An account of the conditions of Faroese individuals with a mental illness from the early 1800s to the late 1960s

fróðskapur
Fróðskaparrit 70 (2024), nr. 2: 42-59
Human Rights and the Faroe Islands

Ein søga um støðuna hjá føroyskum sinnissjúkum frá tíðliga í 1800-talinum til seinast í 1960unum

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Abstract

This paper provides a historic narrative of conditions for Faroese individuals with a mental illness from the early 1800s to 1969. The year 1969 was a landmark, as the Faroe Islands, an archipelago in the North Atlantic Ocean, finally established its own psychiatric ward led by a psychiatrist in collaboration with nurses and other healthcare providers. The narrative presents accounts of life in the Faroe Islands, as well as transportation to and life in asylums abroad. It is contextualised within international conventions on human rights and discussed through the lenses of ethical, nursing and mental healthcare theories. The conclusion emphasises the importance of recognising the unique history of mental health care in the Faroe Island underscoring the continued need to respect the human rights of individuals suffering from mental illnesses.

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Úrtak

Hendan grein er ein søguliga frásøgn um støðuna hjá sinnisjúkum í Føroym frá tíðliga í 1800-talinum og fram til 1969. Hetta árið var ein marknasteinur í Føroyum, tí tá bleiv fyrsta sinnissjúkrahúsið tikið í brúk undir leiðslu av einum psykiatara, og við sjúkrarøktarfrøðingum og øðrum heilsustarvsfólki í starvi. Frásøgnin lýsir støðuna hjá sinnissjúkum, meðan tey vóru í Føroyum, hvussu tey vórðu flutt av landinum, og lívið hjá teimum uttanlands. Teirra støða verður greinað við støði í altjóða menniskjarættindasáttmálum, ástøði um siðfrøði, líðing, sosial viðurskifti og sjúkrarøkt til sinnissjúk. Í niðurstøðuni verður áherðsla løgd á týdningin av at viðurkenna serligu søguna hjá sinnissjúkum í Føroyum. Dentur verður eisini lagdur á týdningin av áhaldandi virðing fyri menniskjarættindunum hjá teimum, sum hava sálarsjúku.

Keywords: Historical narrative, human rights, Faroe Islands, mental health, mental illness, nursing history, psychiatry, transfer.
Leitorð: Ævisøga, menniskjarættindi, Føroyar, sálarheilsa, sinnissjúk, sjúkrarøktarsøga, psykiatri, flutningur.

1. Introduction

The World Health Organization (WHO) World Mental Health Report from 2022 estimates that one billion people worldwide have a mental disorder (Cuijpers et al., 2023). As violations and discrimination against persons with a mental illness occur (Drew et al., 2011), WHO's current vision emphasises that there is no health without mental health, aiming for a world where people with mental disorders, in both poor and rich societies, are valued, promoted, and protected, free from prejudice, stigma, and discrimination. The declaration underscores the need for continuous attention to the conditions of individuals with a mental illness. This is also the case of people with a mental disorder in the Faroe Islands, a small island country in the middle of the North Atlantic, and the focus of this article.

Through history conditions for persons with mental illnesses were, in general, inhumane and miserable. In the past, individuals with mental disorders were far from valued, often stigmatised and always discriminated against. Ancient Nordic sagas mention symptoms of mental illnesses such as anxiety, timid brooding or sudden fits of rage, which were considered signs of madness and people were wary of them. Anyone considered mad was bound and beaten to expel the evil spirit from their body (Jónsson, 1912). During the Middle Ages, madness was regarded with fear as a manifestation of secret and incomprehensible powers, the work of spirits, possession by devils, or an expression of God's blessing through holy revelations (Bassoe, 1945; Crafoord, 2004; Rössler, 2016). Historical accounts depict people exhibiting insane behaviour in chains or imprisoned in cages under miserable conditions. There were no other ways for the family to manage them (Møllerhøj, 2021; Djurhuus

Magnussen, 2022). A telling example is provided by the Danish author and storyteller Hans Christian Andersen, who, in *The Fairy Tales of my Life,* recounts his fear as a young adult when he encountered a young woman confined in a small cell.

