

Unity

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EDITION 2
A SPECIAL EDITION
FROM THE
FACULTY FOR
SOCIAL WELLBEING
UNIVERSITY OF MALTA

YOUNG LEAST LIKELY TO DITCH CAR FOR PUBLIC TRANSPORT

Survey suggests that a third of respondents would still use their car less even if public transport is more reliable

James Debono
MaltaToday

DESPITE increased awareness on global warming and emissions, younger people and students seem to be more attached to their cars than older people, a

survey on the effect of traffic on wellbeing undertaken by pollster Vincent Marmara and commissioned by the Faculty for Social Wellbeing at the University of Malta, suggests.

This may show that for young people the car remains a pow-

erful symbol of independence and self-actualisation, despite its negative social and ecological impact, and a prevailing perception echoed in other questions in the survey that traffic is having a negative

impact on well-being and mental health.

One of the questions asked to respondents in this survey was whether they agreed with the statement: "I would prefer to not use my car if public transport was more reliable". The question is particularly interesting as it measures public willingness for a nodal shift if public transport becomes more reliable.

The most likely to agree with

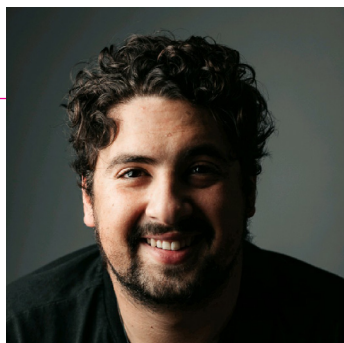
the statement were respondents aged over 70, while the least likely to agree were respondents aged between 18 to 29. While among the former the average level of agreement was 5 out of a maximum 7, among the latter the average level of agreement was 3.7. In the survey, 1 represented the least level of agreement while 7 represented full agreement.

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"I have four negative hallucinations which I experience on a day-to-day basis. At times they are all around, especially on bad days, three persons and a talking dog"



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Welcome to the Faculty



HEADS OF THE DEPARTMENTS OF THE FACULTY FOR SOCIAL WELLBEING

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Social Policy & Social Work

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Faculty Manager

First up...

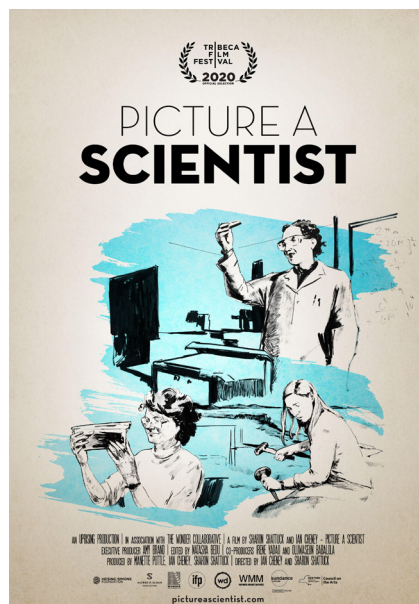
IN RESEARCH AND ACADEMIA, THE “PERSONAL IS (STILL!) POLITICAL”



Dr Maria Brown
Faculty of Education

PICTURE a Scientist (2020), a film by Sharon Shattuck & Ian Cheney, documents the upsurge of researchers advocating for women scientists. In this film, biologist Nancy Hopkins, chemist Raychelle Burks, and geologist Jane Willenbring guide viewers through their own life stories and experiences in research and academia. Their narratives range from harassment to more or less subtle slights; from cramped laboratories to fieldwork with jaw-dropping Antarctica backdrops tainted by (equally jaw-dropping, for different reasons, of course) sexist behaviour. In a nutshell, the film is a critical encounter with social scientists, neuroscientists, and psychologists, illuminating how research and academia can fall short of being equitable and meritocratic.

Back in 1969, feminist Carol Hanisch inspired second-wave, radical feminism and women's studies with her published essay *The Personal is Political*.¹ Hanisch rebutted that sex, appearance, abortion, childcare, or division of labour in domestic settings were merely personal issues without political importance. She urged women to overcome self-blame, discuss their situations amongst each other, and organise collectively against patriarchy and sexism. Half a century



later, feminist advocacy groups have made admirable and effective inroads. Yet *Picture a Scientist* candidly reminds us of the extent to which perpetrators, decision-makers – and even victims – can be apologetic, secretive and confessional about gender-based discrimination and gender-based violence.

Academic titles are often seen as a sign of having achieved a certain level of expertise in a field of study that invariably leads to upward socio-economic mobility, prestige, opportunity and work-life balance. However, such titles and assumptions often gloss over precarious work conditions and hardships; particularly at the intersections between the professional and the personal aspects of some scholars' lives. Research shows young or early career and women academics are expected to take on additional responsibilities outside of their professional roles in order to prove their worth; whilst juggling family-moti-

vated career breaks, reduced hours, casualised work, low remunerations, long working hours, increasing and taxing mobility requirements, intense academic competition, overwhelming administrative and organisational tasks, lack of recognition by research organisations and a series of definite employment contracts that can inhibit specialisation, publication, and career progression.^{2,3}

It is therefore unsurprising that gender equality has been on the European political agenda for research and innovation over the last decades. Many European Union (EU) funded projects focus on gender mainstreaming in research institutions through the implementation of Gender Equality Plans, certification and award schemes. The ongoing EU-funded COST Action VOICES (2021-2025) is working towards increasing the visibility of inequalities faced by young researchers, using a gender and intersectional perspective to factor in also the experiences of scholars with disability, ethnic or other minority backgrounds, and those hailing from socio-politically and economically challenged regions.

Initiatives of Malta's National Commission for the Promotion of Equality (NCPE), such as the online Directory of Professional Women and the Equality Mark – a certification awarded to organisations that show evidence of gender equality values and management practices – are more encouraging. As to the time of writing, the University of Malta (UM) is working its way towards being awarded the Equality Mark, whilst work done by the UM's Gender Equality and Sexual Diversity Committee, Health and Wellness Centre and the latest Gen-

der Equality Plans are remarkable.

On another note, in the EU 2022 Innovation Scoreboard, Malta is rated as a “Moderate Innovator” with performance at 84.7% of the EU average and increasing at a rate lower (6.7%-points) than that of the EU (9.9%-points).⁴

This means Malta's country's performance gap to the EU is becoming larger. However, perhaps more worrying, is the negligible evidence on how the EU 2022 Innovation Scoreboard itself measures equitable and equal participation in research.

So, what's the way forward?

There are latent and nuanced dimensions of precarity in research and academia that we know little about; in some cases, they are still taboos. These can include intersections with researchers' relations with intimate partners, particularly in contexts that are heteronormative, patriarchal or grappling with 'threatened masculinities'. Similarly, intersections with rare, terminal or chronic physical or mental health threats affecting researchers, or their dependants, or intersections with class and cultural capital which, for first-generation PhDs and academics, often translate into a hard-to-overcome 'imposter's syndrome'. Participatory, longitudinal and mixed-methods action research that maps researchers' biographies and creates authentic and emancipatory opportunities is key.

This is expensive research, challenging institutions and authorities to put their money where their mouth is. This is research that calls for a commitment that outlives electoral cycles - and tenures. This is research that is not partisan; but it is certainly political and, unashamedly, public.

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WELCOME TO UNITY'S SECOND EDITION!



Prof. Marvin Formosa
Department of Gerontology and
Dementia Studies

Welcome to Unity's second edition!

AS usually happens in my writing exertions, I found myself abandoning my first draft of the editorial. I had started formulating this commentary as soon as the first article was received in my email inbox.

However, as more articles poured in it became evident that my impression of the Faculty for Social Wellbeing's oeuvre was hopelessly near-sighted.

Despite being a member of this Faculty

for almost 10 years, seven years of which as Head of the Department of Gerontology & Dementia Studies, I realised that my knowledge on the theoretical and empirical contributions of fellow colleagues was superficial to say the least.

With each received article, I could see the Faculty for Social Wellbeing increase in stature, as I appreciated that its resident academics were simply not content to deal with mainstream agendas in their respective disciplines but also strove to take their fields into unknown territories ranging from sexual health to how Oscar-winning films distort the reality of disabilities to hu-

man-rights approached to drug policy.

Many took on research interests and studies over and above the research work that they were expected to contribute in line with their departments' interests.

Moreover, and despite at no point being stated throughout any of the articles, I could also witness first-hand the hidden injuries that research practice might possibly have on the Faculty's resident academics, as most subject foci deal with challenging arenas that range from the impact of fatal domestic violence on surviving children, to the negative social realities surrounding slippery

medical diagnoses such as fibromyalgia.

As psychologists, counsellors, social workers and gerontologists, amongst others, will certainly attest, efforts to improve quality of life and wellbeing comes at a personal price.

I will be brief as the role of the editor is to orchestrate rather than play any instrument and will simply end by thanking everyone involved in making this second edition of Unity a reality, all the contributors and the production team at MaltaToday, but especially, Charlene Fabri who worked tirelessly behind the scenes to join disparate efforts in one united whole.

We have come a long way...



Prof. Joseph Cacciottolo
Pro-Rector for
Academic Affairs

UNIVERSITIES have been part of the European social landscape for well over 900 years. They were conceived as exclusive, almost monastic teaching institutions wherein academic freedom was much prized and jealously guarded, and where scholars developed knowledge in its breadth and depth.

The advancement of knowledge is an essential requisite in any civilization. Gradually, and often against formidable political odds, religious oppression, bigotry and sheer ignorance, discovery and the testing of new ideas became the ethos of suc-

cessful universities. Institutions that failed to embrace critical thinking and innovation, withered, and fell by the wayside. Research and quick response to change, in turn continue to contribute directly and indirectly to the quality, relevance and scope of teaching.

The University of Malta has undergone crucial changes both in concept and in operation. This University, in consonance with European universities of repute, has to a large extent moved away from building bastions, exceptionalism and insularity to become a vibrant open community of scholars, teachers and students willing to build bridges. The University of Malta is increasingly more inclusive and diverse; it seeks to be as responsive as possible to today's needs and aspirations both at an individual level and on a national scale.

The characteristics of the student body have also changed significantly over a relatively

short period of time; there are more mature students, and the proportion of international students continues to grow. The size and composition of the current student body is completely different from what prevailed a mere generation ago; 60% of students are women, postgraduate studies have mushroomed and the University welcomes students with different abilities and ways of learning. The number of students pursuing higher studies at doctoral level is on the increase every year and partly as a result, the quality, span, and volume of research are at an all-time high.

Wilhelm von Humboldt's 19th Century concept of a University, integrating the teaching of arts and sciences with research served its purpose well and is still much discussed. However, times have changed radically and a modern University that seeks to remain relevant to its milieu needs to also engage with society at all levels. It needs to reach out, seek strategic partnerships and form an integral part of the community that supports it. Most, but not all, Universities that consider themselves ivory towers, aloof, and cut-off from the realities

and concerns of communities at large are now difficult to sustain.

The Faculty for Social Wellbeing is a young Faculty, now in its eleventh year since its foundation. However, over these few years this Faculty has come a long way in many aspects. The nine Departments within the Faculty make up a whole that is greater than the sum of parts. As a team, and individually, Departments and their academic staff address the concepts and practicalities of the wellbeing of contemporary society in a holistic manner that traverses and integrates disciplines. The relationship between the Faculty and its many stakeholders is a close one; this is both necessary and useful, as it ensures relevance and robustness of the educational products that the University offers.

In its teaching, research, and engagement with society, the Faculty for Social Wellbeing reflects the needs, concerns and aspirations of today's society in general, and particularly so the Maltese community in its diversity.

The Faculty has never shied away from addressing topical issues that may lead to heated debates at all strata of society, and

this reflects the positive attitude of engagement with society by the University as a whole.

This engagement with controversial and frequently politically-charged issues debated at national level is indeed one of the strengths of the Faculty. Very often, individuals and teams from the Faculty are instrumental in putting across rational and scientific approaches to debates and argument at a community level. The Faculty is also a valuable advocate for social change, at times by highlighting the plight and needs of the disadvantaged, the dispossessed, the excluded and the vulnerable.

The educational experience that the Faculty offers is learner-centred and is frequently designed around the capabilities and diverse needs of its students. It is facilitated by contact and support in an environment that fosters reciprocal learning between teachers and students.

Above all, the learning experience in all aspects of social wellbeing is geared towards the development of tomorrow's leaders; responsible and socially aware citizens that think critically, and approach practical situations both rationally and with empathy.

For & Against

Death be



for

Dr Christian Colombo, Chairperson, Humanists Malta
Joanna Onions, Committee Member, Humanists Malta

As humanists, we start from the principle that our lives are our own, not a gift from, nor owing anything to, any higher power. We decide our own destiny and values, provided that does not cause harm to others. Of course, all are free to adhere to religious beliefs - but not to impose them on those who think differently.

Competent adults have the right to control their own lives, including how they should end. Euthanasia is a broad term, covering:

Assisted Suicide (a medical practitioner providing a patient with the knowledge, means or both to commit suicide);

Voluntary Euthanasia (a medical practitioner administering a lethal drug to a patient with the patient's consent);

Passive Euthanasia (a medical practitioner allowing a patient to die by the withholding of futile treatment) - whether or not formally acknowledged, this is common in many countries including, as we understand it, Malta.

We focus on the first two, jointly "Assisted Dying", as a matter of choice for the patient rather than a pragmatic medical judgement. Justice and compassion must require cessation of suffering, if that is what the patient wants, having made a clear, considered and voluntary decision that their life has come to its proper end and they want to choose how, when and where they die.

International Human Rights legislation recognises the right to life, but no law imposes a duty to live under any circumstances. Assisted Dying is not considered a human right under international law, but is increasingly recognised in various jurisdictions. Both Voluntary Euthanasia and Assisted Suicide are legal in Belgium, Luxembourg, The Netherlands, Spain, Canada, New Zealand and Colombia, and under discussion in

Chile, Portugal and France. Assisted Suicide is legal in Austria, Switzerland, Germany, Australia and 10 US States, and under discussion in Scotland and Jersey.

It seems Voluntary Euthanasia is becoming more acceptable in Malta, particularly for the terminally ill (Assisted Suicide is rarely mentioned here; perhaps seen as one element of euthanasia). While many cases do involve the terminally ill, we see no moral case to limit Assisted Dying to people with, for example, six months left to live. We would include those who are incurably suffering; in many ways, worse than being terminal, facing longer periods without prospect of relief.

It is often argued that better palliative care would obviate the need for Assisted Dying. We agree - to an extent. Patients must, of course, be informed about their options for palliative care and pain management, and we support calls for better end-of-life and palliative care. Many would choose good palliative care towards the end of their days, and to die under that care rather than act, or expect others to act, to end their lives. But improvements in such care do not negate the need for a right to Assisted Dying for those who have a positive wish that their body should not be kept functioning when they are without independence, quality of life and hope.

Of course, laws on Assisted Dying could be abused, with pressure on the sick and vulnerable to act against their wishes for the convenience of families or medical services. All laws can be and are broken, and there are a few euthanasia cases in which that has happened, including in relation to a patient's mental capacity to choose, and failure of monitoring or enforcement. This underlines the need for strict regulation. But the possibility of misuse by others does not justify withholding that right to those who need it; if it did,

much more than euthanasia should be banned (for example, in the US, about 30 die every day in drink-driving crashes). And covert abuse will surely remain possible with or without regulation.

If formulated and enforced correctly, with the strongest safeguards against coercion and abuse, legalisation of Assisted Dying could protect the vulnerable as far as is possible within any legal structure. Safeguards vary between jurisdictions, including whether available only to the terminally ill; to those 'only' unbearably suffering; and to those suffering from mental, rather than physical, disorders. They should, at the minimum, include tightly-policed protocols ensuring that:

- a request is expressed, not implied, voluntary, informed, considered over time, and revocable;
- if there are any doubts about a patient's capacity to make a clear choice, a psychiatrist must confirm such capacity;
- two independent witnesses confirm the request was made willingly and free of coercion;
- two doctors, independent of each other, give written agreement the patient has an incurable, grievous and irremediable condition;
- at least two independent doctors, trained in medical ethics, agree that all legal criteria, including that the patient is informed of all options (including the benefits of palliative care), have been met;
- cases of Assisted Dying must be reported to a central body following the procedure.

Various academic studies have concluded that where Assisted Dying is legal, people acting under the law were generally free from coercion, and abuse of the vulnerable was not

evident.

Finally, there must be a debate about conscientious objection. We would prefer not to allow for conscientious objection to the fulfilment of a patient's wishes, because we do not agree a doctor should make moral judgements on behalf of others, but recognise that medical professionals have their own human rights.

For background information on some of the points we have raised, please visit <https://maltahumanist.org/assisted-dying/>



comes us

against

Edgar Galea-Curmi, Lecturer, Department of Social Policy and Social Work
Dr Vickie Gauci, Lecturer, Department of Disability Studies



We share here some reflections on euthanasia from the perspective of a disabled female activist and of a male social worker who shared the suffering and death of both parents and close relatives. Ours is not an academic or exhaustive thesis on euthanasia; rather, we voice the concerns of those who, like us, would not like to see euthanasia become a public policy and cultural reality in Malta.

We understand euthanasia, including physician assisted suicide, medically assisted dying or death, or any other of its euphemisms, as the active intervention by medical professionals to bring about the death of a person.

Essentially, euthanasia challenges one fundamental issue, the value of human life. It conceptualises human life as valuable if healthy, beautiful, useful and fruitful. Euthanasia wants us all to believe that “our lives are not worth living unless one is fit and productive”. It represents the triumph of a consumeristic society, obsessed with autonomy, independence and productivity, with no room for anyone considered as a liability to society. It conveys the message to persons who are on the margins of life that they are a burden to both society and to oneself.

