had squashed my son's thumb. Off we drove to the nearest Primary Health Centre (at the time known as Polyclinic) with his thumb in the air and the white towel wrapped around his hand slowly turning red. Five of us, my son, my daughter, and two classmates I was taking home, entered and my son was given priority. The doctor prodded and checked the thumb. My six-year-old kept repeating that the doctor was hurting him and that he was sure the thumb was broken. The doctor kept assuring him that it was not and that "you are just being a baby fusspot," a phrase which remains etched in my brain. This did not go down well with a child who was trying to be assertive and share the pain that he was feeling.

The doctor insisted that there was no need for an X-ray. I was losing my temper, let alone what my child was feeling. Therefore, I told the doctor that I would be asking for an X-ray, and he either wrote us the necessary prescription to go to the main hospital (there was no service of X-ray in polyclinics back then) or we would go to the emergency ward without his prescription. The doctor begrudgingly wrote this prescription, and off we drove to the main state hospital, the then St Luke's Hospital, where the results showed that the thumb was indeed broken, apart from being lacerated. My son asked for a copy of his X-ray. Relieved that we could go home, we walked to the car (I thought!).

As you can imagine, after driving around the island with four young children who were by now flustered, hungry, and annoyed, I was looking forward to getting the children home. I switched on the car and my son asked where we were going. "Home, after dropping off your classmates," I replied. "No. We are not", he piped indignantly. He insisted that we go back to the Polyclinic so that he could show “That Doctor” his X-ray and that “I was not just being a baby fusspot”.

The group of five again entered the Polyclinic, and my son asked for the “That Doctor”. The nurse remembered us. With a smirk, she asked us to wait and accompanied my son to the doctor’s office. What happened inside that office I do not know as only the nurse went in with my son. However, my son came out smiling and the nurse was trying to contain her laughter.

My December 1998 Car Traffic Accident

In December 1998, I was hit by a car. Below is a series of events that are as comical as tragic. On the day of the accident, I had spent a whole day with students and colleagues eating nibbles and drinking cheap wine. I was then hit by a car in the evening whilst shopping in Sliema. I have no memories of the accident, but the post-accident first memory in the emergency room has stuck.

The Emergency Ward

The ambulance screeched to a halt. I was urgently wheeled into St Luke’s Hospital. I started coming in and going out of consciousness, starting from the bright hospital light as I was being wheeled in, with no recollection of being hit, put on a stretcher, and ambulance-driven to the hospital, a 45-minute-window memory I have been told will never come back

A medical team, at least six nurses and a doctor were tearing off my trousers to assess the damage, and I kept telling them that I needed to vomit. They assured me this was only a “feeling” since I had hit my head. I kept asking and pleading to “please bring me a bucket”, and their response was the same assurance. Suddenly, a volcano erupted. All the cheap wine and nibbles projectiled on at least three people … Then they brought me a kidney bowl.

The Post-Operative Hospital Experience

After four years on first crutches and then wearing a brace, in June 2003, I was finally assigned a posterior-cruciate knee surgery. As I gradually regained consciousness in the post-surgery recovery room, I felt a throbbing pain in my non-operated leg, a sensation that seemed more intense than expected. At the time, I did not even realise which leg it was. Disoriented and still groggy from the anaesthesia, I tried to communicate my discomfort to the attending nurses. "Excuse me, my leg hurts," I managed to mumble. The nurses, engrossed in their routines, briefly glanced my way with a casual reassurance. "It’s normal to experience some pain after surgery. You will be fine," one of them replied, her tone carrying an air of routine comfort.

In and out of consciousness, as often happens after surgery, I woke up several times and, progressively less groggy, wondered why my left unoperated leg was hurting me, realising slowly that it was my non-operated leg. I was asleep when my family came to see me, so I could not share this with them. Throughout the night, I kept waking up and asking nurses to check my left leg. However, I was repeatedly told that I was imagining things and that I was a fusspot (funny how my son and I heard the same word - fusspot in English even though conversing in Maltese).

I understood that postoperative pain was a part of the process, but something about the intensity and persistence of the pain in my leg felt off. I persisted in expressing my concerns, hoping for a more thorough evaluation. As the minutes stretched into what felt like hours, the pain in my leg intensified.