> I dared, when the guards were present, to enter the house where the mad people were. A long narrow passage divided the cells. I lay there looking through a crack in the door. In the cell was a nude lady on a lot of straw, her hair flowed down her shoulders as she sang in a rather sweet voice. Suddenly, she jumped up shouting and rushing at the door I lay outside. The guards had left, and I was quite alone. She banged violently on the door, and right above me, the little hatch through which she received her meals opened. She looked down at me and tried to touch my arm. I screamed in horror and clung to the floor. I never forgot this. I felt her fingertips graze my arm. I was scared half to death by the time the guard returned. (Hansen, 1996, p. 46, translated from Danish).

The French Revolution of 1789 was a milestone for human rights in general and the mentally ill especially (Porter, 2000). Through declarations of human rights under the motto "liberty, equality and fraternity" (French: *liberté, egalité, fraternité*), France launched significant changes towards a more humane and understanding approach to mental illness which gradually emerged in European countries. Pioneering these changes were two French physicians, Philippe Pinel and Jean-Etienne Dominique Esquirol, who were proponents of "moral treatment". This treatment aimed to help persons with a mental illness overcome their delusions through small, useful work in quiet surroundings far from their families (Porter, 2000).

In the light of human rights, the aim of this study is to shed light on the conditions faced by Faroese individuals with severe mental health conditions before the opening of a psychiatric hospital in Tórshavn in 1969. This event marked a milestone in the history of Faroese psychiatric care. For nearly a century prior, individuals with a mental illness were either cared for at home by their families, confined in prison-like cells in houses or the county hospital in Tórshavn or transferred to asylums in Denmark (Hansen, 1996; Jacobsen, 2004; Djurhuus Magnussen, 2022). This situation persisted until 1948 as the Faroe Islands was considered a Danish county. After 1948 the Faroe Islands became a self-governing jurisdiction within the kingdom of Denmark (West, 1974; Debes, 1995; Sølvará, 2020). The present study seeks to investigate these conditions further. How were these individuals cared for in the Faroe Islands? What were the conditions during their transfers to asylums abroad and during institutionalisations in Danish asylums?

2. Method

The study is a historical narrative, methodologically inspired by Polkinghorne's (1988) exposition of Ricoeur's characteristics of a historical inquiry: data justification, group history and memories, and the expectations and circumspections of individual agents. Agents referred to include psychiatrists, nurses, journalists, historians, and others who have documented or elaborated on the history of psychiatry and the conditions of individuals with a mental illness in the Faroe Islands. One agent is Faroese-born Beinta Eriksen, who worked as nurse and ward sister at the Oringe psychiatric hospital in Denmark from 1982 to 2017. In a telephone interview on 14th August 2023, Beinta Eriksen recalled the Faroese patients' life and conditions at Oringe. This article prioritises primary sources, while drawing on secondary sources from articles and books to provide the historic narrative and context (Kjeldstadli, 2005).

To promote a coherent narrative (Gill et al., 2018), we present the account of conditions in three separate sections:

- Conditions in the Faroe Islands. This section covers the period until 1884 when the care of individuals with a mental illness shifted from local responsibility to a statutory obligation of the Danish state (Vestergaard, 2018).
- Conditions during transfers to foreign asylums. This section addresses the conditions experienced by individuals during their transfers to asylums abroad.
- Conditions during institutionalisation in Danish asylums. This section discusses the conditions endured by Faroese individuals while institutionalised in Danish asylums.

The second and third sections cover the period up to 1969. At that time a newly built Faroese psychiatric hospital, led by a psychiatrist educated in Denmark and in collaboration with nurses and other healthcare providers, had the capacity to admit a total of 80 Faroese patients.