Proposing euthanasia as a public policy solution is dangerous in more ways than one. Effectively, the introduction of euthanasia as a public policy enacts by statute the maxim that there are types and situations of life which have no value, and that the public and personal good is enhanced by the termination of such lives. Such a public policy clusters together those whom society deems as not satisfying the prerequisites of a healthy life, and proposes as a solution their accelerated purging. It discards a universal commitment to provide all that is required for society’s most vulnerable members to experience the security and belonging that renews their sense of purpose and human flourishing till the end of life.

Over the past half a century, disabled

persons’ reality has diverted the gaze from their individual impairment to the collective, societal and environmental barriers they face. They are disabled not only because of their biological impairment but more so because of the lack of opportunities and services that deny them living a full and meaningful life. We call this understanding the social model of disability, and it is an extremely useful paradigm to help us reflect upon the complex and sensitive dilemmas represented by euthanasia: Are we going to focus on the individual’s medical situation and, if it cannot be fixed, support the elimination of the individual? Or should we focus our attention on the state of our health and social care services, and do our utmost to create and distribute our resources in a manner that no one is compelled to see their life as having no value?

Euthanasia quashes all disabled persons’ efforts of the past 70 years to change the mentality towards their rights and the rights of other persons on the margins of life. It promotes a public policy that again reverts to short cut solutions ... instead of offering to adapt your house, to provide you with personal assistance, with supportive technologies, as your needs change with the progression of your illness or impairment, you are offered a quick way out in the form of medical assistance to end your life. By embracing euthanasia, society chooses to make it easier for vulnerable and marginalised populations to kill themselves rather than engaging in actively seeking all that is necessary to accompany them as they experience the limits of human life, and to transform their vulnerability and suffering in an opportunity to experience the best of human compassion, connection, accompaniment and solidarity.

A euthanasian culture is the antithesis of a caring society. We have heard numerous stories of euthanasia being offered for a multitude of reasons, including for fixing the trauma of a

Dutch victim of sex abuse, to a Belgian person devastated by breaking with her partner, to a Canadian disabled person requesting personal assistance, and many others. It is considered as a solution to rationalising health and social services, and in harvesting organs from persons designated as brain death. It starts with individual stories, but it quickly opens wide the gates to the systematic elimination of lives who for some reason or other are deemed not fit to live.

In the course of our work, we have been blessed with precious human beings who have taught us so much about what it is to be human. Consider the story of a young man who acquired quadriplegia following a traffic accident. While being interviewed on television on the occasion of I-Istrina, to the question, “What would you like most?” he replied without batting an eyelid, “To live”. Here is a young man, unable to do anything on his own except move from his neck upwards, who in the eyes of a euthanasian society is a prime candidate for euthanasia, claiming that his uppermost wish is to live. To live, however, with all the human and technological support he needs for a full and dignified life. And the mother of a young woman born with multiple and complex impairments. Coming out of the Intensive Care Unit, her face lit up as she recounted how her daughter had overcome the danger of losing her life and would soon be coming back home. Here is this woman, whose life was wholly dedicated to caring for her daughter, ecstatic at the thought that her daughter was alive. In the eyes of a euthanasian culture, she would have been much better off had her daughter passed away, and unconcernedly offered medical assistance to get there. After all, she would have been able to take her life back, free from the ‘burden’ of caring for her severely disabled daughter. Two stories, one lesson we will never forget – who are we to decide on the value of anybody’s life?

And here lies the danger of euthanasia for disabled people and other persons on the margins of life, especially for those who are unable to speak for themselves or who because of their cognitive impairments are unable to decide for themselves. Who is going to decide for them? Where do we draw the line? How are we going to decide whose lives are worth living and whose are not? And even when the claim is in support of those making fully autonomous decisions, how autonomous can a decision be when it is made out of fear, when feeling lost or abandoned, when having no one to turn to, when suffering a mental illness, when life-saving medication is unaffordable, when comprehensive and flexible personal assistance is not available, when the right to privacy is disregarded in all our residential homes, when community services are disjointed and sparse, when our psychiatric hospital and mental health services are found wanting in key areas, when the lived experience of the most vulnerable members of our society is nothing we can be proud of?

We need to listen to what the people who will be most affected by the introduction of euthanasia have to say, before we start going down this slippery slope.

Euthanasia does not only involve health and social care professionals. It is not only about moral values. It is about what type of society we want to live and grow old in, the type of society we want to leave for our children and future generations.

Instead of engaging the introduction of euthanasia, Maltese society needs to acknowledge the inadequacies and gaps in health, mental health and social care services, and aggressively ensure that all our efforts go at addressing suffering, access to hospice and palliative care, society’s disabling barriers, and all that is necessary to give value and add life to, rather than assisting in the death of, society’s most vulnerable members.

The big issue

“HAW’ LILLY!” IS THE TIP OF THE ICEBERG AND NO LAUGHING MATTER

Sexual harassment is a reflection of a much broader and more serious social problem: a gendered, unequal, patriarchal society where women are considered to be sexual objects to be used and abused at will



Dr Angele Deguara
Department of Sociology
Junior College

WHEN in April 2018, the laws and penalties about sexual harassment were changed, there was a huge media overreaction. The news went viral and, as often happens, the facts were twisted to the extent that rather than sending the message that sexual harassment is a serious crime that needs to be taken more seriously, it became trivialised. There were those who laughed it off and others who expressed their anger and incredulity that someone shouting an “Haw’ Lilly!” from a car, at work or in the street could be imprisoned for up to two years or fined up to €10,000. “Haw’ Lilly” became a national joke.

Misunderstanding abounds about the meaning and experience of sexual harassment as well as about its possible reasons and consequences. Sexual harassment is not just about catcalling but about any unwanted or unwelcome behaviour having sexual connotations. Calling out “Haw’ Lilly” to a woman is only the tip of the iceberg. It is also far from a laughing matter even though sexual harassment often lurks behind ‘jokes’. A basic understanding of sexual harassment is that if a victim reasonably considers any behaviour, words, pictures, gestures, looks, suggestions, messages, jokes or any other form of sexual content directed at them or about them as offending, unwanted, unwelcome, then that is sexual harassment, regard-



less of whether the perpetrator meant to harass or offend the victim.

Sexual harassment is a real problem which is experienced more by women than by men and is therefore a gendered issue. It takes different forms and occurs in different contexts such as in the street, at work, and not least online. Recently, virtual sexual harassment, revenge porn, sexual intimidation, comments with sexual implications, stalking, as well as the harassment of feminists who speak against such harassment have become common. Catcalling, unwelcome jokes, digital messages, unwelcome sexual advancements, touching another person while talking to them, persistent invitations for dates, gawking and any other such behaviour which may cause discomfort, annoyance, humiliation, fear or trauma to another person are all forms of sexual harassment.

Data collected in 2018 by Men against Violence and the Women’s Rights

Foundation revealed that sexual harassment is rather common and that the trends in Malta are not dissimilar to those of other European countries.¹ Three fourths of women reported being harassed at work; men to a lesser extent. Although harassment may not always be visible, about one fifth of men in the

(Cap 452), it shall be unlawful for any person to sexually harass other persons, that is to say: (a) to subject other persons to an act of physical intimacy; or (b) to request sexual favours from other persons; or (c) to subject other persons to any act or conduct with sexual connotations, including spoken words,

study reported seeing their female colleagues being sexually harassed.

In Malta, sexual harassment is a criminal offence in terms of Article 251A of the Criminal Code. Malta ratified the Council of Europe’s Convention on preventing and combating violence against women and domestic violence, known as the Istanbul Convention. The Convention considers sexual harassment as a form of violence which should be criminalised and punishable by law. Article 40 of the Convention refers to sexual harassment as “any form of unwanted verbal, non verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment”.

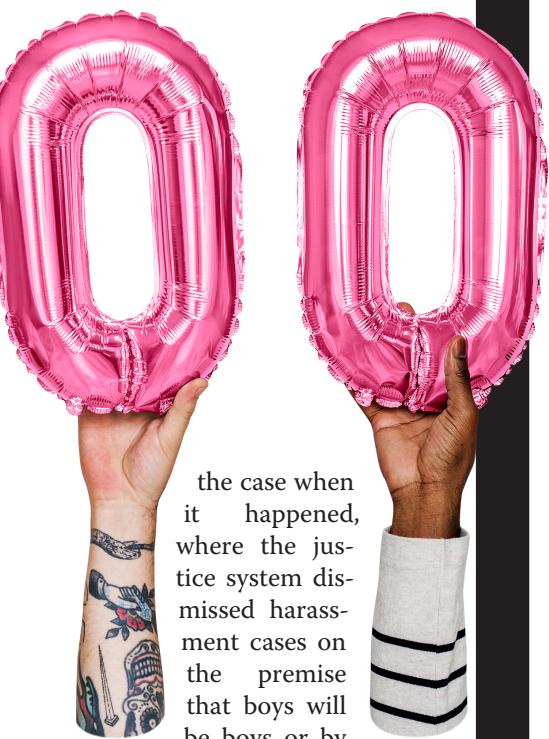
Chapter 456 of the Laws of Malta - Equality for Men and Women Act, Article 9, claims that, “Without prejudice to the provisions of article 29 of the Employment and Industrial Relations Act

gestures or the production, display or circulation of any written words, pictures or other material, where the act, words or conduct is unwelcome to the persons to whom they are directed and could reasonably be regarded as offensive, humiliating or intimidating to the persons to whom they are directed; or (d) the persons so subjected or requested are treated less favourably by reason of such persons’ rejection of or submission to such subjection or request, it could reasonably be anticipated that such persons would be so treated.

The quandary, of course, is that sexual harassment is difficult to prove. It may be a case of the victim’s word against their perpetrator. Even if there is proof that the act took place, and the harasser is identified, it is still difficult to prove that it was actually unwelcome. Sexual harassment cases are often in the news, although they inevitably tend to be underreported due to fear of the perpetrator, lack of proof, lack of trust

WHEN YOUR DADDY KILLS YOUR MUMMY

in the justice system, fear of ridicule, of losing one's job or of being blamed for instigating the harassment. The same Times of Malta article reports that one third of respondents participating in the survey considered the victim to be partly to blame for being harassed. Victim blaming may even occur in a court of law, when victims are asked what they were wearing. As the recently reported case of sexual harassment allegedly involving officials of the National Philharmonic Orchestra suggests, victims may be intimidated into silence. We have heard of cases where victims could not report



the case when it happened, where the justice system dismissed harassment cases on the premise that boys will be boys or by meting out ridiculous sentences. None of this helps the fight against sexual harassment and to ensure that justice is carried out.

Sexual harassment often involves a power relationship. It is a reflection of a much broader and more serious social problem: a gendered, unequal, patriarchal society where women are considered to be sexual objects to be used and abused at will. Laws and harsher penalties on their own will not solve the problem. Problems such as sexual harassment and any other form of violence where the majority of victims are women will not go away unless we fight the roots and all the branches of patriarchy.

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To understand what happens to children when their father kills their mother, we need to heed the growing body of evidence on the effects of continually witnessing violence in one's own home



Dr Roberta Attard
Department of Counselling

I sit, bathed in the cold flickering light of the neon tube overhead, waiting for six-year-old Susan. Despite the flurry of activity taking place outside the glass panelled door, the room is eerily silent. The only sound to be heard is the whirring of the drinks and snacks machines in the ward corridor. The seconds tick past slowly, as if held back by some invisible hand, in this suffocating space, buried as it is deep under the emergency wards.

As I think of what I am about to do I feel a rising sense of nausea and a heaviness in my chest, and it takes all my years of training and supervision not to get up and run. I am about to tell Susan that the mother who helped her dress that morning, who made her lunch and dropped her off at school with a kiss and a "See you later" will not be seeing her later, or ever. I must tell her that her mother is dead

Later, much later, she will have to learn that her mother died, alone and unaided, after having bled to death from the knife wounds inflicted on her by the man who she calls daddy. The look of shock and incomprehension on Susan's face, and her screams when the message my words carry finally penetrate her consciousness, still haunt me to this day,

as does the sight of her little shuddering body as she is carried away to a life without mummy.

A press release by United Nations (UN) Women in November 2022, based on their newly minted UN Office on Drugs and Crime and UN Women reports that "women and girls are more at risk to be killed at home", and reveals that an average of five were killed by their male family members every hour of 2021. Conservatively speaking, these being only legally verified cases, 45,000 women and girls, were murdered by a husband, partner or male relative in that year. And, despite all the efforts to the contrary, the same report notes that over the past ten years the numbers have remained largely unchanged.

Since the turn of the Millennium, in Malta, 29 women were killed by their male partners. What the reports allude to but don't usually say is that many of these women were murdered by the father of one or more of their children. In one such case, that of Margaret Mifsud, strangled by her husband in 2012, in video testimony two years later her nine-year-old daughter said that her father was the "worst dad in the world".

But this is a very rare glimpse of the children behind these mothers' sudden, violent and preventable deaths. In another femicide, the three children of Catherine Agius, stabbed to death at a bus stop by her husband, told *Times of Malta* (as reported 2/12/2022) that although he was jailed for 31 years after he admitted to the crime, life imprisonment was what he deserved, and that for them he "stopped existing when he killed our mother".

From a psychological perspective, to understand what happens to children when their father kills their mother, we need to heed the growing body of evidence on the effects of continually witnessing violence in one's own home, taking into account factors such as age, gender, social support system, and the length of time the violence was witnessed,

amongst others. In the local context, colleagues from the Faculty for Social Wellbeing have recently engaged in such research, with all-important findings that need to be taken heed of. I have noticed that children from homes in which violence is a regular occurrence are less likely to assert themselves at home, perhaps in an act of self-preservation, but engage in extremes of behaviour in other situations, like at school, either behaving very aggressively or totally passively.

And although education would be the way out of the life they are living, from the stories these children tell me, they often end up dropping out or being excluded. Although post-traumatic stress disorder, most especially if the killing is seen as having been done with intent rather than an accident, is a common fall-out, some children appear to be largely unaffected by the experience, only to decompensate as an adult in the face of what ordinarily would be considered a much lesser event. What is certain is that the somatic fear and emotional dysregulation associated with witnessing, vicariously or otherwise, violent death, even the threat of one, remains deep within one's body and psyche long after the event or threat has passed.

My own doctoral research into the experience of children who endure the death of a parent, also by femicide, evidences a bottomless, massive rage at having been deprived of that person you consider as yours by birth and by right. But other children express feelings of confusion and shame, with ambivalent feelings towards both their mother and their father.

Whatever you may feel, your life as you know it and with it, whatever sense of peace of mind and stability you may have, is lost and instead is a great big monster of pain, fear and anger, always lurking in the shadows waiting to pounce. In the words of one of my young clients "My mama was died and I think I am died too". Perhaps the biggest insult and injury to a child's rights is indeed this.



Family

FOSTER CARE: FRAUGHT WITH DILEMMAS REQUIRING WISE JUDGEMENT

Focusing on the dilemmas which the foster care process is fraught with, brings to light the responsibility which social agencies and Court professionals making decisions in this process are burdened with



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ALL countries, even those which invest a large expenditure on child and family services aimed at preventing the separation of children and adolescents from their biological parents, still develop and invest in a system of alternative care for those children and adolescents, who, despite all efforts made by those supporting them through prevention and intervention services in the community, require removal from parental care.

The first decision tied to foster care which presents an ethical dilemma to whether it is absolutely necessary to have a child removed from their parents' care. Removing a child from parental care presents a dilemma especially in situations where the child may not be subject to severe physical or sexual abuse but where their emotional needs or physical needs may be severely neglected. This dilemma arises because separating children from their biological family impacts their emotional and

psychological wellbeing and development. Therefore when deciding to separate children from their biological families, social workers and other professionals involved in this decision carry the responsibility of ensuring that the children are provided with opportunities for physical and emotional development which they would not have had had they stayed on to live with their biological family, but that this is provided for to the extent that the opportunities would also make up for the trauma caused when the ties with the biological family would have been somewhat severed through removal.

Another dilemma arises when siblings may be required to be separated from parental care since there is a consensus amongst research studies that siblings benefit much from being placed together. However identifying foster families who are in a position to commit themselves to taking on the responsibility of more than one child at a go is not an easy feat, especially in situations where the sibling group consists of more than two siblings, of very young children or of children with particular needs. So whilst attempting to adhere to the principle of keeping the sibling group intact, social workers may struggle with identifying families who can actually meet the needs of a sibling group, rather than those of an individual child.

Ethical dilemmas continue along the foster care journey as decisions are called for as soon as children are placed in foster care. These decisions centre around the contact which the child will have with the biological parents. Parents' usually push for extensive contact through their

lawyers, whilst social workers and other professionals struggle to respect parental rights whilst also ensuring that the child's wellbeing is not jeopardised by the type and extent of contact they have with their parents, whose behaviour and lifestyle would have usually caused trauma to the children. Whilst the children's views about this should be considered, a number of children who are separated from their parents would not be of an age where they can express their views with a number of them being newborn babies and toddlers.

A dilemma which then faces social workers arises in those situations where the parents make a degree of progress and work towards the goals which would

have been established in terms of the care plan of the child, but where the child would have settled down exceptionally well in the foster family and is hesitant about being reunited with the biological parents. A newborn baby placed in foster care would have built a strong attachment relationship with their primary caregivers and removing that baby after two or three years in foster care can have very serious repercussions on their emotional well-being and development. Additionally, during the reunification process, it is not rare for social workers to find themselves questioning whether the level of care and opportunity which the child is predicted to have upon returning to the biological fam-

ily, will match the level of care and opportunity which they had in foster care.

Chapter 602 of the Laws of Malta, namely the Child Protection (Alternative Care) Act, was a very important step forward in ensuring the foundations for good practice related to the protection of children.

It enshrined in our legislation a commitment to children in vulnerable situations and this is a very important step.