Frustration and a sense of helplessness settled in as I struggled to convey the urgency of my discomfort. Then, the surgeon started his rounds. I shared my feelings, apologised for being a nuisance, and begged him to check my left leg. He lifted the bedsheet and immediately became angry, calling the nurses. He looked at my leg, which had a compression stocking, and immediately noticed that the stocking was poorly placed, causing undue pressure and constriction in certain areas of my leg. The realisation prompted a swift adjustment as the compression stocking put on to prevent thrombosis had tourniqueted my left thigh. The minute it was taken off, I first felt agony, it took two hours for the throbbing to stop, then relief from the searing pain that had plagued me since waking up from surgery … and the risk of losing my better leg.

The experience left me with a mix of emotions - relief that the source of my agony had been identified and rectified, but later frustration … and later fury … at the dismissal of my concerns. It does not stop…

Hospital Dismissal

The nurses explained that I could go home once I could use the stairs. I was informed that this exercise would start the next day. Due to the way my cast was, I would not wear underwear, so I was only wearing a hospital gown. The next day, two nurses came and excitedly announced that I would start this stair exercise there and then … during visiting hours.

The Cholera Shot

Caz, now in her sixties, was a secondary school student in the early seventies. A possible cholera epidemic required all children to be given a cholera injection. Caz’s class was taken to the nurses' room and put in two queues to enter the nurses' room two at a time, where two medical professionals were giving shots. Caz entered and suddenly started shouting, “No, Wait, Wait!” as one medical professional grabbed her left arm and the other medical professional the right arm, each holding an injection. Caz’s cries were ignored, and they ended up being injected in both arms. Her “No, Wait, Wait”, had probably been interpreted as fear and/or resistance.

The Newborn

When my daughter was born, different doctors, including teams with medical students, kept coming in to examine her, and there was much murmuring amongst them. She was born 15 days early, and my husband was abroad when she was born, so that was a lonely experience. I kept asking the nurses to inform me what the doctors were murmuring about but always got the reply, “You have nothing to worry about”, which only increased my anxiety. On the day I was to be discharged, her file was inadvertently left in a hanging container at the end of the bed. I opened it and saw the term jaundice.

I was so angry that I was not told that I took the file home with me to photocopy. As soon as I arrived home (this was the pre-mobile life), I received a call from the hospital as a panicked nurse could not find the file and if, by chance, I had it. I must admit I white-lied and told the nurse who called to give me a minute to check. After a two-minute (timed for effect!) pause, I exclaimed, “Oh Dear! I took it by mistake; I will get it to you as soon as I can”.

I am Sick, Not Senile!

Cel was diagnosed as coeliac in her early 60s. She visited a specialist who put her on a diet to repair the damage to her intestines. She was to follow the diet for six months and then return to the specialist. Six months elapsed. Upon examining her, the specialist found no improvement or weight gain and chastised her for not following the prescribed diet. Cel responded, “I may be sick, but I am certainly not senile. I followed your diet meticulously”. After a couple of minutes of the specialist continuing to disbelieve her, Cel’s daughter, who was present, interjected and, containing her anger and disbelief, asked the specialist if there could possibly be another unrelated reason to being coeliac.

After much hooing and haaing, the specialist referred Cel to another specialist who concluded a respiratory complication. Cel never wanted to return to the first specialist and instead continued with the second specialist, who listened to her, responded to her symptoms and comments, and supported her until her demise six years later.

Reflection

These narratives lead me to conclude that initial medical training needs to include interpersonal and helping skills. I am honoured to say that I was part of the team that designed and coordinated the first interpersonal skills course for medicine students at the University of Malta around 15 years ago. Until this paper's publication, these are still part of the medical undergraduate training, and it is hoped that similar content, which the medical programme of the University of Malta refers to as Behavioural Sciences, continues to increase. Similar courses are included in health-related professions such as nursing, but more are needed (University of Malta, n.d.a; n.d.b),

I am sure many of us have similar experiences to narrate regarding professionals at times not listening to their clients. This is more important in the medical context. An error in judgment or a simple error can affect a person. For example, I heard a story about a young woman scheduled to undergo a dilation and curettage (DNC) procedure. She just happened to want to look at her chart at the end of the bed. She saw the word hysterectomy and knew what it meant. A minor error could have lost her the opportunity to become a mother.

Narratives and Terminology?