To enhance the reliability of our accounts, we discuss the evolving societal conditions for individuals with mental disorders referencing the WHO World Mental Health Report (2022), as well as relevant theories from nursing, and social and mental health care. We acknowledge that the study is influenced by our professional backgrounds as nurses (Gill et al., 2018). One of us is a nurse historian, and the others have experience in psychiatric hospital nursing or degrees in nursing gained in Denmark or the Faroe Islands.

3. Conditions in the Faroe Islands

This section addresses the social and existential conditions of Faroese individuals with a mental illness when cared for by their families or detained in cells. We present several accounts and elaborate on issues related to suffering,

space, seclusion and human rights. These factors have historically affected and continue to affect the conditions individuals with a mental illness face.

As early as 1241 the Law of Jutland, and later the Danish Code in 1683, stipulated that families were responsible for their members with a mental illness (Hansen, 1996). For centuries families cared for relatives with a mental illness, whether they were children, siblings, spouses, or other family members. It was also compulsory to inform the local community about any individuals with a mental illness and any potential limitations in their behaviour.

During the Middle Ages and up to the Reformation, Argja Hospital, situated on the outskirts of the capital Tórshavn, is believed to have served as a place of confinement for those thought to be mad or possessed by evil spirits. Subsequently, the hospital became a sanatorium for individuals with leprosy, who were isolated owing to the contagious nature of their disease (Sigvardsen, 1978 cited in Hansen, 1996). In 1826 the hospital was sold and, some years later, the Faroe County Hospital opened in the same location. This hospital, which operated for a century, initially had capacity for nine inpatients. After a reconstruction in the 1860s, it could accommodate twenty patients. Most patients were admitted with somatic disorders, such as broken legs, while only a few were mentally ill. Patients with a mental illness often had to share beds. Because of their noisy behaviour, which disturbed other patients, they were soon transferred to a small purpose-built house in 1867. This building was aptly nicknamed *The Cell* (Jacobsen, 2004).

The Cell was a minute dark house with thick walls and small windows. It had four rooms for patients, an office, and an outdoor latrine. In the beginning of the 1900s, the conditions of The Cell were criticised as not fit for patients with an incurable mental illness (Jacobsen, 2004). Still, The Cell remained in use until 1924 when Queen Alexandrine's Hospital opened. At this new hospital two rooms, referred to as cells for lunatics, were designated for the mentally ill. These rooms had "… bolted doors, peepholes in the doors, no decorations, and windows with impenetrable glass. It is no surprise that staying in these rooms had a significant impact on the patients" (Vaag, 1967, p. 1128).

In agreement with Burnton (2011), we would argue that being detained in such conditions was, and still is, effectively a form of imprisonment, offering no therapeutic benefit to the patients. Consequently, they continued to shout and scream, inadvertently reinforcing prevalent perceptions of insanity. It is, of course, important to recognise that this occurred in a different historical and cultural context. However, it is reasonable to assume that people during this period had existential needs just the same as individuals today. The shouting and screaming were likely a result of the suffering associated with hearing voices or experiencing hallucinations. Additionally, these behaviours could have stemmed from profound feelings of loneliness, misunderstanding, and abandonment, essentially feeling entirely isolated in the world (Lindström, 1995 and 1997). Hence, while the detention of severely mentally ill individuals was reasoned and

well-intentioned, society did not, and still does not always, view people with a mental illness as sick and suffering human beings. Instead, they might be seen as outlandish people who behave differently and thereby threaten the societal order (Foucault, 2021). Faroese children living with a severe mentally ill parent are documented as carrying a heavy social burden and feeling less worthy than their friends (Dam et al. 2018)

In her book *The Suffering Human Being,* Finnish nurse theorist Katie Eriksson has argued that to suffer is to be tormented as well as to struggle and endure; and she describes the phenomenon of human suffering in three dimensions: suffering related to illness, to life, and to care (Eriksson 2006). Suffering related to illness refers to physical symptoms and psychological distress caused by health and illness conditions. Suffering related to life grows out of existential struggles that are impacting on a human being's mental health and sense of identity. Suffering related to care stems from distress felt when fundamental care is lacking. Eriksson therefore underscores the need for empathy and compassion, in "providing dignity, observance, and respect of the suffering human being" (Karnick, 2007, p. 291). The detained individuals with a mental illness most likely experienced all three dimensions of suffering. They were secluded with minimal care and endured poor mental conditions. The Cell was frightening, dark, cold, and unpleasant (Petersen, 1998).