However the foster care process is so complex, that we cannot put our minds at rest because we now have this law. Focusing on the dilemmas which the foster care process is fraught with, brings to light the responsibility which social agencies and Court professionals making decisions in this process are burdened with. It brings to light the importance of sound professional training at graduate and postgraduate level but also the importance of promoting a culture across agencies and institutions employing professionals responsible for making decisions, which allows space for reflection, for open discussion, for staff support and supervision, as well as for continuous

staff training and development, staff retention and the development of expertise. This process also calls for a clear commitment to putting the child first. It calls out to professionals to keep the child as their priority even if they are not the child's social worker, but possibly the biological parent's social worker or a foster carer's social worker. Foster care will not champion the child unless all professionals and others involved in it, consider the child as the primary person they are accountable to. It involves a rethink of how children have been viewed throughout history, challenging us to truly begin to consider them as individuals with full rights, as they after all, most definitely are.



BIO-POLITICS, CAPITALISM, AND CHILDREN

The neo-liberal economy is enticing more people into paid labour, whether they want to or prefer to stay at home to take care of their children



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MALTA defines itself as a child loving country. Facts dispute this. Malta has one of the lowest fertility rates in the European Union. This is also a global issue as Gallagher's article *Fertility rate: 'Jaw-dropping' global crash in children being born* demonstrates.¹ By 2100, some countries such as Japan and Spain will see their population halved.

Women, this article underlines, are not having as many babies as they did in the past. Sylvia Bonnici (2023) in her Master of Arts (MA) dissertation interviewed young Maltese women in a stable relationship who, together with their partner, have decided that they do not want to have children.² Francesca Fenech Conti (2023), in another MA dissertation, underlined that although Maltese women do resort to some sort of contraception this still leads to some unplanned pregnancies.³ Anna Borg (2021) and others maintain that this dwindling in the rate of children born is due to various reasons – the fact that more women are investing in an education and employment.⁴ As Borg however points out, the neo-liberal economy is enticing more people into paid labour, whether they want to or prefer to stay at home to take care of their children. The bulk of the income earned is spent on

accruing a 'home'. Whether you buy a small flat or a house, the majority have to take a bank loan, or else spend their life renting accommodation, which isn't feasible in the long run. So, young couples are postponing starting a family, or not even going there.

Couples and individuals who want biological children do have options if they have money. They can do it the traditional way. Some however use pre-implantation genetic diagnosis (PGD) testing to screen the embryos for sex, race, and/or chronic illnesses or disability. PGD is a laboratory procedure used in conjunction with in vitro fertilization (IVF). This procedure is not legal in all countries.

Estreich (2019) also mentions human genome editing which is used to produce 'better babies'. In some countries, a number of medical tests and procedures are also undertaken during a pregnancy – ultrasound scans, blood tests, amniocentesis, etc.⁵ When one of these tests show that the foetus has a disability, doctors – depending on the country – may put pressure on the parents to abort even when the mother wants to go ahead with the pregnancy. Down syndrome in Iceland and Sweden, for example, is disappearing. Disability scholars, activists, and supporters argue that life with disability is not inherently tragic. Physical, developmental, and emotional impairments can limit life activities, however a number of the limitations faced by individuals with impairments are socially constructed.

The world is also witness-

ing an increase in 'designer babies', a number of which are born via social surrogacy. In some countries, there is no legal requirement that the babies born of this practice have to be genetically linked to one of the intending parents. Without this piece of national and international legislation, we might see an explosion in the gamete market to make designer babies and/or baby farming. Those who want such babies, will seek gametes – eggs and sperm – of young, highly intelligent and attractive women and men attending elite universities who have athletic and artistic talents. In the past, these gamete donors could remain anonymous.

Donor-conceived people however are pushing governments to ensure that gamete donation does not remain anonymous since this has genetic implications in the case of inherited diseases; there are also public health concerns in the eventuality of people conceived from the same gamete donor might procreate and/or marry each other.

Other countries have decided which racial and ethnic groups can have children.

The United States has a long history of forcibly sterilising certain racial groups. Black women have been sterilised against their will in the past.

People believe that to have or not to have children, and which children they get to be bear, is a personal decision. Little attention is given to the interaction between bio-political dynamics and political rule and how these intersect with capitalism and its distinct systemic drives.

Supporting couples as they transition to parenthood



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THE transition from couple to parents is one of the major milestones in the life of a couple. Despite preparation, anticipation, and planning, the changes that the arrival of a baby (or babies, sometimes) bring to a couple are beyond preparation! Couples, whether living together or separately, would usually have been accustomed to a particular lifestyle and routine, social life, work and leisure schedules. The transition to parenthood necessitates that what was previously customary and predictable, becomes, at least for some time, uncertain and different.

Adjusting to the new baby, even when this is not the first time, but more so when it is, requires a lot of energy. The tendency is for couple to focus initially on learning how to care for their child, making sure to tend to their child's needs appropriately.

As time goes by, with practice, what was initially new and overwhelming becomes more doable, and the levels of stress involved with adjusting to the transition, can start to decline.

As a clinician and researcher of couples and parenting, I find that one of the pitfalls that can accompany the transition to parenting is that the couple, now parents,

forget that they are still a couple. So much energy has been put into becoming good or sufficient parents to their child, that their relationship as a couple is sidelined. Often, couples say they have 'no time' to think of anything else, they are 'too tired' because of the lack of sleep, or they may need to work extra to cope with increased financial burden as the family grows. Some couples work back-to-back to ensure that either one or the other is caring for their child at any one moment, and thus they hardly ever meet anymore. Unfortunately, whilst it does become realistically more challenging for couples to balance all their responsibilities and time, leaving their relationship on the back-burner does not augur well for the future sustainability of the relationship and effectiveness as parents.

Therefore, all efforts need to be made to support couples to continue to invest in their relationship. Finding creative ways to spend time together, getting support from family and friends, making use of childcare services, or maybe even attending a parenting programme together that focuses on their relationship, are all possible ways to enhance and prioritise the relationship.

The stronger the couple relationship, the better the parenting relationship, and ultimately the greater the positive impact on the child's well-being and development.

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Love and sex

Being gay or lesbian and out as a university student: the effect of recent policy and legislative changes



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THIS feature is being written during a period when several important policy and legislative changes are taking place, certainly far too many to squeeze into a few lines. The three points that are discussed here reflect those given prominence in recent studies published by the National Commission for the Promotion of Equality.¹

The first point relates to discrimination in the context of sexuality. A key marker among the measures that are being introduced came about in 2014, when Malta became the first country in the world to include gender identity as grounds of protection. At that point, its Constitution was amended to include sexual orientation and gender identity as grounds for discrimination. The proposed Malta's Human Rights and Equality Commission Bill (2019) and the Equality Bill (2019) lay down that any person who enables (or, in any way, makes it possible) for such discrimination to take place would also have committed such discrimination. This is aligned to Chapter IV of the Constitution of Malta which lays down that "every person in Malta is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex... [provided that this] does not prejudice the rights and freedoms of others or the public interest". The implications of this

are that university students who are open about being gay or lesbian can do so with their mind relatively at rest. This contrasts with past times when people were more reluctant to disclose their sexuality for reasons of fear of retribution of some form.

The second point relates to the positioning of gay or lesbian people in wider society, in terms of how the legislation made it possible for same-sex couples to have the same rights as heterosexual couples do. In April 2014, Parliament approved the Civil Unions Act which meant all rights under the Marriage Act applied to civil partners (with the sole exclusion of religious weddings). Foreign same-sex registered partners were recognized as civil partners, and adoptions by civil-union partners were also regulated the same way as those by spouses. The enactment of the Chapter 530 of the Laws of Malta, Civil Unions Act, 2014 grants civil unions the same rights, responsibilities, and obligations as marriage, including the right of joint adoption.

The third point relates to concern for non-Maltese European Union (EU) nationals in Malta. This point is particularly relevant in a university context where some of the students are not Maltese nationals and quite a number come from different parts of the EU. Malta's Human Rights framework includes the Charter of Fundamental Rights of

the European Union which is directed at promoting respect for the upholding of human rights and complements the European Convention on Human Rights (ECHR). The message that is being brought across is that the EU recognises that persons who identify as LGBTIQ+ in the EU should have the freedom to live and publicly be themselves without living in fear. This implies that the concern for non-Maltese nationals from EU countries (and possibly also from elsewhere) may be justified, or, in some cases, can be seen readily as clearly justified.

As a further note, the LGBTIQ Equality Strategy and Action Plan 2018-2022 acknowledges the need to make visible Malta's welcome towards LGBTIQ tourists in international publicity campaigns and in domestic services catering for tourists; and it suggests the need to launch a campaign for LGBTIQ-welcoming businesses to externalise their inclusion through #Welcome commitments and stickers and to support initiatives that

provide visibility to the LGBTIQ community's contribution to Malta over the years.

The three points above can be expanded upon further, by referring to the works of Foucault. They all refer to transitions in thinking and acting, be they on a personal level, on a relationships level, or on a societal and EU level. In Foucault's terms, 'sexuality' is not an empirical reality manifest what people do and the identities they adopt, but rather positioned alongside 'health', 'sanity', and 'criminality' and thereby producing governable subjects through the deployment of discourses.

Putting this in other words, following Foucault, the transition from the use of such terms as sodomites to that of people with gay and lesbian identities is not simply a matter of using new labels to describe a reality, but rather, a matter that the changed labels point to a changed reality.² Applying Foucault's reasoning further,

however, if the recent change in legislation reflects changes in underlying thinking, what was it that made all these changes possible? For instance, how did same-sex marriages 'earn' their place in legislation

(and in wider society) in a Maltese context? After all same-sex marriage was something which, in previous years, was taboo. Was the underlying change in outlook the result of the tireless and relentless effort of the NGOs in Malta; was it the work and public appearances of high profile politicians; was it the result of Malta's accession to the EU which implied that Malta had to toe the line in relation to at least some of its policies; was it the widespread access and use of the internet and social media; was it a wider appreciation of the needs and rights of

people identifying as gay or lesbian through schools and education channels; was it something that arose as a result of the liberalisation of the economy; or was it simply a marker of political expediency, and therefore a vote-catching exercise that somehow worked out for both the politicians and for people identifying as gay or lesbian (or people who otherwise formed part of the LGBTIQ+ community)? None of these questions deserve a simple answer. Rather, each has the potential to promote much reflection and discussion.

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SEXUAL HEALTH – QUO VADIS?

Malta's socio-cultural context, due to its adherence to the Catholic faith, is characterised by adverse impacts on sexual norms, with negative ramifications for quality sex education

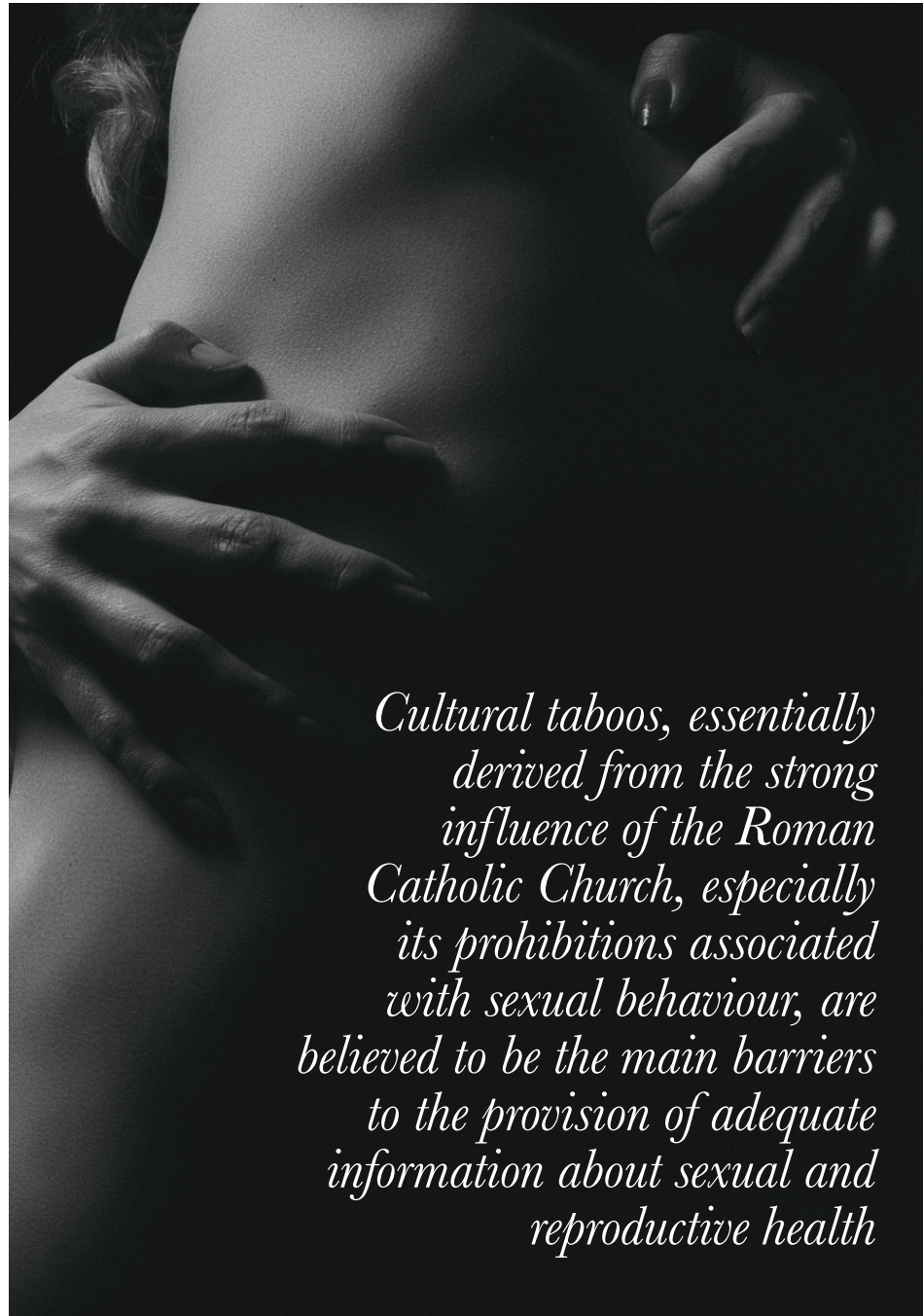


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THE correlation between comprehensive sex education and national sexual health outcomes is well recognised in numerous international studies. Indeed, education policies which provide holistic, evidence-based sexual and reproductive health information go a long way in preventing unplanned pregnancies and sexually transmitted infections (STIs). Both formal and informal educational contexts, work places, health facilities and the wider community spaces are all possible platforms where sex education can be provided.

Although the focus is often primarily on the adolescent years, it is being increasingly recognised that sex education is a lifelong process. Since sexuality is a lifelong experience, sex education should be available to individuals of different age groups and of different social levels in various accessible contexts. Most importantly, sex education should reach those who are possibly in a position of vulnerability, such as individuals from marginalised groups, those with low literacy levels and limited educational backgrounds, migrants, sexual minorities and persons with disabilities.

The Maltese socio-cultural context, due to its adherence to the Catholic faith, is characterised by adverse impacts on sexual norms, with negative ramifications on access to comprehensive, quality sex education. Cultural taboos, essentially derived from the strong influence of the Roman Catholic Church, especially its prohibitions associated with sexual behaviour, are believed to be the main barriers to the provision of adequate information about sexual and reproductive health.



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Malta requires progressive educational policies that diligently implement and put into practice this kind of knowledge and information. The National Guidelines on Sexuality and Relationships Education in Maltese Schools have not been replaced since 2013 and still strongly promote abstinence. Advocates of such a stance argue that abstinence-based educational programmes discourage teenagers' sexual activity – both in terms of frequency and onset – by increasing the perceived cost of having sex, leading to a lower incidence of teen pregnancy and STIs. However, critics posit that while teenagers' decisions to engage in sexual intercourse are independent of what is taught in the school curriculum, the lack of information encourages risky sexual behaviour which could lead to higher rates of pregnancy and STIs. In fact, over the past decade the rate of teen births in Malta has constantly been the highest when compared to Greece, Spain, Italy, Portugal, Cyprus, and the rest of the European Union. This could be interpreted

as a sign that current sex education programmes are not effective, not least when it comes to the access and use of contraception in this age group.

A study conducted in 2019 with young Maltese students aged between 15 and 25 years in state post-secondary education revealed that participants were more knowledgeable about HIV and AIDS than they were on STIs.¹ Chlamydia was the STI that both gender cohorts had least knowledge of, and the majority of respondents had limited knowledge on how to access national sexual health services. Preferred sources of information identified by respondents included friends and the internet, followed by parents/guardians and television programmes, leaflets and magazines. Interestingly, school was not one of their preferred primary sources of information. Buttigieg, Debono and Gauci concluded that the delivery of sex education needs to be updated and scientifically based and that professionals working with young people require adequate training in

order to deliver this content so that apart from focusing on safer sex practices, sex education should include giving consent, disclosing sexual boundaries and preferences and effectively expressing a decision.

Sexual and gender diversity are amongst the topics to be addressed in sex education to the extent that respect for diversity is listed by the World Health Organization as one of the outcomes of sex education, with schools to firmly base sex education on human rights and the normalisation of diversity. In 2017, the Malta LGBT+ Rights Movement (MGRM) conducted a survey among youth aged 13 to 22 attending State and Church schools which led to the Malta National School Climate Survey Report that highlighted the absence of LGBTIQ affirming education. This report concluded that making schools a place where diversity is not only tolerated but celebrated is a challenging feat that requires trained and committed educators.