You may wonder why I present these narratives and discuss the client/patient terminology. I see these related. The choice between using client or patient in healthcare has implications beyond semantics. The shift towards using clients should gain traction in all healthcare settings due to empowerment and agency (Table 1). Ultimately, the choice should consider the specific context, the nature of the healthcare interaction, cultural context, and individuals' preferences. Striking a balance that respects autonomy and agency while maintaining clarity and professionalism is essential in fostering positive healthcare relationships (Ammentorp et al., 2007; de Rothewelle, 2021; Lampus & Wuisan, 2024).

Table 1

Reasons to use Client over Patient

Client	Patient
Empowerment & Agency	
Associated with more collaboration and empowerment between individuals and professionals, emphasising clients' active role in decision-making and care planning.	May carry more passive meaning, implying one-sided dynamics where individuals receive care without active involvement in informed decision-making processes.
Holistic Approaches to Health	
Sometimes favoured in settings that embrace a holistic view of health, implying a broader scope that includes treatment and promotion of wellbeing.	Seen as more traditionally aligned with the medical model, focusing primarily on diagnosing and treating rather than a comprehensive approach to health.
Stigma Reduction	
Helps reduce stigma associated with seeking mental health services and may contribute to normalising the process of seeking help for mental and emotional wellbeing.	With historical roots in healthcare and, if used appropriately, does not carry an inherent stigma; perhaps respects the expertise of healthcare professionals.
Professional and Ethical Considerations	
In specific therapeutic or counselling settings, using client is common and aligns with ethical principles of confidentiality and autonomy.	In medical settings, especially during acute care or emergency situations, patient might be preferred for clarity and to maintain focus on the immediate medical needs.
Legal and Documentation Practices	
In mental health and counselling fields, the word client reflects these interactions as relational and collaborative in nature.	In medical documentation and legal contexts, used for clarity and consistency, primarily when referring to someone under the care of a healthcare professional.

Conclusion

These narratives underscore the critical need for medical professionals to prioritise ~~patient~~ client agency in their practice and to honestly believe that they are working with clients and not for patients. Recognising ~~patients~~ clients as active partners in their healthcare allows for a more comprehensive understanding of unique needs and experiences. "The creation of communication imbued with empathetic understanding encourages [~~patient~~ client] openness. This condition can help doctors gain a deeper understanding of the patient's situation and maximize treatment" (Lampus & Wuisan, 2024, p. 156).

By fostering open communication and valuing clients' perspectives, healthcare providers can enhance the accuracy of diagnoses, improve treatment adherence, and ultimately contribute to more positive health outcomes (Bloch, 2003; McLaughlin, 2009; Raeissi et al., 2023). Lampus and Wuisan (2024) concluded that "five aspects of effective communication laws, serving as independent variables—namely respect, empathy, audible, clarity, and humble - significantly influence patient satisfaction and loyalty" (p. 156).

Implementing ~~patient~~ client agency requires a shift in the traditional power dynamics within the doctor- ~~patient~~ client relationship. Healthcare professionals should actively encourage their ~~patient~~ client to share their experiences, listen attentively to their concerns, and collaborate on treatment plans. This person-centred approach not only reduces the risk of tragic outcomes resulting from overlooked symptoms and unheard/misunderstood communication but also respects the inherent dignity and humanity of each individual under medical care (Alkhudhairi, 2019; Morgan, 2013). Salik and Ashurst (2019) cautioned that

“Miscommunication is to blame for up to 30% of malpractice awarded lawsuits, where a patient is incapacitated or killed, according to the Control Risk Insurance Company” (para. 1).

The narratives highlighted in this paper emphasise the urgent need for a paradigm shift in healthcare, where ~~patient~~ client agency takes precedence. The tragedies resulting from the dismissal of voices underscore the ethical imperative for medical professionals to actively listen, respect, and engage with their patient client. By recognising the significance of client-agency, healthcare providers can contribute to a more compassionate, effective, and humane healthcare system (Abbasinia et al., 2020; Stewart et al., 2024; Nauheim, 2024). Ratnapalan (2009) tried to pave the way forward:

> Most people do not choose to get ill, and shared decision-making undoubtedly allows them to have some control in a situation that is largely beyond their control. However, does this make them clients? Isn't shared decision-making part of contemporary medicine, regardless of the names? The client versus patient debate is not black and white; there are shades of grey, and perhaps it's time to develop a new word that isn't so laden with old meanings. (para. 6)

