

STIGMA IN MALTA; A MEDITERRANEAN PERSPECTIVE

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SUMMARY

The aim of this paper to describe what Transcultural Psychiatry is. It attempts to describe stigma in Malta and how it comes about that the Mental Hospital in Malta is named for Our Lady of Mount Carmel and finally attempt to put Mount Carmel Hospital and its dedication within Maltese Culture and the culture of the Mediterranean.

The paper demonstrates that to understand this, it is necessary to employ History, Anthropology, Theology, among other issues. Doing this also suggests that Malta has undergone a process of 'normalisation' regarding treatment of Mental Health Problems.

Key words: stigma - Mental Health Problems – normalisation - Our Lady of Mount Carmel

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INTRODUCTION

This paper was first read in a meeting of the Transcultural Psychiatry special interest group of the Royal College of Psychiatrists. My aim is to describe what Transcultural Psychiatry is. Then I wish to describe Malta. Next I wish to describe briefly the history of Mental Health services in Malta, which could have led to stigma, and hence discuss the sort of stigma which exists in Malta for mental illness, using some examples. I wish to discuss some things we have done about it, in particular to discuss why it was appropriate to name the main Mental Health Hospital in Malta Mount Carmel Hospital, and why Malta has undergone a process of 'normalisation' regarding treatment of Mental Health Problems, and finally attempt to put Mount Carmel hospital and its dedication within Maltese Culture and the culture of the Mediterranean.

TRANSCULTURAL PSYCHIATRY

MA has, at the request of the Transcultural Psychiatry special interest group of the Royal College of Psychiatrists, suggested this definition to the special interest group; 'Transcultural psychiatry includes studying and comparing psychiatric illness in different countries taking into account not only differences in different gene pools but also considering local customs, religions, explanatory models of mental illness, as they impact on Mental Illness and their effect on prevention, treatment and recovery from mental illness'.

It is important to realise that many different parts of Europe do have different cultures, and that many different areas of a region, such as the Mediterranean Region, will have similar cultures, but with different nuances.

MALTA. SOME BASIC FACTS

Malta, consisting of three main islands with an area of 315 km², is situated at the centre of the Mediterranean. Malta has the highest population density in Europe combined with the lowest total population of any EU Member State. In 2011, the total Maltese population was 417,432. Of these, 76,885 (18%) were aged 17 or under. Maltese is the only Semitic language (like Arabic) in the European Union.

The Family - the extended Family - is the most important influence on Maltese Individuals - in terms of its needs and the person's sense of belonging. Despite improvements in services for people suffering from mental disorders in recent years, this is a sector that requires major development to bring it in line with the present international standards for good practice. At present, Malta lacks an explicit mental health policy and there is currently no precise data available regarding mental disorder amongst the population in general nor regarding specific sub groups.

There is only one (Victorian) psychiatric hospital which serves the population of Malta. There is a small psychiatric ward in the main General Hospital and in Gozo Hospital. Psychiatric Outpatients is carried out in the General Hospitals. There is also much private practice.

Malta is about 90% a Roman Catholic country in terms of religion. However there is now said to be only 45% mass attendance on Sunday, and Malta is said to now have many cultures and religions (including Islam). The core of Maltese Culture is seen in the Maltese Fiesta, in honour of the local patron saint. After the Family, The external religiosity and social involvement in the Festa – bands, street decorations, procession, sense of belonging to a 'partit tal-Festa' (Boissevain

1965, 1969) or community appears to be more long lasting in the culture than the individual and even his/her spiritual values. There is a similar effect with Political Parties, and Football Clubs. Indeed, the 'belonging to a group', and hence, perhaps, not deviating from the group, seems particularly important in Maltese Culture.

HISTORY

In the time of the Knights of Malta (Cassar 1964), there was an 'Ospizio' in Floriana. These 'They were confined in small casement rooms and chained to the walls'... 'They were badly housed, badly clothed, badly fed, and too often beaten unmercifully in the belief that they were possessed by the devil' - a notion still current among the uneducated in the second half of the nineteenth century'.

'In 1725 the female patients were cared for in the 'two rooms for madwomen' at the Hospital for Incurable Women at Valletta'. The Hospital for Incurable Women was an institution for prostitutes with General Paralysis of the Insane (Cassar 1964).

In 1835 a mansion at Floriana was adapted as a 'Mad-house'. It was called 'The Franconi Asylum' after the knight of Saint John who had previously owned the mansion (Cassar 1964). Even today 'Franconi' is used as a term of abuse/stigma. Conditions in 'The Franconi Asylum' were very poor (Cassar 1964). A report of 1859 quoted by Cassar stated... 'It is very badly distributed, ill-ventilated and damp'... 'The whole establishment contained no other furniture than a few boards on iron trestles... The patients were therefore obliged to sit on the bare ground during summer and winter...' 'The poor lunatics, therefore, were not only left to wallow in their dirt until they became a nuisance to themselves and to others, but were always dressed in tatters...' 'Beating was often resorted to and other cruelties were inflicted to overcome the resistance of the violent patients...' (Cassar 1964).