Studies also found that the availability of sex education for persons with disabilities, especially those with intellectual disabilities, is generally provided at the discretion of educators and parents. Since persons with disabilities tend to be infantilised and often desexualised, they receive limited - if any - information about sexuality when compared to their non-disabled peers. The content of sex education directed at persons with disabilities is often marred by issues of morality and often aimed at controlling sexual behaviours and highlighting the possibility of sexual abuse and the perils of procreation. Indeed, the National Guidelines on Sex Education in Maltese Schools refers to students with disability as "Special Needs" and automatically frames them as vulnerable. These guidelines claim that liaison between educators would ensure that information related to specific topics such as abstinence, abuse and contraception are delivered in an appropriate and inclusive way to all students irrespective of their levels of abilities.

Undoubtedly, comprehensive, inclusive and ongoing, sex-positive sex education is one of the most recommended aspects of optimal sexual and reproductive health attainments.

Sex education that targets persons of different age groups and from various social and educational levels, cultural backgrounds and that is accessible in a range of contexts is what the upcoming National Sexual Health Strategy for Malta should be aiming for.

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Student lives

Although I believe polarisation is less evident among our student body, I have come across a few instances which I now wish I had managed better. Here are a few disparate reflections

No captives in our classrooms

Reducing polarisation together



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THAT many societies have become more polarised is well-documented. Successive Presidents, in Malta and beyond, have called for unity in the face of hardening divides. A polarised system is one where the centre hollows out, as people's opinions and allegiances cluster more strongly, and further away, from a midpoint. Polarisation is different from party partiality; opposing views are not new and play an important role in liberal democracies. Debate is more effective than suppression, and polarised views can mobilise action for important social change, as in for instance the case of civil rights in mid-20th century America. Difference is not the problem; indeed, some would argue there is too little political differentiation in an age where there seems to be no alternative to neoliberal capitalism.

More problematic is the rise in 'sorting', where we increasingly

congregate with others like ourselves, rarely encountering different people in non-politicised spheres of life where bridges are built. While social identity theory suggests that we naturally build our identities and self-esteem through the groups we belong to, the distance between groups appears to have hardened. This is often attributed to a rise in identity politics, which term is sometimes unfairly weaponised to dismiss the demand of marginalised groups to be afforded equal dignity. Understanding the subjective 'lived experience' of specific groups, and how it is affected by legal, cultural and other structural forces, contributes to justice and empathy. Yet when non-partisan identities (such as gender, class and ethnicity) are drawn into partisan conflicts, partisanship becomes what Mason calls a 'mega-identity': political differences become personal, and more a threat to our self-esteem than a cause for debate.¹ Feeling threatened, we become less open to alternative views and see dissent as culpable, even when we have a limited understanding of others' beliefs and why they hold them.² We become less committed to assuming the good faith of others, and social trust declines.

The challenge lies in committing to a more universal sense of identity and purpose. As Fukuyama suggests, both lived experience and shared experience must matter if we are to reach across cultural divides.³ Rediscovering a sense of the collective is hindered by opportunistic 'us and them' discourse by hardline partisans, a discourse which can manipulate and inflame, magnifying imaginary conflicts and offering no peaceful remedy for real ones. Social media has amplified the splintering, making it easier to circulate fake information and to smear one's opponents from a safe distance in ways that social norms would generally restrain us from doing face to face. Thus, we insulate ourselves from people and opinions we don't like, reinforcing our tendency to only hear what we already believe and allowing our outrage to be stoked. Although I believe polarisation is less evident among our student body, I have come across a few instances which I now wish I had managed better. Here are a few disparate reflections.

First is accepting that our students, like everyone else, may live in different moral universes with a different logic to our own. We must role-model evaluative pluralism; in Vallier's words,

that "sincere and informed people can non-culpably disagree about many important matters, including what the good life consists in and what justice requires" (2020, p. 21). While we can rarely resolve conflicting views, we can learn to manage polarities to mutual benefit, while supporting the middle to use their voice too. I don't think we should avoid differences, which often harden in resentful silence. Engaging respectfully with non-mainstream and less popular viewpoints, and offering challenge in a manner that affirms students, helps create a safe environment for them to differ in class and to develop confidence in their voice.

Second, fostering students' debating skills helps them to be logical and articulate speakers. Debate, however, cannot be the only way we prepare students to communicate. Dialogue matters too, learning to listen rather than persuade; to build bridges without denying differences. Similarly, deliberative skills are needed, where students engage with each other's views while working together in common purpose. We can help students to be mindful of the impact of their words on others, reminding them, though, that while language certainly matters, it

should not eclipse our assumption of others' goodwill and cause us to take offence too readily.

Third, true critical thinking is widely informed and reasoned, and does not need inflammatory language and stereotyping of any sort. Singular social narratives run the risk of breeding intolerance. For instance, theories of group conflict have been crucial in explaining the dynamics of marginalisation, yet they are not the only narratives worthy of students' attention. Many people choose to organise their lives around principles other than power and self-interest, a view that I contend is empirical rather than naïve. Besides, it is inconsistent to only valorise those lived experiences that conform to our narratives. Students are better served when exposed to a broad spectrum of perspectives and encouraged to fact-check and to seek evidence, enabling them to be critics and not captives of ideologies.

Lastly, we can encourage our students to read quality fiction. Shafak holds that stories bring us together, helping us connect with our multiple identities and with those of others.⁴ In her words, we should strive to explore our many belongings. Good fiction can help,



Students, like everyone else, may live in different moral universes with a different logic to our own. We must role-model evaluative pluralism



by taking us beyond ourselves to understand and empathise with different people, helping us live with complexity and become more tolerant. Harper Lee's *Mockingbird* or Gaskell's *North and South*, for instance, have the power to instruct the heart in a way (at least my) lectures cannot. Fiction, Shafak suggests, offers one way to "stay sane in an age of division". Together with our students, we can learn how to be political beings yet refuse to be prisoners of politics.

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EXPERIENCES OF PROFESSIONAL PRACTITIONERS IN RECOGNISING AND DIAGNOSING EATING DISORDERS

Research shows us eating disorders are far more widespread and do not distinguish by race or ethnicity, much less gender or socio-economic background



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Research Support Officer II

RESEARCH shows that it is vital for persons with emergent eating disorders to be diagnosed and treated as early as possible as this leads to improved outcomes. Professionals such as educators, doctors, psychologists, dentists, gastroenterologists, counsellors, sports trainers and others are excellently placed to recognise a potential eating disorder and could contribute significantly to earlier diagnosis. Yet, although persons with developing eating disorders come into contact with various professionals, and despite the fact that better recognition and diagnosis could save sufferers years of distress and harmful habits, diagnosis levels remain low. Patient evasiveness, cultural differences between practitioner and patient, the similarity of eating disorder indicators to symptoms associated with other conditions, and potentially inadequate eating disorder knowledge among professionals may make them difficult to diagnose.

In 2022, the Faculty for So-

cial Wellbeing was commissioned by Dar Kenn ghal Sahhitek to carry out research on the experience of professionals who come into contact with potential eating disorder sufferers. This study examined professionals' knowledgeable of eating disorders and whether they feel empowered to take the necessary actions to help potential sufferers. Data was collected via an online questionnaire which received 123 valid replies, and four focus groups held with a total of 15 professionals.

Overall professional knowledge of eating disorders was found to be good, although there was some discrepancy within as well as between professions regarding the extent of that knowledge. Mental health professionals tended to have better knowledge of eating disorders, possibly due to their knowledge of mental health literacy. Avoidant/Restrictive Feeding Disorder (ARFID) was the least well-known eating disorders. It emerged that all professionals experience eating disorders within their clientele – hence, indicating that eating disorders may be more widespread than one imagines. While most practitioners do follow up with the person, typically there are no guidelines as how to do this. Setting up protocols should become widespread practice, especially as the majority of professionals stated that they tend to find it difficult to approach potential eating disorder sufferers and do not feel confident in their knowledge of the subject.

Four overarching themes emerged from this study – namely, professionals' experiences with eating disorders; failures in systems and training; family, friends and significant others; and education. Participants across all professions revealed that their

formative training contained very little specific instruction about eating disorders and that what they know about eating disorders was

mostly acquired through self-study.

Additionally, current systems tend to view eating disorders as conditions that can only be tackled by professionals from the field, however, it became clear that various professionals are able to recognise that an individual could have an eating disorder. Participants also expressed disappointment in systematic practices that perpetuate unhealthy habits – within the family as well as culturally, and called for a cultural shift that gives prominence to healthy eating habits, the serving of healthy foods and sensible portions in restaurants, and a sports-mindset that are currently lacking in our country.

A supportive system, i.e. family, friends or significant others, is a crucial element of recovery from eating disorders. These people encourage sufferers to seek treatment and support them along the way. Conversely, unsupportive family or friends tend to encourage dysfunctional habits and are more likely to be a liability. Along with family, educational establishments serve as centres of influence in the transmission of knowledge and values and in the formation of good habits, meaning that teachers and other education professionals should not be overlooked as valuable collaborators. Finally, this research showed that there is a desire among professionals from various fields to learn more about eating disorders.

While certain professions, such as doctors or psychiatrists, are typically seen as being better placed to diagnose eating disorders, the emergent data from this study confirm that any professional that comes into contact with clients, students or patients is in a position to help potential sufferers.

It is hoped that this study will raise awareness of the importance of eating disorder knowledge among professionals in Malta. Enlisting the help of practitioners in identifying and tackling eating disorders and improving the outlook for sufferers will cut short the time sufferers spend living with an eating disorder and improve outcomes for sufferers.



People

MATT PARIS MENTAL HEALTH ADVOCATE

“I got a two-seater so there would be less space for my hallucinations to sit with me. They are so invasive”

Matt Paris is a graduate in psychology and currently a candidate for his Masters in Gestalt Psychotherapy. At 15 he started having episodes of psychosis which he kept to himself for two years, living with voices and other hallucinations on his own, not knowing how to deal with it. Except for the occasional chat with his friends, he kept it all to himself, fearing retribution and misunderstanding if he had to disclose it. Since then, he has become a mental health advocate and his role within Richmond Foundation gives him opportunities to go around schools and communities sharing his experience.

Prof. Andrew Azzopardi caught up with him at a restaurant in Paola

What do you think triggered your psychosis?

I'm still not sure about that. I remember that at the time I was rather anxious about my O-level exams. The strange thing is that I don't know of any close family member who have this condition or a similar ailment. Exams used to stress me out badly. The first known episodes I had were that of hearing voices whilst I was swimming and playing water polo. At first it was very confusing but also interesting in a way. Being a creative person myself, I thought this was a stimulating experience initially, but I soon realised that there was more to this than creativity and imagination.

How did the Sixth Form you went to deal with your mental health condition?

Very well. The teachers at St Aloysius College simply asked me what I

need and they supported me through and through. They were also very understanding when it came to examinations, which have always been my nemesis. There were times I would go to the bathroom, make sure no one is there and have long conversations with my hallucinations.

When is the worse time of the day?

Mornings are terrible. I find it hard to start off the day. It's a mix of exhaustion, the occasional nightmares and my sleeping patterns are not that good.

Did you ever confuse these hallucinations with a spiritual experience?

My first cycle of hallucinations were mostly positive and friendly; I even considered them spiritual. Other hallucinations were negative. As time went by, the negative hallucinations

triumphed over the positive ones. Therapy encouraged me to detach myself from the positive hallucinations. The therapist asked me to 'let go'. This will sound strange to you, but I sat down and talked to them, essentially dealing with them like a relationship that has broken down. At first, it felt bad. It felt like a loss. I had to grieve. It felt very real because they had become part of my support system.

How many hallucination characters are still around?

I have four negative hallucinations which I experience on a day-to-day basis.

At times they are all around, especially on bad days, three persons and a talking dog. One of the characters has a face, a distinguished look, a voice that has been with me for these last 11 years. Then there is a woman and a dog and another man. And as I said...

the dog talks to me.

I can literally smell their body scent and mouth.

I've had physical alterations. I also have a scar on my chest which I probably did to myself but I cannot remember when that happened. They all have names, but I don't give them identity to avoid giving them power and space. In fact, I concede that they are there, but I do not address them.

Once at University I saw a woman walking a dog who looked incredibly similar to my hallucination and I had to ask someone who was near me whether they are seeing this dog too. The hallucinations are so real at times I get confused between what is real and what is a hallucination.

Did you ever have to be admitted to hospital?

Yes, it happened a couple of times. I go to a private hospital as my par-





“I am thankful for the care and support I got from my family including the financial support during the time I have been diagnosed with psychosis”

ents are very supportive financially; and another time I was covered by insurance. I needed to go because of my psychotic episodes and because of suicidal ideation and an abandoned suicide attempt. Anxiety lights up my psychosis and vice-versa. These episodes bleed me dry.

Do you ever see yourself without having to juggle with hallucinations?

At this point in time no, even though the medication and therapy have helped me immensely.

How do you cope with an episode or panic attack?

It is essential for me to have time distracting myself by watching a TV series or playing a video game or else possibly going out with a friend to chill. At times an episode and panic attack would require that I get home

as soon as possible. Listening to music and being with someone close to me are also beneficial, but at the same time giving me space is crucial.

Thankfully I work at a place where they understand me well.

I also take PRN medication. An episode can take anything between 30 minutes and 3 hours, and then I sleep it off even though sleeping is quite a chore at times.

Would you feel it coming?

Yes, at times even a couple of days before. As I told you before these episodes are triggered by stressful situations so in a way I can see it coming. I am developing defence mechanisms to prevent an escalation of the episodes by keeping myself calm and as stress free as possible.

Do you struggle with sleep?

Sleeping has been my worst enemy

since day one. Episodes don't help. At times it feels as if there are 10 people (hallucinations) all of them speaking and talking. Nightmares are a frightening and dreadful experience and if they wake me up I usually can't go back to sleep.

What is the role of family?

Family members are my biggest support system and have learnt how to tackle this issue with me. There were moments when the hallucinations used to pick on my sister and I would sleep or stay near here to protect her from the hallucinations. It took me time to realise that really and truly they cannot do anything to her – but it's tough for me as I'm very protective of my sister. My sister is also one of the strongest pillars in my support system.

Do the hallucinations actually sit in your car?

Yes, they sit with me through the drive. When I changed my car, I decided to get a two-seater, a Smart, not only because of its compact size (and economical) but also to have less space for the hallucinations to sit with me. They are so invasive. Even during the night, they touch me, and it is a very bad feeling, possibly the worst and the most aggravating of feelings – that feeling of being touched, is terrible.

How does society deal with your mental health?

I've never been at the end of discrimination. Maybe the only moment I remember being in a sticky situation is when I got drunk in Paceville, and this is certainly not a good thing for me because the medication I take, to put it mildly, creates volatility. This situation triggered an awkward situation and it wasn't good. I can also recall an isolated moment when I was talked about behind my back – it wasn't nice but you learn to cope with these situations.

How about trying to get a loan?

It is through the support of my family that I managed to secure a loan by having my family secure some money as contingency. I feel lucky to have my family who supports me. But what about people who do not have the privilege of a family like mine?

Why do you think there aren't too many people who speak about psychosis?

I think it's because I have enough protection, care and security. Many others know that the moment that

they talk it will cast a shadow on them and it becomes threatening.

Isn't working in the mental health sector too much?

Yes, sometimes it is a bit too much and too heavy, but it is also the perfect place for me, firstly because I get to help people with psychosis, and secondly I know the ins and outs of what these people go through and I feel good supporting these people. When it gets too heavy I find loads of support from the people at work.

What about pets?

My dogs are company and support, and the older dog somehow knows when I need him most. Knowing I have my dogs close to me gives me reassurance and I feel safe and not alone.

How has this condition affected your relationships?

It hasn't really. I feel that I was lucky by and large. The people around me do understand me and feel me when things are not right. They provide me with the help I need. I know that I need to surround myself with positive people and people who do not judge me and know how to cope with my episodes.

What comes to mind when the alleged murderer of Paulina Dembska has been referred to as psychotic?

Initially it made me very angry. But it seems that in this case there is a melange of criminal behaviour, problematic upbringing, drugs and mental health.

I must say that this situation confused me on so many levels. Yes, fear and worrying thoughts do come to mind. I feel that it reversed the work I've done for these last two, three years and sent so much down the drain. And the usual mantra is thrown around, that “we should throw him in prison”.

But it is so more complex than that. I am thankful that my situation is not the situation of this alleged murder. In fact, after the anger subsided I got more energy in me to do more. We need to reflect where the mistakes in the person's life were made and by whom. Each situation is different as one takes you down a slippery slope whilst the other can become an opportunity.

Yes, I am thankful for the care and support I got from my family including the financial support during the time I have been diagnosed with psychosis.

Education for life

UNIVERSITY OF THE FOURTH AGE

ENSURING NO ONE IS LEFT BEHIND

The U4A seeks to connect persons living with dementia and to provide them with an opportunity to reminisce, socialise and to share their feelings



Rosette Farrugia-Bonello
Christian Vella
Prof. Marvin Formosa
Department of
Gerontology and
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POPULAR and leading discourses presuppose that the notions of active ageing and lifelong learning are unsuited with the fourth age environment. Persons in the fourth age consist generally of older persons living with physical and/or cognitive disabilities as a result of which they are either almost or completely homebound, or residing in long-term care facilities. However, it is welcoming to note that recent years have witnessed the emergence of a body of research conceptualising and documenting active ageing and lifelong learning initiatives for homebound persons via the Internet, older persons living in the community experiencing some degree of physical and/or cognitive frailty and generally attending active ageing or dementia care centres, and older persons residing in care homes for older persons.

Malta is no exception to such trends and nowadays one finds a plethora of active ageing and lifelong learning initiatives in local day centres for older persons, care homes and residential long-term facilities for older persons.