References

Abbasinia, M., Ahmadi, F., & Kazemnejad, A. (2020). Patient advocacy in nursing: A concept analysis. *Nursing ethics, 27*(1), 141-151. https://doi.org/10.1177/0969733019832950

Ammentorp, J., Sabroe, S., Kofoed, P. E., & Mainz, J. (2007). The effect of training in communication skills on medical doctors’ and nurses’ self-efficacy: A randomized controlled trial. *Patient education and counseling, 66*(3), 270-277. https://doi.org/10.1016/j.pec.2006.12.012

Alkhudhairi, J. M. (2019). Understanding Patient Doctor Relationship via a Sample of Iraqi Doctors. *Iraqi Journal of Community Medicine, 32*(3), 80-85. https://www.iasj.net/iasj/download/5170822cc9311461

Bloch, T. P. S. (2003). Patient or client?. *BMJ, 326*(7383), 253. https://doi.org/10.1136/bmj.326.7383.253

Chopin, K. (1988). *The awakening, and selected short stories*. Bantam Books,

Costa, D. S., Mercieca-Bebber, R., Tesson, S., Seidler, Z., & Lopez, A. L. (2019). Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings. *BMJ open, 9*(3), e025166. https://bmjopen.bmj.com/content/bmjopen/9/3/e025166.full.pdf

Gilman, C. P. (1981). *The yellow wallpaper*. Virago Press.

Harper, D. (2001). *Online etymology dictionary.* https://www.etymonline.com/search?q=client (

de Haan, O. (2010). From patient to client. *Patient education and counseling, 81*(3), 442-447. https://doi.org/10.1016/j.pec.2010.09.028

de Rothewelle. (2021). Cultural awareness in medicine: A mini-ethnography. *Journal of Medical Anthropology, 14(*2), 123-137. https://doi.org/10.20935/AL1279

Deber, R. B., Kraetschmer, N., Urowitz, S., & Sharpe, N. (2005). Patient, consumer, client, or customer: what do people want to be called?. *Health Expectations, 8*(4), 345-351. https://doi.org/10.1111/j.1369-7625.2005.00352.x

Dupuis, S. L., Gillies, J., Carson, J., Whyte, C., Genoe, R., Loiselle, L., & Sadler, L. (2012). Moving beyond patient and client approaches: Mobilizing ‘authentic partnerships’ in dementia care, support and services*. Dementia, 11*(4), 427-452. https://doi.org/10.1177/1471301211421063

Falkenstein, A., Tran, B., Ludi, D., Molkara, A., Nguyen, H., Tabuenca, A., & Sweeny, K. (2016). Characteristics and correlates of word use in physician-patient communication. *Annals of Behavioral Medicine, 50*(5), 664-677. https://doi.org/10.1007/s12160-016-9792-x

Farid, N., Phadke, C., Ismail, F., & Boulias, C. (2023). Patient or Client? Factors Affecting the Preferred Term in Rehabilitation Settings. *Archives of Physical Medicine and Rehabilitation, 104*(3), 42-43. https://doi.org/10.1016/j.apmr.2022.12.122

Flaubert, G. (1856, 2013). *Madame Bovary. Translated by Eleanor Marx-Aveling.* Canterbury Classics.

Flores-Sandoval, C., Sibbald, S., Ryan, B. L., & Orange, J. B. (2021). Healthcare teams and patient-related terminology: a review of concepts and uses. *Scandinavian journal of caring sciences, 35*(1), 55-66. https://doi.org/10.1111/scs.12843

Freshwater, M. F. (2015). Preferred terminology for medical journals. *Journal of Hand Surgery (European Volume), 40*(8), 880-883. https://doi.org/10.1177/1753193415598728

Gazzola, M. G., Maclean, E., Beitel, M., Carmichael, I. D., Cammack, K. M., Eggert, K. F., Roehrich T., Madden L.M., Oluwede, J., Xiaoying, Z., Bergmann E, & Barry, D. T. (2023). What's in a Name? Terminology Preferences Among Patients Receiving Methadone Treatment. *Journal of General Internal Medicine, 38*(3), 653-660. https://doi.org/10.1007/s11606-022-07813-w