Generally, dark and cold seclusion causes people to lose their self-worth and dignity because the room or institutional space in which one lives holds existential value (Van Manen, 1990; Martinsen, 2001; Hall et al., 2012). As the psychiatric nurses Goren and Orion (1994, p. 237) stated:

> The space within an institution is more than the setting in which events occur. It is a dimension that shapes the behaviour of both inmates and staff. Confinement immediately terminates usual social obligations and prerogatives and creates a new relationship for the inmate and his environment.

Prior to serious illness, Faroese persons with a mental illness would have actively participated in daily family life, recognising that this collective living was the lifeblood that sustained them. Being together was crucial for survival. The family home served as an extremely important social space, where family members of both sexes and all generations gathered in what was called a smokeroom (*roykstova*). In this space, they carded, spun, knitted, talked, sang, and ate together (Gravesen, 1941). The mental illness caused this supportive lifestyle to be replaced by suffering and loneliness, and detention in The Cell most likely exacerbated this suffering and isolation.

Seclusion is still practiced worldwide. Referring to the European Convention on Human Rights' legislation concerning conditions of detention, Burnton stated (2011, p. 120-121):

> The objections to seclusion are well-known. If the patient is kept in a room devoid of entertainment or diversion, he may suffer sensory deprivation. Detention in a small and featureless room is oppressive for anyone but is liable to be more objectionable and more damaging in the case of a person whose mental health is at best vulnerable. It may lead to feelings of increased despair and isolation, anger and worsening of delusions and hallucinations… Its effects may be aggravated by uncertainty as to whether or when the seclusion will come to an end. Seclusion may bring about the violent behaviour that it is intended to prevent. If there are no washing or toilet facilities in the room, conditions may become at best unpleasant and at worst difficult and completely unbearable.

Lord Burnton precisely identified the serious adverse events, such as despair, anger, and violence, that seclusion can cause. We argue that detention in closed cells constituted relentless hardship for Faroese individuals with a mental illness, leading to constant suffering.

4. Conditions During the Transfers to Foreign Asylums

From 1884 to 1969 Faroese individuals with severe mental illnesses who needed medical treatment were sent to foreign asylums. In total, about 300 were sent to Danish asylums, and during World War II a few were transferred to a Scottish asylum (Djurhuus Magnussen, 2022). These voyages were quite demanding. In this section, we present accounts of the transfer conditions and contextualise them with notions of other extreme events and psychiatric understandings of the construct sense-making.

Transfers to asylums abroad were long voyages, involving a week or more of sailing, followed by journeys by train and car before reaching the destination. These voyages were arduous for people with a mental illness. The rough and crowded travel conditions deteriorated their physical and mental states, as Faroese medical doctors repeatedly highlighted during decades of political discussions about establishing a psychiatric hospital in the Faroe Islands (Kristiansen, 1952; Vaag, 1967; Wang, 1981).

One of the nurses who accompanied patients on these transfers was Tomasia Arnason. When interviewed in her old age, she recalled several rough journeys from these assignments in the early 1900s (Petersen, 1998; Hall et al., 2023). On one occasion, the weather was so bad that the passengers did not receive any food during the entire voyage. The ship was crowded, and a female patient had to lie on the floor on a mattress along with other women.