The University of the Fourth

Age, founded in 2019 under the auspices of the University of Malta Outreach programme, aims precisely to facilitate the participation of largely frail older persons in active ageing and lifelong learning programmes. The U4A is poised to enhance the quality of life and wellbeing of fourth agers by improving cognitive outcomes, self-confidence, locus of control and self-efficacy and reducing agitation, neuropsychiatric symptoms and depression, as well as providing them with a safe arena where they could express themselves with confidence.

The U4A is currently operating from the dementia day centre located in the Mtarfa care home for older persons, with a new centre scheduled to open in 2023 at Dar Padova in Gozo. The Mtarfa U4A witnesses the organisation of learning activities with older persons living with dementia. The choice of activities was not chosen in a top-to-bottom fashion and emerged following a degree of discussion and negotiation between facilitators and learners during the first introductory session. The learning activities are as following:

Reminiscence. This involves discussing old photographs that depict Malta's past way of life in the past. Topics generally focus on transportation, running errands, Malta during the war, feasts and celebrations, and traditional Maltese food, amongst others.

Tactile. Tactile and visual prompts open the door for many wonderful conversations. For example, San Martin's Day (San Martin) provides learners with the opportunity to feel the associated traditional bag. They are led to recall what they used to fill it with, how they used to prepare it for their children, and where they use to place it.

Cognition. Learners recall

Maltese proverbs and sayings, and discuss the context within which they were said. A series of short stories are also introduced to promote listening to others reading a story and to create contextual conversations.

Arts. Learners are facilitated to create cards for special occasions, such as Christmas and St. Valentine cards. They choose a favourite image and design it either by using oil-based or water colours. This enables learners to focus and concentrate on both the colour scheme and the technique used.

Drawing. Learners are asked to choose and draw from images such as vegetables, animals or musical instruments. Many opt for an image they relate with, such as potatoes in the case of families with farms, and more popular, dogs for those who kept dogs as pets. Giving someone a choice gives a sense of autonomy and a feeling of dignity.

Painting. Whilst painting represents an intimidating practice for many frail older persons, when it is attempted in the company of peers, it represents a way to share emotions. This is especially true for those who are unable to communicate verbally.

Singing. Learners are prompted to sing traditional Maltese songs which tends to result in a noticeable surge in positivity, happiness and memory. Music interventions evoke good mood, reduce emotional and behavioural disturbances, and relieve pain.

Poetry. Learners are prompted to recall poems which they recited when younger at school. Poems are quickly recited by heart as

learners remember them eloquently, with facilitators using open-ended prompts to facilitate discuss.

Movement. Every session includes a number of physical exercises. Such exercises involve a series of seated workouts which also ensured the safety of participants but also allowed them to move various parts of their body and even express themselves.

The U4A thus seeks to connect persons living with dementia and to provide them with an opportunity to reminisce, socialise and to share their feelings. All human beings are first and foremost social beings. They also have the need to be listened to and to feel that they are needed and valued.

It is hoped that the U4A will lead to improved cognitive outcomes and reduced agitation and depression levels, as well as

allowing fourth-agers learn new things, keep their body and mind active, and becoming more aware of what's going on in the world. In brief, it acts as a catalyst in "learning to know" by contributing significantly to participants' satisfaction and independence, "learning to do" by encouraging them to become digitally connected and being offered a unique person-centred approach, "learning to live together" by building bridges between generations and developing support and solidarity, and "learning to be" by developing greater autonomy, judgement and personal responsibility.

One augurs that in the foreseeable future the U4A increases the range of learning programmes for older persons in residential long-term care that revolves around drama, wine/cheese social events, gardening, dancing, wheelchair biking, crafts, poetry, fashion, walking, photography, sewing, singing, pet activities, cooking, making memory books, and reminiscing.



Mental health care on small islands: Gozo



Graziella Vella
Research Support Officer II

MENTAL health challenges arise when individuals find it difficult to cope with issues and challenges in their daily lives. Such circumstances generally lead to a disruption of lives and

leave a detrimental effect on their quality of life and wellbeing.

In Europe, research shows the most commonly reported mental health issues are 'anxiety' and 'depression', respectively, with these examples of mental illnesses also being the most commonly reported in the Maltese islands. Locally, research shows that the onset of mental health issues occurs around the age of 14. Depression is generally found to be more common among the most vulnerable groups such as people with lower-than-average levels of education, bereaving persons, and those who were divorced or separated, to the extent that these social groupings report mental health issues as

much as three times more than other peers.

Nonetheless, a number of people experiencing depression tend not to report their symptoms and seek help, because of the fear of stigma associated with mental health issues. Locally, this sense of stigma accentuates itself in view of the smallness of the Maltese islands. In Gozo, this sense of fear of seeking help for mental health conditions is even further entrenched because of this island's double insularity: when an island is part of a number in which a main, larger, island exists. Lack of privacy and discrimination due to the smallness of the island and close-knit communities create further obstacles in the quest to

Mental health

seek support and assistance for mental health conditions. Lack of specialised services is also an issue when these are usually offered only in the main larger islands. People seek more help when support is available within a community context, where people respond better to treatment than those inside a hospital environment. Nonetheless, mental health treatment in the community needs to be carefully designed to ensure a support system within a small close-knit community.

A study by the Faculty for Social Wellbeing explored the needs of people with mental health issues to understand what community services are available and required to complement

the current provision. Results demonstrate that people with mental health issues need an adequate environment where to receive treatment. Community care allows for a wider reach of people, and this setting creates further accessibility and helps eliminate barriers associated with seeking support for mental health problems. This is a crucial step in reducing the stigma associated with mental health issues. Indeed, mental health issues have become more accentuated in view of different pressures from today's society. There is therefore a great need for greater awareness and information with regards to normalising seeking help for such issues, before it is too late.

THE IMPORTANCE OF THE ARTS IN HEALTH AND WELLBEING



Prof. Louis Laganà
Faculty for Social Wellbeing

TODAY one finds an unprecedented strong relationship between the engagement of the creative arts, health, and the wellbeing of society. There is evidence that the arts have an effective means to reduce adverse psychological and physiological impacts. The arts help us meet challenges in health and social concerns associated with ageing, loneliness, social integration, long-term conditions, and mental health. In the last few years, psychologists, and health professionals started to study how the arts may heal emotional and mental injuries, reduce adverse symptoms and even heal individuals.

The number of people in Malta and their participation in the creative arts is lower than that of other European countries. Therefore, it is difficult to determine how the arts impact individuals, the extent to which they bring joy, increase self-esteem, and improve mental and

improve physical wellbeing. There is certainly a rise in the levels of depression and anxiety among youth, older persons, foreign nationals, and people with special needs. So, the challenges are momentous, and require serious educational programmes of mitigation.

Mental health and the arts

The World Health Organization estimates that mental ill-health accounts for 20% more than cancer and cardiovascular diseases.

Our country has an ageing population, and many people experience physical inactivity with the result of obesity, mental stress, and anxiety. The arts seem to have an important role to promote wellbeing and social inclusion.

Getting involved in the arts and cultural activities such as music, theatre, dance and visiting museums can have a powerful lasting effect on our health and wellbeing. It can also help to support mental health issues and recovery. Most art forms can help people to improve their communication skills and mental health issues through creativity. As they are expressing themselves in various forms of creativity, people are encouraged to communicate themselves, without having to use

words. During the COVID-19 pandemic many people had to self-isolate and so turned to the arts and creativity. This came from an innate desire to use the brains and the creative powers to make them feel good. The Arts are not only beneficial for young children or adolescents, but also important during adulthood and later life.

While practising the arts are not a universal treatment and solution for mental health issues, there is enough evidence to show that giving importance to the arts in peoples' lives can contribute to a better lifestyle and wellbeing.

Funding and the arts in health work

Malta is rich in its arts and culture, so a serious programme must be drawn up by all the stakeholders working in the arts and mental health sectors to provide a long-term framework to specific organisations. This should include participatory arts programmes and arts engagement in everyday life.

The Malta Council for the Arts could be the catalyst to fund projects and help local organisations to create programmes related to the arts and mental health, and the citizens' wellbeing. As the World Health Organization underlines, "health

is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity; the highest attainable standard of health is one of the fundamental rights of every human being." The arts, therefore, can contribute to our complete wellbeing.

The first thing to be done is to include the arts in health work. The proper clinical and healthcare environment with public spaces should offer a distracting atmosphere to patients, staff, and the general public.

Secondly, participatory community and hospital-based arts programmes and projects should be introduced. Arts and craft activities provide opportunities for people to engage with each other and their own creativity which will improve their sense of wellbeing. Studies have shown that the creative process and expression, influence peoples' lives over ill health and can result in reduced dependence on medicine.

The introduction of medical training and humanities would play an important role of the arts to develop the practice of medicine and the understanding of wellbeing. Medical courses and training should incorporate the arts so that the practice of healthcare is humanised. In most European countries, arts therapies have become an established psychotherapeutic tool used by qualified therapists with patients and clients. Unfortunately, there are no university or college courses in arts therapy in Malta.

During these last six years, I have attempted many times to

introduce such courses, but it seems that the local education establishments lack interest and enthusiasm to set up a general course in arts therapies. Most of the local students interested in a career as an art therapist, usually go to study abroad at another foreign institution.

There are only a few qualified art therapists in Malta, who actually struggle to find a job in this growing field. Arts therapists should be registered directly with the Health Professions Council and not just registered with the Psychotherapy Association to obtain a working warrant.

Artistic expression and creativity grew in conformity with cultural development and have a long and integral part in how we teach, learn, communicate, and heal. The arts are exceptionally appropriate to help us understand and communicate ideas and emotions by drawing on all our senses and facilitates empathy.

In recent years, we have come to understand the fundamental health benefits of artistic and leisure activities. The arts can help us emotionally to find a way to battle an illness or injury, and to handle difficult emotions in times of crisis and trauma. The enjoyment of the arts helps us to promote holistic wellness and become a motivating factor in recovery.

Therefore, including the arts in healthcare delivery has shown to increase optimistic clinical outcomes for patients while also support other stakeholders, health care providers, patients, and their loved ones.

Careers

THE LIFE OF A PROBATION OFFICER

NEVER A DULL MOMENT

Never get into situations that you know you cannot control, never blindly go into a home visit, especially if you are not sure what you will find. You only have your wits to get you out of a sticky situation



Dr Sandra Scicluna
Department of Criminology

HAVE you ever wondered what it is like to work as a probation officer or indeed what a probation officer does?

When I started working as a probation officer, I often got these looks when people asked me what I did for a living, and I replied that I was a probation officer. Not that people knew what I did – rather, they were trying to imagine my work, invariably trying to link it to the customary probation period at work. When I told them that my work meant dealing with offenders, supervising them, and making sure they observed the law, the question that usually followed was: “are you not scared?” I always replied: “almost never.”

My journey as a probation officer started by pure chance. Having finished my degree in Psychology, as I was on the lookout for either a job or another course, I spotted a newspaper advert (yes this was pre-internet boom, where we relied on newspapers for adverts) and decided to apply for this new course on probation services, not really knowing what I was getting myself into. Before I knew it, the nine-month course was over, and my work life began. The work would consist of offenders that the court would award some form of community sentence.

I remember my first two cases with affection, although at the time I was filled with trepidation. Both clients had drug addiction problems, sentenced for theft and one was residing in prison. As is normal in probation cases I started by meeting both offenders. The one in the community came to the office, the other residing in prison had to be visited by me. Entering the prison as a probation officer for the first time also filled me with dread as I did not really know what to expect.

During the first visit I started by noting the offender’s past criminal history as

well as the composition of the family of origin and the present family structure. You need to get to know the offenders before you start working with them. Some offenders cooperate – others do not. I remember a client who would not speak to me during the sessions (the worst form of resistance in my opinion). It was only after some six sessions that he decided to start speaking to me.

Working with criminals is full of risks. There will be those that will attempt to intimidate, manipulate, and threaten you. Most will lie to you. The trick is never to show that you are afraid

However, I digress. Back to my first two clients.

The second visit is usually a home visit. In the case of my prison client, I went to the residential home. To see what they need, how they were coping and if I could be of assistance. The home the client lives in gives you information, that an office visit can never do. It is also important to meet with the significant members of the family. This enables you to understand the probationer better and gives you the necessary leverage for change. However, home visits can be challenging and dangerous. One needs to be careful where they are entering.



The supervision of the client goes on very much along these lines, with the primary role of the probation officer being that of ‘advising and assisting’ the probationer. The probation officer wears several different hats – from that of ‘police officer’, when the offender needs to be disciplined to that of ‘mentor’, when the offender needs advice, to that of ‘role model’ to that of parent and so on. The multiple roles one adopts depends on circumstances and makes the work very interesting and almost never dull.

The role of the probation officer is not just the supervision of the probation order. Officers write reports for the courts, the most important being the pre-sentence report that is written to assist the courts in coming up with the best sentencing option for the offenders. Probation officers also supervise people under the suspended sentence supervision order, the community service order, the combination order, and treatment orders.

There are some aspects in probation work that are challenging. Working with criminals is full of risks. There will be those that will attempt to intimidate, manipulate, and threaten you. Most will lie to you. The trick is never to show that you

are afraid. As a probation officer you need to stay a step ahead.

Of course, one does make mistakes – we all do – but learn from the mistakes one makes, don’t repeat them. Most offenders are street-wise – you need to stay focused when you meet with them and later analyse what they told you. Ultimately, the aim is to help offenders lead a crime-free life but also to protect society from them. Sometimes the choice between protecting society from their chaotic lifestyle will come to play.

It is not an easy decision to take the offender back to court, hoping that he/she will be put in prison, however sometime this is the only decision that is feasible. This is a difficult decision, but at the end the protection of society (and sometimes even their protection) needs to come first.

A final word of advice for those who would like to pursue this career. Use your common sense, never get into situations that you know you cannot control, never blindly go into a home visit, especially if you are not sure what you will find. You only have your wits to get you out of a sticky situation. If I must describe this job, it would be ‘never a dull moment!’

24x7 support Chatbots in specialist addiction services



Clayton Axisa
Ph.D. Candidate

THE race is officially on. Even though it is irrational to think that intelligent systems can solve everything, chatbots in healthcare are now a subject of growing academic interest. With the recent release of OpenAI's ChatGPT, the once hypothetical intersection between automation and addictions is becoming a reality.

Understandably, this has generated interest in how we can use this technology to enhance our everyday lives. Many businesses of all shapes and sizes are trying to see how artificial intelligence fits into their corporate strategy. My doctoral research explores the utility of these interfaces as a prequel to face-to-face psychosocial assistance. It seeks to understand how we could use this as an opportunity to help individuals in Malta that are struggling with addiction.

Health promotion, prevention, treatment and rehabilitation are usually not well-equipped for 24x7 support. Restrictions like this stifle the chance of carers being active participants in the patient's care plans. The challenge here is more urgent for people that are weaker than others. COVID-19 has highlighted the importance of improving existing processes, necessitating the adoption of alternative delivery methods to remain accessible. Zoom and other communication platforms made users accustomed to engaging virtually online.

This black swan event has continued to enrich an already technology-motivated population into embracing the benefits of internet interventions – a new pathway that offers many exciting opportunities. Since the journey starts long before the first appointment, the mode of interaction exercised by conversational agents is a compelling starting point for addressing their needs.

Despite the exceptional potential, uncharted territory still needs to be explored. Although most of the literature paints a rosy picture in favour of this step forward, the unknowns are too great to ignore.

As a result, this interest comes with resistance from those who prefer to err on the side of caution. The boundary between the two is a knife's edge that this project seeks to balance on. To answer these questions, I will assess whether the user's engagement improves due to the computerised dialogue.

I will also understand what practitioners think about these types of applications. So far, there is an ongoing debate on whether we can leverage such tools at scale to become effective catalysts for change.

By observing intake interviews, my dissertation aspires to build a chatbot that can be embedded on an agency's website, enabling service users to interact with it outside office hours.

This integration will give practitioners mission-critical information about a situation before they follow up based on the referrals generated overnight.

My findings will enable us to create synergies that bring together the best of both worlds by combining the benefits of humans and machines.

AN ACADEMIC PSYCHOLOGIST IN PARLIAMENT



Dr Katya De Giovanni, MP
Department of Psychology

FOLLOWING the pandemic, in 2022 the Maltese islands faced a general election. Having two members of my family already involved in politics, I decided to contest this election. To my elation, I was elected, the first female ever to be elected in parliament from the 4th district. I was certainly proud to achieve my aim to be in the driver's seat and part and parcel of the national decisions being taken. I was also particularly honoured with the fact that I managed to be elected through a casual election and not elected through the gender corrective mechanism.

As expected, the learning curve was a steep one. It was especially steep as far as learning parliamentary procedures and tactics are concerned. There is a set structure in which each parliamentary session is carried out whereby the first half-hour is reserved for parliamentary questions. The next hour and a half are focused on the debate pertaining to legal amendments or new laws under scrutiny. These can be quite interesting to follow but at times are also long-winded and unnecessary, very different to what we are used to in academia. In academia, every uttering needs to be scrupulously backed up by data. In parliament, speeches are mainly based on the contemporary social discourse and personal narratives on behalf of the speakers and not on any research protocol as we are used to.

Finally, the last half-hour of each sitting is reserved to the adjournment during which the agenda of the following sitting is read and where two parliamentary members have the op-

portunity to speak about a topic of their choice. Normally, this is an opportunity to bring forward any concerns in relation to the constituency or to speak about a topic at heart. To be honest, the opportunity to speak about important and sensitive topics such as miscarriages, educational pathways and other psychological issues, represents a golden opportunity to my quest in bringing improved levels of wellbeing and quality of life to all Maltese and Gozitan citizens.

It is a common misconception that parliament happens only within the plenary session. However, it is worth mentioning that there are also a number of committees within the parliamentary structure that provide support to what goes on in plenary. I am lucky to have been entrusted with membership on committees to which I can contribute due to my knowledge, expertise and experience accumulated throughout my career so far. Therefore, I form part of the Parliamentary Social Affairs Committee, Family Affairs Committee and Petitions Committee. Most of the time, joint committees are also held because social and family affairs have a lot in common.