The present Mount Carmel hospital was opened in 1861 (Cassar 1964). People with behaviour which was socially unacceptable (e.g. a child out of wedlock) were often admitted there long term.

THE CONSEQUENT STIGMA

Charles Pace became the first Psychiatric Social Worker in Malta in 1981. Here are his comments. 'When I did my PhD thesis in 1997, I asked mentally ill patients if they felt discriminated against, and the majority said 'no', but this was only a superficial answer, and I did not go into detail, as stigma was not the main issue of my thesis', however, One of my students, doing work with immigrants, asked them if they were treated differently at work, and they said yes they were (Many Immigrants are known to have mental health problems). It is reported that bullying regarding mental health problems is common in schools.

'Another of my students is working with spouses of mental health patients, and when asked if they and their families were treated differently, there were a number of different answers; some said no, others definitely felt they were treated differently. They reported that their children were treated differently. Often felt when walking down the street that people were talking about them'.

'In the 1940s it was much worse. When people passed through the village of Attard (Where the Mental Hospital is), they would report feeling a shudder. The people of Attard would themselves feel stigmatised simply because they lived there.'

'People who had a relative with mental health problems would put off admitting their relative till the situation was really desperate. They would arrange for admissions to take place under cover of night. The patient would make huge resistance When the patient was admitted he would be put in a special cage bed. He would refuse to cooperate. Then he would for days go on a hunger strike. Eventually he would agree to cooperate, and the nurses had a word for this - 'Ceda l-armi' - 'He capitulated'.

'Subsequently, relatives would refuse to accept for patients to be discharged back home because they would be afraid that if they needed readmission, the local police would say to them 'why are you giving us so much work all over again, why did you take him out of hospital?''

'Until the 1980s, when the new Mental Health Act was passed, all admissions of Patients to Mount Carmel Hospital were involuntary. In 1981, voluntary admissions began... open wards were introduced, first so that patients could go into the hospital grounds, then so that they could have leave from the hospital. Also, in the 1980s, community groups-NGOs like Caritas - began to take an interest in the hospital, and visit and work in the hospital'. (Note, as if the Community moved into the Hospital - my comment).

'At that time, the Psychiatric unit in the General Hospital was established, and that made psychiatric admissions more frequent and more easy, hence there were more admissions and people could move from one hospital to another.'

Essentially, what the developments since the 1980s amounts to, whether planned or not, is a process of 'normalisation', suggesting over time, that mental health problems are in fact illnesses which are similar to physical illnesses.

Furthermore, in the 1970s, Mental Health outpatients was carried out in the general Hospital rather than at the Mental Hospital. In the 1980s Mental Health outpatients was moved into the government polyclinics.

'Reform towards Community Psychiatry began in 1995. In 1995, a community team was established in the Qormi Pilot area (MA was involved in training some of the social workers of that team in psychosocial interventions). Thus, patients came into contact with nurses, social workers and psychologists in the community. In

2000, this was expanded to four teams. Also, in 1995, much work began to be carried out regarding housing for mentally ill patients. 'Villa Chelsea', a residential unit where persons learnt skills to live independently was established. Also several government flats were allocated to provide housing for mentally ill patients. All these were run by an NGO - the Richmond Foundation.

Fr. Joe Inguanez, a sociologist, has commented that when 'Villa Chelsea' was established, many people did not want it to be used for Mentally Ill patients.

From 1995, TV began to be used a great deal. Patients would tell their stories on TV in prime time popular programs (like Xarabank). They were referred to as 'l-imgarbin' - people who had had a difficult time. TV Psychiatrists became very popular, starting with Dr. Abram Galea, and now the very popular Dr. Anton Grech. On television they would describe different mental illnesses, but also normal psychology and family problems. These programs have very great influence at present in Malta.

STIGMA TODAY

However, while Maltese Society is now more accepting of Mental illness, there are issues about how individual persons relate to mental illness among their friends and families. The impression is that Maltese tend to avoid talking about, or owning up to the presence of Mental Health issues in the family.

To illustrate the present state of stigma in Malta today, here is recounted a story from a Junior Psychiatry colleague in Malta (FFA) She was asked for her impressions;

'A very recent example just came to mind. Last Saturday the commissioner for mental health in Malta organised a mental health expo at Tigne point in view of World Mental Health Day and I was part of it too as our organisation of trainees had a stand along with other associations such a psychologists, nurses etc. I came up with the idea to distribute free bookmarks and stress balls with our logo in order to break the stigma on mental health and create awareness. We would go around and with a friendly smile offer a ball or bookmark and see if people have any questions about mental health'. 'In great dismay we all realised what a huge stigma there is in Malta. The vast majority of people would walk away from us offering freebees (which are usually very welcome by the Maltese as a culture). I remember a lady giving me a really bad look when I went up to her, others avoided eye contact with us or simply ignored us or just said no and continued walking. A few were really interested but one happened to me a mental health nurse from the UK and another was a mum whose kid was suffering separation anxiety. I had a word with the commissioner himself and he said what a huge load of work we still have to do in our islands to break stigma and this is just a bench mark for future plans.'