During another transfer, a patient managed to disappear, causing great concern. Tomasia Arnason recounted:

> Once, I sailed to Denmark with a woman who was a danger to herself and others. When we boarded the ship, I decided she did not need to

> be in a restraint belt and allowed her to move freely. I planned to sleep lightly, believing I would wake up if she left her bed. However, I fell asleep briefly, and when I woke up, she was gone. I searched for her on deck but could not find her anywhere. Panic set in, but I persisted in my search. On my third round of the deck, she suddenly appeared and said, "I did not have the courage to throw myself overboard" (Petersen, 1998, p. 82, translated from Faroese).

The long transfers were a significant strain on the patients. They would often arrive at the asylum at night, exhausted and difficult to manage or examine. Danish psychiatrist Aksel Bertelsen recalled from his time as a medical student substituting for the psychiatrist on duty during night shifts at an asylum, that he frequently experienced dramatic night shifts and was particularly apprehensive about admitting patients from the Faroe Islands. After several days at sea, the patients would arrive on a ship stretcher, often quite ill and potentially violent (Nielsen, 2018).

During World War II, 1939–1945, Germany occupied Denmark and Norway. Shortly after the German occupation of the Nordic countries, Britain occupied the Faroe Islands to prevent it from becoming a German base. This British occupation halted all ship traffic between Denmark and the Faroe Islands. For Faroese individuals with mental illnesses, this meant remaining on the islands without professional help. Due to the danger of mines at sea, they could only be transferred to professional psychiatric care in England or Scotland in the later years of the war (Petersen, 1998).

In the summer of 1943, two Faroese nurses accompanied the first nine individuals with a mental illness to a Scottish psychiatric hospital. One of these nurses was Anna Joensen, who talked about her life as a nurse a few years before she died. Here, she included her experiences transferring patients with a mental illness from the Faroese town of Klaksvík to Scotland (Petersen, 1998).

> In August 1943, another nurse and I escorted nine mentally ill patients to Scotland. We travelled on a British military ship. A porter, the two of us, and the patients all shared the same cabin on the ship. We sailed so fast from Klaksvík that I had to hold on to a water-tap for the first part of the journey to Tórshavn. Here the patients were admitted to the hospital in Tórshavn until we departed on a British troop ship around midnight. One British physician and two British nursing aides joined us on board. The ship had two barrage balloons attached, and during the voyage, we heard a shot. When we inquired about it, we were told it was from an exercise. However, upon disembarking, I noticed only one balloon remained, an indication that the Germans had been involved.
>
> We arrived in Invergordon, where we received a cup of tea and some bread before taking a train to Edinburgh. We reached the hospital

> the following day. Unfortunately, by now we only had eight patients to admit as one died during the transfer. None of the patients understood the language. I stayed for a fortnight, while Jofrid, the other nurse, was to remain for a year or until they could return (Petersen, 1998, p. 102, translated from Faroese).

These transfer accounts reveal miserable conditions and surprising incidents. The long voyages in crowded cabins were intense, tiresome, and harmful for the patients. As mentioned above, one patient died during a transfer, and another considered jumping overboard. The journey to an unfamiliar, foreign place demanded immense resilience from these already vulnerable patients with a mental illness. After a long and exhausting voyage, they arrived at an asylum set in a country and culture entirely foreign to them.

To illustrate the above-mentioned cases, we turn to Hayfield's (2023) study of extreme events and De Haan's (2017; 2020) studies of sense-making in psychiatry. Hayfield categorises events such as flooding, police interventions, earthquakes, and disastrous explosions as extreme events, arguing that even healthy individuals require significant resilience and sense-making skills to adapt to such violent and incomprehensible incidents. The transfer as an extreme event could explain why one patient wanted to throw herself overboard and another probably did, as he was missing on arrival in Scotland.

The idea of sense-making is a modern understanding of how mind and environment inter-relate, involving biological, social, medical, and affective matters in a holistic – also termed enactive - unity (De Haan, 2017; 2020). The transfer (environment) and emotions such as fear, anxiety or loneliness, and others such as seasickness and homesickness, might make life unbearable. The individual would come to the sense that death is a relief, or as in the other case, that jumping overboard was more frightening than living life. It is uncertain whether the vulnerable individuals with a mental illness could find meaning in their transfer despite the poor conditions, and whether they had the strength and resilience to adapt and regain some health afterward.