It is my wish for instance that one day parliament would have a committee dedicated to educational issues. In my humble opinion over the recent years, a lot has been done with regards to social and family affairs, when the crux of resolving most issues in these areas would be to invest even more heavily and directly in education.

Another interesting responsibility that I was given is that of representing the government on the Welfare Committee. This is a committee whose responsibility is that of providing care to older persons in residential homes. Apart from approving medical equipment, we are also working on cultural activities and digitalisation.

Another initiative that I form

part of is the Parliamentary Assembly for the Mediterranean. I have been appointed chair of the delegation and together with my colleagues both from the Government and the Opposition, we present position papers on several issues pertaining to the Mediterranean area. In July 2022, I attended the opening session of the Women's Parliamentary Forum in Lisbon where I presented the Maltese government's initiatives on female participation in the world of work as well as parliament.

Overall throughout my experience in the past months, I realised that academics have a lot to offer in parliament. First and foremost, we can contribute with regards to the adequacy of the research we are presented with and also on the kind of research that can be commissioned. Moreover, as an academic in the field of psychology, it is somewhat easy for me to use my skills also in parliament by empathising and supporting my colleagues on a range of issues, even personal ones. In relation to this, it is also easy for me to link political proposals or points on the electoral manifesto to real-life experiences.

Academics in politics are also skilled in conducting public consultation processes, especially in my case, through the use of interviews and focus groups. I have personally worked as much as possible on positioning mental health issues as any other health issue requiring medical treatment and therapy, in order to mitigate the stigma associated with these conditions. The same goes for disability issues where I am working on how it can be possible to work with people of different abilities.

Overall, I can say that my experience in politics is a positive one. It is indeed satisfying to be in a position to be able to contribute to significant changes in the lives of people, and that within the parliamentary group I am able to do my part to create a difference.

Cover story **Cars and traffic**

Traffic... It makes me so stressed!



Dr Gottfried Catania
Department of Psychology

THE COVID-19 pandemic has shone the spotlight on mental health issues. Studies are still

being conducted on the possible long-term psychological effects of the

pandemic and associated lockdowns, as well as the effects on the economy which have been partly responsible for the inflation and consequent increase in prices in most countries.

As a result, our wellbeing has been come to the forefront, and we have become much more sensitive to the effects of stress. One of the situations which causes daily stress in the lives of most of us is being stuck in ever increasing daily traffic, especially during peak travelling times when most of us commute to and from work. A long time spent in traffic results in wasting time which could have been used better, and has been associated with weight increases and higher blood pressure. Cars waiting in traffic are exposed to as much as 40% more pollution, with the consequent negative effects on our health.

Being stuck in traffic frequently can also lead to chronic stress problems. Stress while in traffic can result in increased impatience, while having to wait for the traffic to move and deal with the mistakes of other motorists on the already over-

crowded roads. If not handled promptly, impatience can turn into resentment, aggressive driving, and anger – all of which can eventually lead to road rage.

It is also well known, of course, that stress may lead to a number of long-term physical and psychological negative effects, including heart problems, stomach problems, depression and anxiety. Drivers who regularly wake up early in order to avoid the morning traffic and get to work on time may also be deprived of sleep. Lack of sleep can lead to anxiety, frustration, impulsive behaviour, lower immunity, and greater propensity to abuse drugs and alcohol. It can also affect long term memory, attention and performance – leading to an increased risk of traffic accidents.

The above statements seem to be reflected in the results of a survey carried out by the Faculty for Social Wellbeing at the University of Malta in 2020, which found that while most of the 600 participants reported being satisfied with life in general, traffic congestion was noted as being a problem by of half of them.

Infrastructural issues related to the situation are complex and difficult to address – the rapid increase in population and related increase in number of cars on the road these past few years, as well as the roadworks being carried out all over the island in the hope of improving the situation but impacting traffic flow in the meantime, have definitely taken their toll on the deteriorating traffic situation.

The inconsistency of the public transport system, even though it has been made free of charge for all Maltese citizens, means that few drivers consider

this as a viable option to using their private cars. As a result, we might need to look elsewhere in order to find effective solutions for the problems caused or aggravated by ever increasing traffic.

The COVID-19 pandemic already referred to above may provide some possible solutions. During lockdown periods, when most workplaces, except for the essential ones, had to resort to finding ways to work from home, we managed to cope relatively well with the situation and life went on, albeit mostly behind closed doors. The streets were so refreshingly car free for those who had to drive through necessity!

After lockdowns were lifted, most workplaces returned to previous methods, with employees expected to commute daily to the workplace and work from there.

It seems most of the lessons learned through necessity during the pandemic were forgotten!

Finding more creative methods of working can be part of the solution to the traffic problem – if, for example workplaces which can do so were to adopt a hybrid method of working, say with employees working one day a week from home on a rotating basis, the effect on traffic would be significant.

Another solution might be staggering working times, so that not all employees start and end the working day at the same time.

These adaptations have the added advantage of being potentially family friendly, and thus will probably be welcomed by some, if not most, employees.

CAR USE, FROM PAGE 1

In the survey, 1 represented the least level of agreement while 7 represented full agreement.

Overall, the survey shows that a majority (53%) would consider using the car less if there is a more reliable public transport, but around a third of the population disagrees. Moreover, one in five (19%) “strongly disagreed” with the statement, in a strong indication that they would keep using their car irrespective of the state of the country’s public transport system.

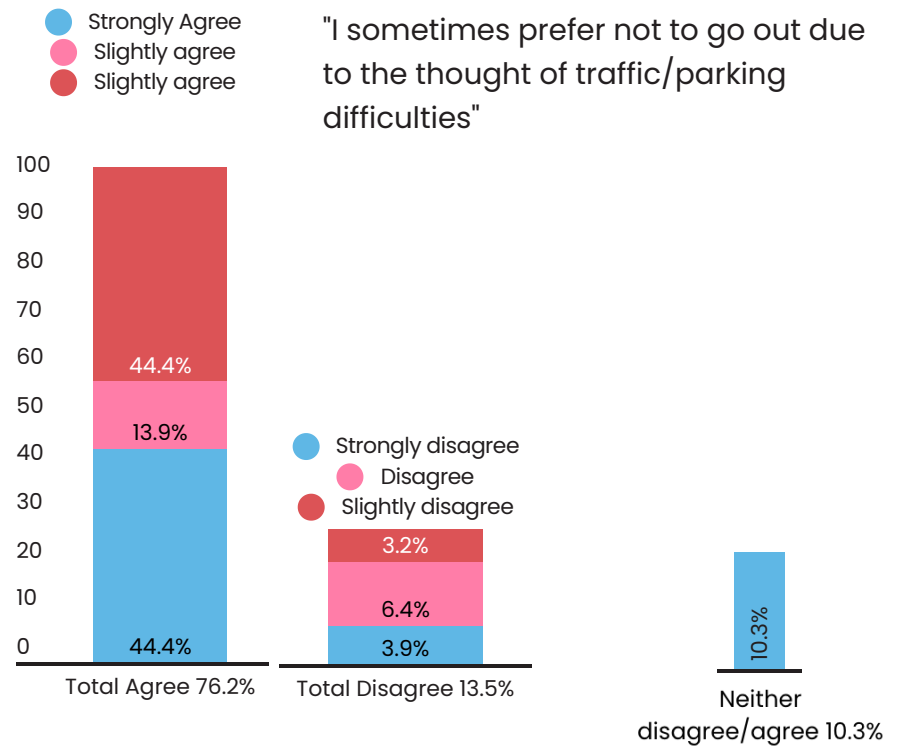
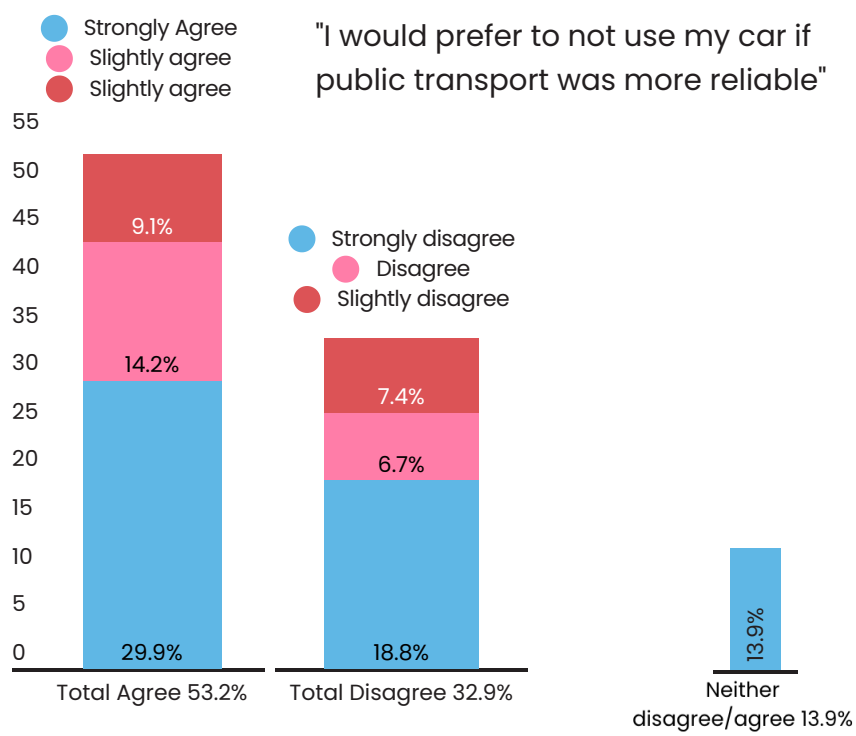
Moreover, a breakdown by occupations shows that the most likely to consider reducing car use if public transport is more reliable were retired people, while students were the least likely to consider doing the same. A breakdown by education also shows that people with a post-secondary level of education are the least likely to reduce car use if public transport is improved.

On the other hand, those who attended trade schools or have a primary level of education, who are most likely to be older, were the most likely to reduce the use of the car if public transport is improved.

Unsurprisingly, men are also more attached to their car than females. Females were slightly more willing to consider reducing car use if public

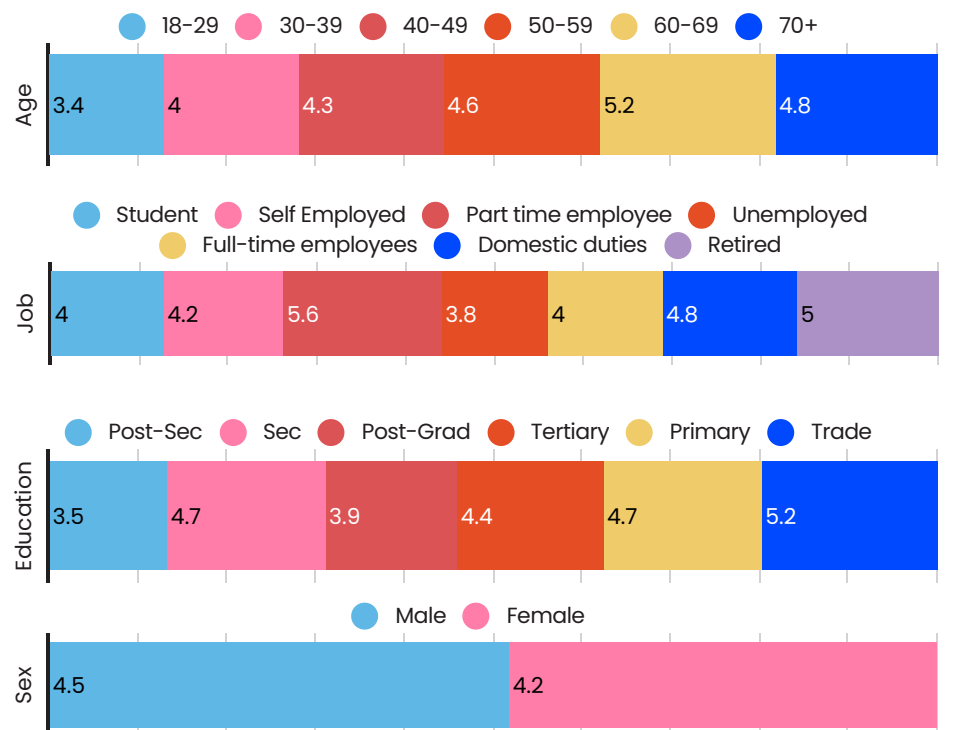
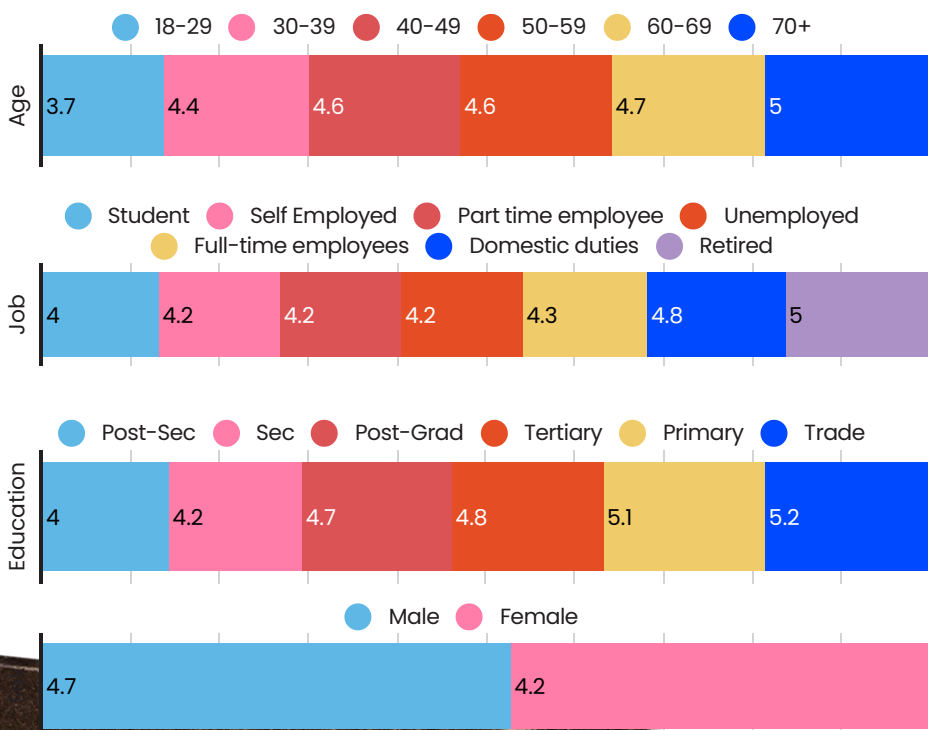
transport improves.

The survey clearly shows that traffic is having a negative impact on people’s everyday life. For example, a staggering 76% sometime prefer not to go out due to the thought of traffic and parking difficulties. But younger people and students are also the least likely to stay inside because of traffic while older respondents are the most likely to do so.



Level of agreement 1-7

Level of agreement 1-7



The majority (53%) would consider using the car less if there is a more reliable public transport, but around a third of the population disagrees.



Rights and Being

PATRIARCHY IS BAD FOR US ALL

Patriarchy oppresses not only women, but anyone who does not fall within the expected norms of the dominant section of society



Prof. Marceline Naudi
Department of Gender
and Sexualities

WHEN the P (patriarchy) word or indeed the F (feminism) word is mentioned, many men tend to recoil, get defensive, deride and possibly mock... What they fail (refuse?) to see is that Patriarchy is bad for us all, regardless of our gender, and that feminism's main fight is against patriarchy (not against men) and is therefore good for us all...

So what is 'patriarchy'? Many definitions exist but it's mainly seen as unequal power sharing between women and men. The London Feminist Network (n.d.) defines patriarchy as follows: "Patriarchy is the term used to describe the society in which we live today, characterised by current and historic unequal power relations between women and men whereby women are systematically disadvantaged and oppressed. This takes place across almost every sphere of life but is particularly noticeable in women's under-representation in key state institutions, in decision-making positions and employment and industry. Male violence against women is also a key feature of patriarchy. Women in minority groups face multiple oppressions in this society, as race, class and sexuality intersect with sexism."¹ (para. 1).

Dale Spender (1986) sees patriarchy as a much wider phenomenon.² She states that a premise of patriarchy is 'domination' – the domination of women by men, of black by white, of poor by rich; it is domination glossed over by rationales of competition and meritocracy (may the best man win) but it is still domination. And she points out that domination has another side – the reality of those who are dominated.

Hence, patriarchy oppresses not only women, but anyone who does not fall within the expected norms of the dominant section of



society. Patriarchal attitudes and stereotypes, furthermore, dictate the roles, responsibilities and the expected behaviour of women and men in society and in the family. It produces gendered stereotypes that women, men, and all genders, are expected to strive towards and attain. We all know these stereotypes – they are assimilated by us as we grow and are socialised, normalised, within our society. Men, for example, are to be strong, leaders, breadwinners; women are to be sensitive, gentle, caring. Women must not be, or appear to be, strong, leaders, earn good money; Men must not be, or appear to be, sensitive, gentle, caring. When we go against these gender norms we tend to get 'punished' – we may be rejected, made fun of, put down, and in more extreme cases, seriously assaulted verbally and/or physically.

All this has many implications... For example, whilst it is acceptable that women display vulnerability, ask for help, cry, show weakness, it is much less acceptable that men do so! Men are not expected to deviate from the 'strong' stereotype. This means that it may be more difficult for them to accept this side

of human nature in themselves, more difficult for them to seek help when they may need it - and if they don't seek help, they will probably not get it. Not getting emotional or psychological help when in need of it, may result in mental health issues. Consequently, suicide rates, for example, tend to be higher in men than in women.