Lampus, N. S., & Wuisan, D. S. (2024). Correlation between Doctor-Patient Communication with Patient Satisfaction and Loyalty. *Medical Scope Journal, 6*(2), 149-158. https://doi.org/10.35790/msj.v6i2.53161

Lloyd, C., King, R., Bassett, H., Sandland, S., & Savige, G. (2001). Patient, client or consumer? A survey of preferred terms. *Australasian Psychiatry, 9*(4), 321-324. https://doi.org/10.1046/j.1440-1665.2001.00358.x

McLaughlin, H. (2009). What's in a name:'client','patient','customer','consumer','expert by experience','service user'—what's next?. *British Journal of Social Work, 39*(6), 1101-1117. https://doi.org/10.1093/bjsw/bcm155

Morgan, S. (2013). Miscommunication between patients and general practitioners: implications for clinical practice. *Journal of Primary Health Care, 5*(2), 123-128. https://www.publish.csiro.au/HC/HC13123

Naunheim, K. S., & Platz, J. J. (2024). Integrating Advocacy into Your Practice. *Thoracic Surgery Clinics, 34*(1), 77-84. https://doi.org/10.1016/j.thorsurg.2023.08.007

Olivetti, E. (2003-2027). *Latin-English dictionary. Latin Dictionary.* Olivetti Media Communication. https://www.online-latin-dictionary.com/

Raeissi, P., Zandian, H., Mirzarahimy, T., Delavari, S., Moghadam, T. Z., & Rahimi, G. (2023). Relationship between communication skills and emotional intelligence among nurses. *Nursing Management, 30*(4). https://doi.org/10.7748/nm.2019.e1850

Ratnapalan, S. (2009). *Shades of grey: patient versus client. CMAJ, 180(*4), 472-472. https://doi.org/10.1503/cmaj.081694

Salik, I., & Ashurst, J. V. (2019). *Closed loop communication training in medical simulation.* Europe PMC. https://europepmc.org/article/NBK/nbk549899

Sluzki, C. E. (2000). Patients, clients, consumers: The politics of words. *Families, Systems, & Health, 18*(3), 347. https://doi.org/10.1037/h0091895

Stewart, M., Brown, J. B., Weston, W. W., Freeman, T., Ryan, B. L., McWilliam, C. L., & McWhinney, I. R. (2024). *Patient-centered medicine: transforming the clinical method.* Chemical Rubber Co (CBC) press.

The Content Authority (2023) Client vs patient: When to use each one? What to consider. The Content Authority https://thecontentauthority.com/blog/client-vs-patient#:~:text=In%20general%2C%20%E2%80%9Cclient%E2%80%9D%20is%20more%20commonly%20used%20in,are%20provided%20by%20hospitals%20or%20other%20medical%20facilities.

Tolstoy, L. (1995). *Anna Karenina* (A. Maude & L. Maude, Trans.). Wordsworth Editions.

Tran, N. T., Baggio, S., Dawson, A., O'Moore, É., Williams, B., Bedell, P., Simon, O., Scholten, W., Getaz, L., & Wolff, H. (2018). Words matter: a call for humanizing and respectful language to describe people who experience incarceration. *BMC international health and human rights, 18*(1), 1-6. https://doi.org/10.1186/s12914-018-0180-4

University of Malta (n.d.a) Faculty of medicine. Retrieved January 10, 2024, https://www.um.edu.mt/ms/

University of Malta (n.d.b) Faculty of health sciences. Retrieved January 10, 2024, https://www.um.edu.mt/healthsciences/

Author's Bio

Ruth Falzon is an associate professor at the University of Malta and founder member of the Department of Counselling within the Faculty for Social Wellbeing. Her research interests and expertise include neurodiversity, Emotional Literacy, and Research Methodology publishing in several journals and edited books. She has presented at and organised numerous prominent national and international conferences, delivered keynote speeches, reviewed several international journals; and is on the editorial board of journals. She is passionate about counselling due to its non-medical and empowerment model towards wellbeing. She takes community engagement seriously and is an elected Council member of the European Dyslexia Association, International Association for Counselling; Malta Association for the Counselling Profession; Malta Dyslexia Association; Malta Federation of Professional Associations, and up to 2022 the International Society for Policy Research & Evaluation in School-Based Counselling. She lobbies for equity and inclusion for all.