5. Conditions During Institutionalisation at Danish Asylums

From 1884, when Danish law mandated institutionalisation at state asylums, to 1969, when the psychiatric hospital in Tórshavn opened, Faroese individuals with a severe mental illness were treated at Danish asylums. Many of these patients stayed for decades in Denmark for psychiatric care and never returned home. They passed away and were buried in the hospital cemetery. During this period, significant psychiatric research and interventions took place leading to new treatments, changing attitudes, and a transformed daily life within the asylums. This section presents accounts of the conditions during this period discussing key issues such as language barriers, homesickness, ethics, and human rights.

Upon arrival at a Danish asylum, Faroese patients, already uneasy and anxious from the long and demanding transfer, were often treated with waterbeds to help them calm down. This meant a long stay in a 28 degrees Celsius warm bathtub for days, or even weeks or months. Here the patient would read, eat and sleep (though not at night) in the warm water. The treatment was introduced by the Danish psychiatrist August Wimmer in 1912. He argued that waterbeds calmed patients and diminished their violent urges; they reduced patients' tendencies toward self-harm (Vestergaard, 2018).

Treatment decisions for patients were primarily made by the Danish chief psychiatrist. His perspectives on mental illness and beliefs about effective mental health care significantly influenced the conditions imposed on both patients and staff. Treatment approaches were shaped by the prevailing theories of the time. During the early 20th century, one notable chief psychiatrist, Hjalmar Helweg, appeared to be influenced by the ideas of the French physicians Philippe Pinel and Jean-Étienne Dominique Esquirol. Helweg advocated that patient care should be shielded from outside impressions, be regular and provide suitable employment in quiet surroundings. This way a slumbering personality would thrive and grow (Helweg, 1958; Nielsen, 2018).

However, regardless of good intentions, the experience was markedly different for the Faroese patients. On arrival at a Danish asylum, these patients encountered a new culture, including unfamiliar language and diet. They faced significant communication barriers, as they did not speak Danish, and the staff did not understand any Faroese. Furthermore, the staff were unfamiliar with the distinctive and remote culture of the Faroe Islands. Consequently, language, cultural and dietary differences posed substantial challenges for the already strained Faroese patients. These barriers exacerbated their difficulties, making their adjustment to the asylum environment particularly challenging and adding layers of complexity to their treatment and care.

Language barriers likewise contributed to homesickness. Medical historian Jesper V. Kragh (2010b) noted frequent instances of “crying of homesickness” in the records of Faroese patients. Evidently, Faroese patients suffered from homesickness more than other patients. They longed to be home and received no visitors in contrast to Danish patients. The absence of family support and the familiar surroundings of their homeland intensified their sense of isolation. The Faroese patients missed their families, places, and customs, exacerbating their emotional and psychological distress during their time in the asylum.

According to Baier and Welch (1992), homesickness is an under-identified but pervasive feeling of sadness that can manifest as physical symptoms such as colds, headaches, and general malaise. While the exact methods used by psychiatrists to manage homesick patients are not documented, the frequent mention of homesickness in patient records indicates that this issue did not go unnoticed. It appears that the patients were able to support each other in dealing with homesickness. An account from Beinta Eriksen recalled two Faroese

women at an asylum who were each other's best friend and gave each other mutual support and companionship:

> When the women were up, they were always together, speaking only Faroese so that nobody understood them. They were truly each other's best friend. One was more severely ill than the other and could become angry and agitated. As a result, she was often transferred to the closed ward. Each time this happened, we noticed that the other woman would whisper something to her. Shortly after, the other woman would also be transferred to the closed ward. We discovered that what she was whispering was, "I'll come soon". They were so close that they had to stay together, no matter the cost (Beinta Eriksen in Djurhuus Magnusen, 2022, p. 51-52, translated from Faroese).