Women, on the other hand, are not expected to display anger and aggression (which are considered acceptable for men). They are expected to be passive, accept and defer to the dominance of men, as the 'natural order' of things. One of the most notable conclusions from a 2018 qualitative study on barriers to reporting of domestic violence include the predominant patriarchal attitudes in our society, which further contribute to making violence against women less unacceptable.³

It is important to promote gender awareness because it increases the visibility of this hierarchy and system of power that is often the basis of both material and social inequalities. The patriarchal system instructs and coerces us into our respective gendered positions, which results in ine-

qualities, discrimination and violations of women's (mainly, but not only) human rights, many of which we accept as part of taken-for-granted 'cultural' attitudes.

And this is what feminism continues to combat. Dale Spender gives us her understanding of Feminism as a set of explanations which make the most sense of her experience, and her life, and the lives and experiences of many other women she knows.⁴ But she also explains that she chose to be a feminist for other reasons. She tells us that feminism is based on a 'better' set of assumptions than any other world-view she has encountered. She sees it as a fairer way of viewing and organising the world. She assumes that human beings are equal, that we can learn to live in harmony with each other – and the planet – and that there is no necessity for violence, exploitation, persecution, war. These assumptions, she tells us, underlie feminist philosophy: they do not underlie patriarchal philosophy.

So, I conclude by recalling the title of this short piece, patriarchy is bad for us all, and adding, feminism is good for us all!

"Feminism has fought no wars. It has killed no opponents. It has set up no concentration camps, starved no enemies, practiced no cruelties. Its battles have been for education, for the vote, for better working conditions. for safety on the streets... for child care, for social welfare... for rape crisis centers, women's refuges, reforms in the law. If someone says 'Oh, I'm not a feminist,' I ask 'Why? What's your problem?'"

Dale Spender, 1990

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EXTEND THE VOTE: NO TAXATION WITHOUT REPRESENTATION



Dr Maria Pisani
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IN 2013, under the premiership of Joseph Muscat, Malta adopted new labour market policies and took the active decision to become a more global cosmopolitan country.

The Government of Malta has solidly invested in marketing Malta as an English-speaking Mediterranean island that encourages investment and needs labour, and thousands upon thousands of migrants from around the world have responded to this invitation. According to the Labour Force Survey conducted by the National Statistics office in 2021, one in every four persons (25.7 per cent) residing in Malta was born in another country, and more than one third of the labour force aged between 25-54 are foreign born. Such numbers represent a phenomenal shift in the make-up of the population in Malta.

Day-to-day encounters are transnational, as the islands have evolved into a multi-cultural society, with people from around the world contributing to the day-to-day hum of work, care, rest and play. Inward migration has resulted in economic growth that exceeded expectations.

Migrant workers are net contributors to the social system, supporting public finances through increased revenues from social security. Migrants are needed to support services vital to the wellbeing of the nation, including, but not limited to health, care and the hospitality industries. Their presence is celebrated in the array of culinary delights brought to our door step on request



and the cosmopolitan image we market and project around the world. But herein lies the limits of Maltese hospitality; migrants are invited to come and work, but their presence is purely utilitarian: needed but not wanted, invited but not welcome. They serve an economic purpose, a means to an end.

A glance at recent history reminds us that at the heart of the Maltese nation, as a political project, was the enfranchisement of marginalised populations.

Just 76 years ago, the vote in Malta was extended to everyone aged 21, regardless of property, education or literacy, the size of one's wallet or gender. The values driving Maltese civic nationalism at that time were those of liberation and equality, and universal suffrage (extending the vote) was recognised and celebrated as part of a progressive movement, an emancipatory tool in the process of decolonisation, and critical in overcoming barriers related to social class, gender, race and ethnicity. More recently, parliament voted to extend the

vote to 16-year olds, recognizing and endorsing a key feature of democratic society: no taxation without representation. Today, a sizeable segment of the population of Malta, who make up more than a third of the adult labour force, are systematically disenfranchised, positioned within a racialised hierarchy marked by different degrees of precarity and exploitation. As a post-colonial state, we should be reminded that the struggle for democracy embodies the hopes, struggles and rights of the oppressed. It is time to extend the vote again.

Citizenship in Malta is notoriously difficult to access. The vast majority of migrants and beneficiaries of protection living in Malta do not 'qualify' for Maltese citizenship, they face insurmountable economic and bureaucratic barriers, unless of course, they are very, very rich.

As such, migrants living in Malta, are excluded from the democratic process. Disenfranchised, they have no say in the electoral process or policies that directly impact their lives, they are denied the political representation that is neces-

sary to fight for their basic human rights to be respected, and their presence to be appreciated rather than tolerated (at best).

Far from the emancipatory value it may have served in the past, nowadays Maltese citizenship is being used as an exclusionary mechanism that reinforces inequalities and entrenches economic, ethnic and racialised divisions between those deemed to be deserving, and those who are not, between those who can belong, and those who cannot.

It is hardly surprising then, that the majority of migrants who come to Malta vote with their feet, and seek better conditions elsewhere.

According to the National Employment Policy (2021-2030), half of the migrants who come to Malta leave again within two years of their arrival. The low retention rate poses economic and service delivery challenges for employers, and also contributes to the fragmentation of Maltese society: how can you build strong communities of trust when your neighbours change every cou-

ple of months?

Existing economic and social divisions within the Maltese citizenry demonstrate that enfranchisement on its own is not enough.

It is more than evident that whilst the economy may have boomed, the bounty has not been shared equally. As noted in the National Employment Policy, wages in Malta remain relatively low and do not reflect the pace or extent of national economic growth. Soaring rent prices, homelessness, poverty and inequality delineate deep rifts within Maltese society.

Meanwhile, the Government of Malta, and indeed also the opposition, have clung to a brand of ethno-nationalism that serves as a lackey for capitalism, and is mobilised to ferment racism and xenophobia and apportion blame to the immigrant (racialised) outsider. Their political rhetoric, economic and border policies instrumentalise and reinforce economic divisions, whilst disenfranchising thousands of workers and their families in Malta, thus simultaneously weakening the voice and political power of all workers and perpetuating labour exploitation.

It is clear that the Government of Malta's particular brand of neoliberal cosmopolitanism cannot deliver on inclusion, equity and wellbeing for all.

A step in the right direction would be in removing the very real barriers to citizenship faced by a sizeable section of the Maltese population on who 'we' all depend, and with whom we share our lives. Extending the vote and increasing and supporting pathways to citizenship is vital for the inclusion of refugee and migrant communities in Malta, it is crucial for the representation and politicisation of all workers, and ultimately, critical to the wellbeing of Maltese society as a whole.

FIBROMYALGIA: ILLNESS PERCEPTION AND WELLBEING



Prof. Mary Anne Lauri
Department of Psychology

FIBROMYALGIA has been recognised as an illness by the World Health Organization in 1992. Fibromyalgia is an invisible condition manifesting itself in pain all over the body. Other symptoms include impaired mental clarity (known as fibro-fog), non-restorative sleep, tiredness, tenderness, and headaches. The only constant is pain. This pain can be debilitating and it may come in cycles. To this day, although there have been great strides in understanding this condition, the aetiology is still unknown. However, hormonal and immunological factors all play a significant role in the development of fibromyalgia. It is indeed recognised that it could be an interplay of several factors involving psychological, genetic, biological, and socio-cultural components. Stressful life events, childhood trauma, medical interventions and neuroendocrine problems may also play a part in its onset and development.¹

A condition with unknown aetiology

Fibromyalgia is difficult to diagnose. Since there are no biological markers, many people are either misdiagnosed or are diagnosed by the process of elimination of other conditions. There is disagreement among professionals regarding this condition and some attribute psychological causes to its onset, development and manifestation. It is thought that 2% to 4% of the population have this condition.² In Malta official sources believe that there are around 900 people suffering from fibromyalgia.³ This is only about 0.2% of the population, so possibly this is a very conservative estimate.

Persons are not always understood by family members, friends, colleagues, and employers. Even physicians sometimes dismiss their pain. There are no tests that can be done to ascertain the presence of the condition. Persons with fibromyalgia therefore suffer not only the physical pain but also the psychological pain resulting from disbelief of those around them who sometimes may attribute their behaviour to drama or laziness. Confirming fibromyalgia through instrumental and laboratory data is difficult and clini-

cians may sometimes blame psychological causes like stress and personality for illness pathogenesis.

As the quality of life of persons with fibromyalgia is lower than persons with other chronic conditions and in the general population. There has been a constant search for a drug that treats this condition. Yet, this quest remains elusive as recommended medications have limited effectiveness and too many unwanted side effects. Persons suffering from fibromyalgia try alternate treatments such as yoga, walking, physical exercise and psychotherapy.

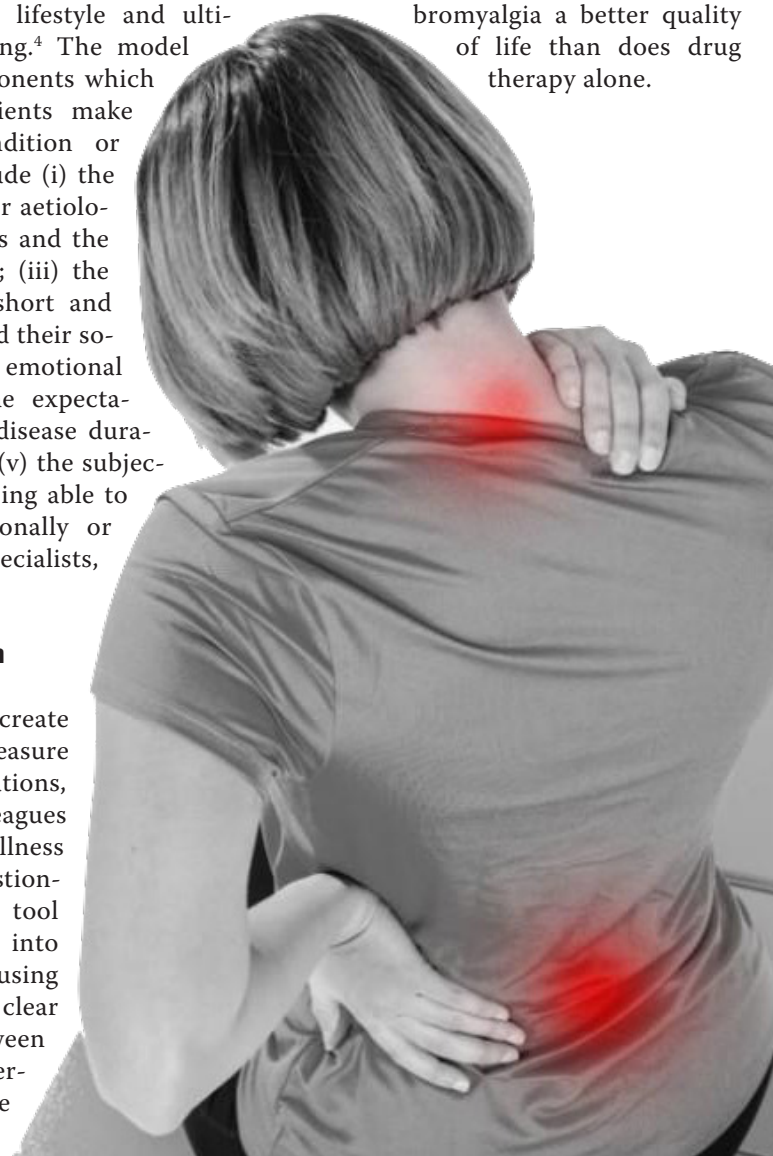
Illness perceptions and quality of life of fibromyalgia sufferers

A biopsychosocial approach has proven to be helpful in understanding people with fibromyalgia and in providing them with a better quality of life. The Common-Sense Self-Regulation Model tries to explain how perceptions or mental schemas persons have of their condition may influence their lifestyle and ultimately their wellbeing.⁴ The model highlights five components which determine how patients make sense of their condition or sickness. These include (i) the beliefs of the disorder aetiology; (ii) the symptoms and the name of the disease; (iii) the perceptions of the short and long-term effects, and their social, economic and emotional implications; (iv) the expectations regarding the disease duration and course and (v) the subjective perception of being able to control, either personally or with the help of specialists, the disease course.⁵

The Illness Perception Questionnaire

In their effort to create an instrument to measure illness representations, Weinman and colleagues put forward the Illness Perception Questionnaire (IPQ). This tool was later developed into the IPQ-R.⁶ Studies using the IPQ have found clear associations between negative illness perceptions and negative health outcomes.

An association was also found between illness perceptions and perceived impact of fibromyalgia symptoms on one's life as well as subjective physical and mental health. Studies using the tool have found that illness perceptions influence the impact of pain, how well they comply with treatment, the efficacy of treatment, and coping behaviour.⁷ Further studies investigated the effect of alternative therapies on fibromyalgia pain. Psychotherapy and physical exercise have both been found to ease the pain for some sufferers of fibromyalgia. Moreover, results found that when the clinician involves the person suffering from fibromyalgia as well as significant others in deciding on treatment, there were better result in both effectiveness and efficacy. In conclusion, it can be said that physicians and therapists working with persons with fibromyalgia must investigate the person's perceptions of their condition in formulating treatment. A multi-model individualised program seems to give persons suffering from fibromyalgia a better quality of life than does drug therapy alone.



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Interpersonal and intrapersonal skills for youths



Maud Muscat
Department of Youth and Community Studies

IN 1973 Rev. Dr Alfred Darmanin introduced a programme for the Development of Skills (PDS) since he maintained that an education based on *savoir* (knowledge), *savoir-faire* (skills) and *savoir-être* (attitudes and values) is important. Later on, in the early 1980s a great deal of concern was felt in the Maltese Islands over a report about drugs drawn by Nick Dorne. There was an awareness that drugs had become a social problem. It was this that prompted the first training course for teachers to deliver Lifeskills in schools. The course was held in 1986 by Caritas as part of their drug prevention programme. It was facilitated by four persons coming from different backgrounds of social work, psychology and education. The course was coordinated by Prof. Maureen Cole who eventually was the first Dean of the Faculty for Social Wellbeing.

The subject known as Lifeskills was then introduced in two Church schools and later on in state and private schools. At present, it is a compulsory subject on the curriculum and the training of Personal and Social Education skills teachers has been ongoing at University since 1992. Interpersonal and Intrapersonal skills courses also form part of the component of other courses. A crucial aspect of the practice of Personal and Social Development (PSD), as the subject is now called, is that students have the opportunity to reflect upon and clarify their own attitudes and values. At times it also facilitates seeking professional help in dealing with issues which surface due to the greater self awareness promoted by personal skills sessions.

When students embark on a B.A. (Hons) in Youth and Community Studies course, the Personal Skills course is one of the first units they come across. This is no coincidence as one of the main aims of the course Core Skills 1 is to enhance personal growth and to promote group cohesion. In fact, I retain that the course

on core skills is for life not just for youth work. Hopefully, the students will integrate skills which will empower them and help them to cope better with life's challenges.

The methodology used in Core Skills 1 has strong democratic roots and embraces empowerment at every stage of learning. The learning takes place through an active process and involvement of the whole person. The participants are learning from experience. This course, because of its very nature, promotes emotional literacy as well as examining attitudes and skills. These are skills we use every day to survive better in a healthy democratic community. This has always been stressed upon and sessions are held in groups of not more than 15 students in order to ensure that students are given the environment to truly learn experientially. The classroom is arranged in a circle or a horse-shoe formation such that each participant can view each other and will equal time and attention to individual participants.

Each session consists of stage cycles: the choice of activities that students are interested in throughout the educational experience, a general problem to address that choice develops in the session, information and observation to deal with the problem is provided and presented, suggested solutions elicited and opportunity to test, to clarify and to discover for themselves the validity of a solution. This elicits learning from the participants' own experiences, be they real or simulated through an activity – for example – role play.

The exercises would be pointless if not followed by and incorporated within reflection and discussion, which we call processing.

Any exercise or activity carried out during a personal skills session needs to be followed and concluded by processing. Without correct processing, the students would not be able to integrate and internalise what they have experienced during the particular exercise, and hence will also not be able to transfer the learning to real life. This would impede true personal growth and change, thus defeating the aims and rationale of a personal skills session.

Moreover, students participate and enjoy the sessions. If students do not enjoy what they are doing they will not benefit fully from the teaching.

ANALYSING CULTURAL REPRESENTATIONS OF DISABILITY



Prof. Anne-Marie Callus
Department of Disability Studies

FOR those aged 50 and above, a reference to autism is quite likely to bring to mind Barry Levinson's 1988 film *Rain Man*.

In this film, Dustin Hoffman plays the role of Raymond Babbitt, an autistic savant who has spent almost his entire life in an institution before he is abducted by his brother, Charlie (played by Tom Cruise), who wants his share of the three-million dollar inheritance that their recently deceased father bequeathed entirely to Raymond. Hoffman's role landed him an Oscar for Best Actor (playing a disabled character quite often guarantees an Oscar). But, without taking anything away from Hoffman's accomplishment as an actor, the character of Raymond leaves much to be desired as far as autistic people go.

Understanding what is problematic about the portrayal of Raymond and why it should not be taken at face value is the type of task undertaken by an analytic approach that brings together disability studies and cultural studies. Undertaking such analyses is important as many people are likely to encounter disabled people only through the media, rather than getting to know disabled individuals as persons in their own right. Consequently, passing representations of disability found in films, and other types of narratives and in the media more gen-

erally, through a critical filter can help make people more aware of what is based on stereotypes and misconceptions and what is a more authentic portrayal of the lives of disabled persons. This knowledge can, in turn, help us gain a better understanding of how these persons experience living with a disability.

What, then, could be critiqued about *Rain Man*? First off, it gives the impression that all autistic people have a phenomenal memory, just like Raymond.