NORMALISATION IN A MEDITERRANEAN CULTURE - THE NAME OF THE HOSPITAL

We have explained that, central to Maltese Culture is the Maltese Festa. This includes, as well as church services and religious processions, bands, fireworks, and street decorations. They are lead by lay confraternities and the members of band clubs. It is important to people to be seen to belong to these organisations. Interestingly, similar, though with slightly different nuances, fiestas occur in Sicily, Southern Italy, Spain, the Islands of Dalmatia, and even in the Arab Christian Communities round Mount Carmel, Haifa, Israel. One particular festa in all these areas is the 16th July, the feast of Our Lady of Mount Carmel.

The Mental Hospital in Malta is called after Our Lady of Mount Carmel. Every year in July, the Hospital Chapel holds the feast of Our Lady of Mount Carmel, including all the elements of a Maltese Festa - church services and religious processions, bands, fireworks, and street decorations. This is clearly another example of 'Normalisation'.

So why was the hospital named after Our Lady of Mount Carmel?

We must examine the story of this title of Our Lady.

BRIEF HISTORY OF OUR LADY OF MOUNT CARMEL.

Mount Carmel is a promontory near Haifa, Israel. After the first crusade, Western Hermits settled there, built a church dedicated to Our Lady, and eventually became the Carmelite Order of Friars; The 'white friars'. They saw themselves as being Mary's own order, and Carmel as being Mary's own Place. They defended this affiliation against all other orders. They changed their cloak to white from striped in Honour of the Immaculate Conception. The scapular in Middle Ages was the sign of a servant's fealty to his Lord-or Lady.

Since the 16th century, the Mediterranean Interest in Our Lady of Mount Carmel is related to a Vision of Our Lady which is said to have happened in the 13th Century in Cambridge to an English Man- Saint-Simon Stock in 1251 (although the document most quoted about this may be a forgery). So why did a Medieval Vision in Cambridge become popular in the Culture of the Mediterranean? In the vision, Our Lady is said to have given her scapular to Simon Stock with the promise 'Whosoever dies in this garment shall not suffer eternal fire'.

It is not surprising, given such a promise, that this story should become very popular all over Europe, but especially among sailors and fishermen, who were often at risk from the elements, especially as Simon Stock referred to Our Lady in prayer as 'Stella Maris' - Star of the Sea.

Therefore, by naming the hospital Mount Carmel Hospital, the Maltese Authorities were, consciously or unconsciously linking the Mental Hospital with a story which implied Bodily and Spiritual Salvation in the culture of both Malta and the Mediterranean.

At the time that Mount Carmel Hospital was opened in Malta, in 1861, the devotion to Our Lady of Mount Carmel in Malta was at its height, centred on the Miraculous Picture in the Carmelite Church in Valletta. This picture was 'Crowned by the Vatican Chapter' (the highest honour that the Catholic Church can give an Image of Our Lady) in 1881, twenty years later, and the church was declared a basilica (again a great honour for a church) in 1895 (Borg Gusman 1983).

A HISTORICAL NOTE

In writing this, I have followed P. Cassar's Medical History of Malta, which implies that Mount Carmel Hospital was called this from its beginning. In fact I have recently been made aware that the original patron of the Hospital was Saint Martin, and it has been suggested to me that the hospital became 'Mount Carmel Hospital' during the time Dr. Alexander Cachia Zammit was Minister of Health in the 1960s. Whether the Hospital Chapel always had a statue of Our Lady of Mount Carmel, but the Hospital was only formally dedicated to Our Lady of Mount Carmel in the 1960s or whether there was always a dedication to Our Lady of Mount Carmel which was more popularised in the 1960s, I do not know, and a recent book on Dr. Cachia Zammit has not answered this question for me (Grech 2015). I certainly remember publicity in the 1960s informing that the Mental Hospital was to be referred to as Mount Carmel Hospital. My central point that calling the hospital Mount Carmel Hospital normalised it within the prevailing culture of Malta and the Mediterranean remains unchanged.

CONCLUSION

Therefore, it is possible to show that stigma for mental health problems was brought about in Malta because of the very poor conditions of the original mental health hospitals. The present hospital was dedicated to a devotion to Our Lady which emphasized Our Lady's protection and salvation, and was a devotion which therefore militated against stigma.

Meanwhile, Maltese policy has tended over the years to 'normalise' mental health problems, suggesting that they are similar to physical illnesses. However stigma against mental Health problems continues to exist in Maltese Society. The annual Feast of Our Lady of Mount Carmel at the Hospital, by being exactly similar to the other festas in Malta and the Mediterranean continues to imply that mental illnesses are no different from ordinary mental illnesses.

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Conflict of interest:

Mark Agius is a Member of an advisory board to Otsuka, Japan.

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