These two Faroese women seemed to manage because they had each other. They relied on one another for support. Other Faroese patients found different ways to cope. Sussie Nielsen, an acting pastor at the asylum, recollected that an elderly male Faroese patient was a faithful churchgoer in the asylum chapel. Often, at the Sunday service, he was the only one present (Nielsen, 2018). It is likely that his Faroese origin and upbringing rooted in Christianity provided him with a sense of familiarity and comfort in an otherwise foreign environment. Another male Faroese patient lived by himself without speaking and, like many other patients, he was force-fed year after year (Nielsen, 2018).

In the late 1930s and throughout the 1940s, under the leadership of various chief psychiatrists, the medical staff began experimenting with treatments such as shock through insulin and the heart stimulant cardiazol. These treatments were administered up to six times a week and could last for months. Danish psychiatrists at the time considered these methods revolutionary. However, research documented only short-term positive results and minor improvements, alongside a significant number of patient deaths. Despite the rigorous and often harsh treatment conditions, many patients remained in a state of status quo (Kragh, 2010a; 2010b).

Another treatment employed during this period was lobotomy, a surgical procedure on the brain aimed at curing patients of psychoses and hallucinations. Indications for lobotomy could be severe aggressiveness and violent behaviour (Kragh, 2010a). In 1952 there were 26 Faroese patients at the asylum Oringe, and at least ten of them were referred for lobotomy (Kragh, 2010a). Of these ten, only two were subsequently healthy enough to be discharged to their families, and one was not discharged until many years later. The patient, a woman, was admitted in 1927 and discharged to her family in Denmark in 1965.

The other lobotomised Faroese patient who returned home was a young man who had been admitted to the Danish asylum in 1933. As a young adult he underwent various shock treatments all of which proved ineffective. Despite

these treatments, he continued to experience periods of bizarre and violent behaviour, leading to his referral for lobotomy. In retrieving patient records, Kragh (2010a) discovered copies of some of this patient's private letters to his family in the Faroe Islands. In one letter, dated 1947, the patient wrote the following about his operation:

> In the winter I was sick and in bed at one of the most terrible wards… So, one day in the beginning of May, I went by car with a caretaker to the Military Hospital in Copenhagen for an operation. We were there about three days. The operation went well… When I came back, I was admitted to ward E1, and I was in bed for about eight days after the operation. That was about three weeks ago. My mood is not so good, and I am not strong either, but we must hope it will get better as time goes by. They say this operation usually helps better and longer than any other treatments we get here at the hospital. We must hope for the best (Kragh, 2010a, p. 185, translated from Danish).

Some months later this patient returned to the Faroe Islands. During the waiting period, he suffered severe homesickness and expressed doubt about his ability to return home. Nevertheless, he managed to make the journey back, and his story ends there. No further information was found in his Oringe patient record. The remaining Faroese patients who underwent lobotomy did not share his fate. They died at the asylum after being admitted for an average of 34.3 years. They were all buried at Oringe cemetery (Kragh, 2010a).

The copied letter found in the patient record gives rise to questions about ethics and human rights. Was the patient aware of this copy? Was he informed or in any way involved? Was checking private correspondence a rule? Was paternalistic behaviour common in mental health care? In a review focused on identifying mental health nurses' experiences of human rights, Ventura and colleagues (2021) found that paternalism was an everyday practice, something the patient's letter above indicated. Often paternalism had a negative connotation. However, it was also explained as positive, serving the patients' best interests (Ventura et. al., 2021). Today, copying a patient's private letter is considered unethical. The paternalistic approach, which was likely accepted in the past, is undoubtedly unethical by contemporary standards.