In reality, it is around 10% of people with autism who have such exceptional abilities. Reinforcing this aspect feeds into the idea that disabled people – including those who have autism – have outstanding abilities that somehow compensate for their functional impairments. But it does not work like that. Like the rest of the population, disabled people have a range of abilities and competencies. Some are exceptionally gifted – for example Stephen Hawking – but most are just like everybody else. Secondly, for someone with autism who has lived in a structured and institutionalised manner since infancy, Raymond's adaptation to the hectic and unpredictable world outside is highly unrealistic. Thirdly, the film does not in any way take contemporary social changes into account. The film was made in the late eighties, two decades after the start of deinstitutionalisation in the United States and the relocation of disabled people into community-based supported living services. With at least a million and a half dollars at Raymond's disposal, there was a golden opportunity for him to live within a community. Instead, the plot sends him

back to his institution at the end of the film. And, finally, Raymond's sole purpose in the narrative seems to be to teach his brother a lesson about what is important in life and to help him become a better person.

Intersecting disability studies with cultural studies can help us appreciate all the implications of how the representation of a character with autism in *Rain Man*, and many other disabled characters in various narratives, are problematic. The main issue is that they are based on too many stereotypes and misconceptions for them to be authentic.

In turn, these representations serve to reinforce mistaken ideas about what it means to live with a disability. Thankfully, nowadays there are depictions of characters with disability that are more true to life. To stay with a focus on autism, one can refer to the films *I Am Sam* and *My Name is Khan*, the television series *Atypical* and *The A Word*, and the cartoon series *Pablo*, for example.

Analysing cultural representations of disability from a cultural and disability studies viewpoint – or reading such analyses written by others – can help us appreciate what lies beneath the surface of these representations.

Ultimately, the most important thing to keep in mind is that we cannot assume that we know what the lives of disabled persons are like simply by watching a film or reading a newspaper article.

However authentic the representations that we encounter may be, there is no substitute to listening to the direct life experience of disabled persons and being attentive to their personal perspectives about their own lives.

Ethics and equity

ENSURING EQUITY IN TERTIARY EDUCATION

Students with disability, like most other students, aspire to experience success in their studies as well as in their engagement with the social university ecology leading to personal, social, and career development



Prof. Paul A. Bartolo
Department of
Psychology

“HIGHER education should be made equally accessible on the basis of capacity, but what this means needs to be re-evaluated due to the unequal distribution of educational opportunities from early years as well as embedded direct and indirect discrimination in education and lack of cultural capital faced by the disadvantaged, marginalized and vulnerable.”¹

I will here refer to the rights of students with ‘physical, sensory or mental impairments; medical conditions; or specific learning difficulties’.² Sometimes university staff may suggest that the application for access arrangements (AAs), such as extra time, should not be allowed because these lead to a reduction in university standards of assessment and achievement. Some consider such arrangements as an attempt to make up for weaker abilities.³ However, the research evidence shows otherwise: many students who need such AAs to compensate for disabling conditions do not even ask for them because of the fear of the stigma that the disclosure of their disability entails.⁴

The fear of stigma is very evident in a phenomenon recently recognised in persons with autism, namely camouflaging. This is the attempt to hide behaviours associated with autism when they are in social situations, such as struggling to make eye contact. For instance, one study found that engagement in camouflaging was exhausting and associated with a decrease in wellbeing but was used to combat stigma, and avoid being undervalued, discriminated against, or harassed.⁵

In view of this situation, it is reassuring to observe that the number of students at our university who are disclosing their disability, and thus succeeding through the appropriate use of AAs, has been increasing over the past decade, reaching a total of over 320 students in the current year. We are aware that there are still some students who fear being stigmatised and choose to suffer their disadvantage rather than disclose their disability.

Our university has been developing services for students with disability over the past three decades. What originally started as a service for students with dyslexia, is now applied to a wider understanding of disability that includes all forms of impairment, medical and mental health conditions. These services are regulated by the ACCESS Disability Support Committee (ADSC) led by the Pro-Rector for Student Services, Prof. Carmen Sammut, and by the operational arm of the committee, the ACCESS Disability Support Unit (ADSU) led by Prof. Anne-Marie Callus (<https://www.um.edu.mt/services/administrativesupport/access/>). Services to university students are coordinated

by Ms Marchita Mangiafico, a social worker, and also include support through Occupational Therapy by Ms Ramona Vella Vidal. ADSU also offers another service, coordinated by Dr Edward Mazzacano D’Amato, for the processing of all applications for AAs in SEC and MATSEC examinations that enable students with disability to show their capacity to pursue higher education. All these services are enhanced through several multidisciplinary working groups. It is also important to mention that ADSU services are additional and complementary to those services aimed at enhancing students’ personal wellbeing such as the Counseling Services.

In order to improve these services, the ADSU is currently running a 3-year research project on Access to Tertiary Education for Persons with Disability (ACT-ED). This project started in February 2022 and is funded by the Ministry for

Inclusion, Voluntary Organisations, and Consumer Rights. The project is intended to improve access, equitable opportunities, and support for persons with disability to pursue post-secondary and higher education. This will be achieved by first understanding better students’ aspirations and needs through their own voices. It involves both quantitative and qualitative research methods, comprising surveys and individual interviews with students with disability in secondary schools, post-secondary colleges, and the university.

A systematic review of the literature has already been undertaken and will be published in the near future. A total of 135 relevant articles were thematically analysed. The studies show that students with disability, like most other students, aspire to experience success in their studies as well as in their engagement with the social university ecology leading to personal, social, and career development. They called for both an inclusive physical, social, and teaching system as well as appropriate accommo-

inations. This review served as a basis for the development of the questionnaires and interview schedules that are being implemented with students from secondary, Junior College and sixth forms, and the university. This study will explore in more detail the needs, aspirations, and requirements of those who have applied for AAs in order to participate successfully in tertiary education. This will surely lead to recommendations and action for more effective support for equitable access to tertiary education.

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This study will explore in more detail the needs, aspirations, and requirements of those who have applied for AAs in order to participate successfully in tertiary education



A holistic approach to ethics in social wellbeing



Noel Borg
Department of Gerontology and Dementia Studies

THE concept of holistic approach within the domains of life continues to thrive in each and every life experience. Yet, the conceptualisation of ethics, as a normative understanding can remain unclear within the context of social wellbeing. The definite answer does not revolve around understanding the tangible, but rather in formulating moral grounds of right and wrong. Realistically speaking in this day and age, what is right and wrong? The formulation of ethics can be very clear, if reasoning is embedded in holistic and considering frameworks of the social narrative that we all perceive.

From an anthropological understanding to secular adoption, we all have the potential to contribute to society. The basis of what we express in our social context is founded by the understanding of how we relate to each other. In ethical discourse, one can explore as how to resonate concepts at the heart of ethical thought which leads to the understanding and interpretation of ethics in our lives. Solidarity, proportionality and justice amongst the many can serve more than simply points of reference. In our understanding such venues of prosperous conduct to us, we can aspire an inspirational social wellbeing that is founded in the holistic understanding of interconnection to greater aspects of self to others.

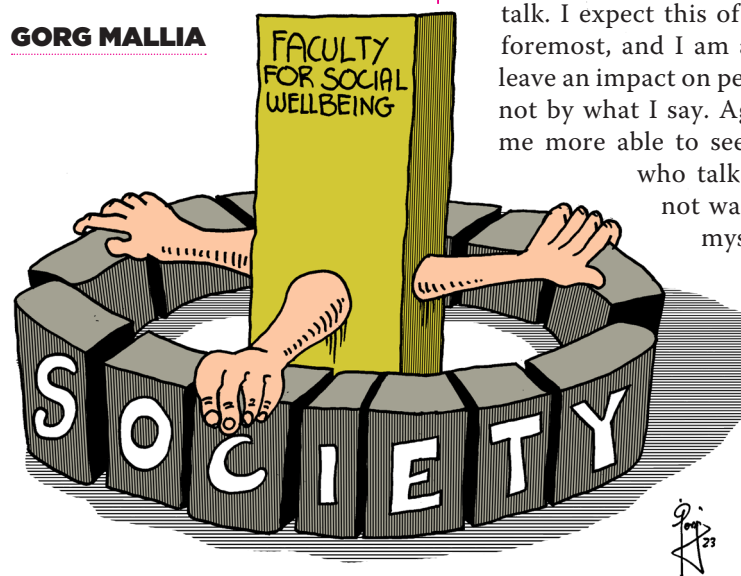
Solidarity, if grounded in common interests that lead towards the achievements of UNITY, has the potential to result in a unified sense of selves and social contexts by uniting feelings and actions. The holistic attribute of such a positive notion leads to mutual and common interests. This becomes even more consolidated when the aspects of equity and equality within variables and disparities are sought through proportionality within societies. Indeed, what can be greater than a sense of wellbeing upon common good?

Defining the qualitative theme of wellbeing is a key bone of contention in social science. To achieve quality, we must seek out the individual

notions of expression that fulfil our desires as much as our needs. It is through working in that interface between the personal and the social that we attain higher levels of wellbeing and quality of life. We must seek to acquire a sense of value that gives us perception and reason for self-consideration. We should value ourselves and set parameters that define our qualitative expression within ethical adoption of our communities. Doubters may ask: Is this possible? Are we giving enough space and time to ourselves to come to this achievement? The answers are very simple. However, they must be answered by the same person who put forward the questions. The ethical formulation of individuals should result from virtues that constitute our position in society. Our culture should also be geared in nurturing values that constitute our identity.

Ethics is not a commodity, but rather the essence of principles that can formulate much more than guidelines to our professional and personal selves. It is the definition of behaviour, in right and wrong. It is

GORG MALLIA



A Faculty that reaches out to all founded on the principles of inclusion and social justice

the framework for sound social wellbeing. The sense of meaning and belonging within our communities should share common values grounded in sense of righteousness. The positive sense of wellbeing compliments and ascertains ethics in defining morality and how each and every person can experience the aura of interconnectedness through *eudaimonia* and its ethical expression.

Keepsakes on the journey to retirement



Dr Patricia Bonello
Department of Social Policy and Social Work

I am a social worker by profession and was a full-time academic with the Department of Social Policy and Social Work, within the Faculty for Social Wellbeing, for four and a half years, between January 2018 and September 2022, when I retired, having reached the age of 65. In this short article, I am going to focus on a few things that I have learnt throughout my career and beyond and which I hope to take with me into retirement. These are keepsakes for me, and I am sharing them, too, as an invitation to you to reflect upon them and, should you see them as applicable to you, use them in your own lives.

The first keepsake I would like to present is "Walk the talk". I am not sure about the precise origins of this lesson, but I know that, as I have grown older, I have become more convinced that, in order to be credible, I need to walk the talk. I expect this of myself, first and foremost, and I am also aware that I leave an impact on people by what I do not by what I say. Age has also made me more able to see through people

who talk the talk, but do not walk the talk. I find myself becoming less tolerant of what I see as a sham, even within myself. I am aware that talk is cheap and easy but, if it is not matched by actions, it is useless. My admiration is reserved for people's actions not for their rhetoric.

The next keepsake is, "Be humble and keep your feet on the ground". This lesson has its roots in my upbringing, but it was reinforced by my experience with anxiety. For many years, I struggled with anxiety to the point where I had panic attacks and even periods of depression. I would have given anything to get rid of this anxiety, which I felt was seriously impeding my life. At the same time, the periods of anxiety created a vulnerability in me which knocked down my illusion of strength. The road out of anxiety

was not easy and it left me with the realisation that I, like other people, could be knocked down by a feather. So, be humble and keep your feet on the ground.

Another keepsake is "Count your blessings". Life has taught me that difficult times are inevitable. When looking at the world around us, suffering is abundant and has a habit of overshadowing the positive aspects of life, unless an effort is made to focus on our blessings and be grateful for them. I do keep in mind that, in some circumstances, I have to stay with the pain, rather than count my blessings. At the same time, counting my blessings may prove to be an investment which helps me when I need to stay with the pain.

Another keepsake is one which many people who I have worked with see as typical of me, "Trust the process". I see myself as a perfectionist for whom control is very important. However, ironically, there have been many periods in my life, when I have been totally out of control over what is happening. I have learnt that, sometimes, there is nothing I can do except trust the process. And, if I ride the wave and, in difficult times, keep in mind that this, too, will pass, I will get through it. Possibly scarred, but perhaps stronger for having gone through the experience. It is what builds resilience!

I am aware that there have been loads of situations in my life, including mistakes, which I have not learnt from. At the same time, these keepsakes form part of my experiences and make me who I am today. To end this short article, I am going to plagiarise the St Francis prayer and ask those of you for whom prayer has no significance to focus on the words, instead of their spirituality. "Lord, grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference." This prayer encapsulates three lessons I wish to learn. I wish to have the serenity to accept the things I cannot change, to trust the process, as it were. I wish to have the courage to change the things I can change, to not be ashamed of doing what I think is right, as it were. I also wish to learn to know the difference between the two.

Perhaps if I carry this wisdom into my retirement, it will help me to continue to live life to the full, to be present to all my experiences, to cope with what life throws at me and to be with people while they go through their pain. I wish this for me but I also wish it for you and would like you to reflect on how you can use this and the other keepsakes I have presented to you.

And in closing...

LET THE COMMUNITY 'HEAR'



Michaela Magro
Administrator II

IN Malta, we have different kinds of traditions all intended to bring together our communities. Every town and village have their own traditions. One tradition not given that much importance is bell-ringing.

The harmony brought about by church bells ringing throughout the day is unique. These sounds occur in practically every Maltese town and village, and are heard most notably during the summer months when every Sunday includes a number of feasts across both Malta and Gozo, and special occasions, namely Christmas, Easter and funerals.

Given that the sound of a bell represents something unique,

each event has its own time signature. For example, in the older times bell-ringers used to wake up the country folk with the sound of the "Pater Noster" at 4am. This sound represented a signal for the villagers to wake up and kick off their day in the fields. The truth is that the older generation used to depend on the sound of the bells.

My first experience and encounter as a bell-ringer happened when I was 14, and I have never looked back. It was my first experience in our locality and the first time in Malta that a female person joined the bell-ringing group. Bell-ringing had previously been traditionally associated with teenage boys, because women were thought to lack the stamina and strength required. Bell-ringing helped me surpass difficult times; for this I thank parish sexton Christopher Bartolo who encouraged me to join the community of



bell-ringers.

Like every community service, bell-ringing requires much dedication and patience. In due course I was also involved in leading and teaching a new generation of bell-ringers, and disciplining accordingly in this art. When ringing

the church bells, one needs to show interest, precision, gentleness, and punctuality when pulling a rope cord. It is similar to playing an instrument: it is easy to get out of tune if you're not careful... funnily enough the local community does notice when a mistake is made

and the bells are out of tune!

It would certainly be a pity if such traditions are abandoned or taken over by artificial, electronic, forms of bell-ringing instead of the genuine experience of tugging a rope to the rhythm of the particular occasion.

Legacies for the future



Prof. Maureen Cole
Department of Social Policy
and Social Work

THE Faculty for Social Wellbeing celebrated its 10th anniversary last year. Prof. Andrew Azzopardi, Dean of the faculty, Ms Jamie Bonnici, a former research support officer, and I put together a publication entitled 'A Decade of Us 2012-2022' to commemorate this milestone. In this short piece I selected what I consider some important experiences and insights about the first decade which I augur that the Faculty for Social Wellbeing will take forward into the next.

Social justice was central to the faculty's mission at its inception and during the first decade of its life. This centrality of social justice remains vital and is even more per-

tinent today and for the future as societal challenges and complexity increase. A social justice lens will ensure that the faculty continues to be sensitised to issues of oppression and human rights both locally and internationally.

Oppression can take many forms and as Mattaini and Holtschneider (2016) state when quoting Young (1990), it might manifest itself as exploitation, marginalisation, as in the case of homeless people, powerlessness, cultural imperialism, demanding that people of other cultures live by the values of the dominant group in society and by various forms of violence. This social justice perspective could continue to be the guiding light for important decisions taken by the faculty in terms of its teaching, research, community engagement, and advocacy.

Collegiality and collaboration were highlighted by several of the key actors involved in the early days of the faculty's life. During this early period, collegiality and collaboration were fuelled by the strong commitment to the faculty project. This helped the faculty members to immerse them-

selves in building new connections across the faculty to share knowledge and expertise. Several opportunities for joint projects were forged and brought to fruition. The enthusiasm of the early days helped to overcome and transcend any differences when these arose. Although the enthusiasm of the early days of the faculty's life might wane over time, it is vital that the strong dedication to collegiality and collaboration do not.

Students are a primary focus of the Faculty for Social Wellbeing. They are in many ways its *raison d'être*. The faculty prides itself with a population of around 1,000 students who are reading for degrees in a broad spectrum of subject areas at both undergraduate and postgraduate levels. The flourishing growth of the courses of studies of the first-decade merit evaluation and the consolidation of areas of strength. As is usual practice, this process will undoubtedly be enriched through the participation of present and past students and key stakeholders in the sector. The faculty does not only attend to students' academic development; it has always given attention to stu-

dents' wellness and their growth as persons. This likewise merits taking forward.

A striking feature of the Faculty for Social Wellbeing has been its ability to not only respond to national debates but to also push social concerns onto the national agenda. This is a role that the faculty should continue to foster especially in relation to social issues where it has developed specialist scholarship which could inform policy development and practice.

This reciprocal relationship with the community we serve is a vital lifeline for the faculty to continue to have relevance. The faculty has laid good foundations for more opportunities for co-production with members of the community in terms of both teaching and research. These foundations should serve well for more ambitious projects of deep collaboration with the community.

Although the road ahead might be steep and fraught with many challenges, I am convinced that the Faculty for Social Wellbeing has built sufficient reserves to face the future with confidence.