Officially, the practice of lobotomy stopped in 1954 with the emergence of psychopharmaceutical remedies, marking the beginning of a new treatment era that alleviated much of the suffering of patients with a mental illness. This shift also made life easier for asylum caretakers. A Danish psychiatrist described the psychopharmacological developments that took place between the 1950s and 1970s as a significant transition. He stated:

> The essential was that you could reach anxiety-dampening and calming effect without inducing general sedation. … the therapeutic

> milieu changed radically… now you got an opportunity for specific actions instead of protecting patients and their surroundings against the illness-conditioned behaviour (Rosenberg, 2008, p. 265-266, translated from Danish).

In the telephone interview, Beinta Eriksen stated that conditions improved significantly for the patients. While they did not recover from their illnesses, they were able to lead regular, quiet lives with suitable responsibilities. Everyday life became more social and humane. Patients dressed up, sought to get out, held small jobs and attended parties. Additionally, patients were offered and enjoyed participating in various activities such as picnics, summer vacations, and holiday celebrations, in the homes of staff. Some patients stayed with caretakers' families outside the asylum, while others worked in farming, gardening, in the kitchen, doing laundry, or engaged in knitting or repairing clothes. Relationships that crossed the patient-professional boundary became commonplace. Beinta Eriksen emphasised that the staff aimed to provide the patients with a family-like environment. She said, "We were like one big family".

6. Conclusion

Considering human rights conventions, this article provides a glimpse into the conditions faced by individuals with a mental illness from the Faroe Islands before the establishment of a psychiatric hospital in their country. It highlights their seclusion, strenuous transfers and life in asylums far from home immersed in foreign cultures with different languages.

Understanding how conditions vary and develop in different cultures is indispensable for comprehending and teaching about mental health, its practices and history of ideas. This article contributes to the body of knowledge about the history of individuals with a mental illness from a small and remote multi-islands nation with its own culture and language, situated far out in the North Atlantic Sea.

The study also presents examples of human rights violations and touches on ethical issues. While it has limitations and much remains to be explored, the study holds local, Nordic, and global significance in the discourse on promoting human rights for all individuals with a mental illness. This is relevant in interdisciplinary clinical practices, education, and administration.

Our study focuses on the period leading up to the establishment of the Faroe Islands' psychiatric hospital in 1969. During the study process, questions arose about developments in the latter half of the 20th century and the present. We agree with Nordic and European nurse researchers (Cutcliffe et al., 2015; Gabrielsson et al., 2020; Wiklund Gustin, 2021) that mental health nursing can be a transformative force in promoting humanisation and helping individuals with a mental illness and their families to find meaning in life. As Hurley and colleagues (2022) suggest, it is crucial to move away from the asylum mentality

that still lingers in some places. We recommend that policymakers and managers fully utilise the technical and non-technical capabilities of specially trained psychiatric nurses and social workers. This can be achieved through both dependent and independent care of patients with mental illnesses.

Furthermore, we suggest future historical studies concerning conditions during recent decades, such as how Faroese patients with a mental illness were received upon returning to their homeland, how patients and society adjusted, and how modern psychiatry and community home care collaborate for health, well-being and recovery. Such studies would add to the knowledge about mental conditions that Dam initiated in her dissertation about the experience of children of parents with a mental illness in the Faroe Islands (Dam, 2018; Dam et al., 2016; Dam & Hall, 2020). As Butterworth (2020) pointed out in his commentary on Dam and Hall's (2020) study, research on the unique effects of living in small-scale communities are crucial. One unique effect is that immigrants may feel strange in a small-scale community. Hayfield and Schug (2019) have documented that immigrants in the Faroe Islands find it hard to socialise with Faroese people because they are closely related, and all know each other so well.

Further research on mental health conditions in the Faroe Islands and other small communities is therefore crucial in enlightening the efforts of family and mental healthcare providers' impacting on psychiatric and mental health literacy. Additionally, it would contribute to the call by Drew and colleagues (2011) for broad cooperative participation to educate societies, media, professionals, the persons with a mental illness themselves, and their families about human rights in mental health care. Such studies would also be in line with the WHO recommendations in the World Mental Health Report (2022) on transforming mental health for all.

7. References

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