Patients and Social Practice of Psychiatric Nursing in the 19th and 20th Century

Edited by Sylvelyn Hähner-Rombach and Karen Nolte

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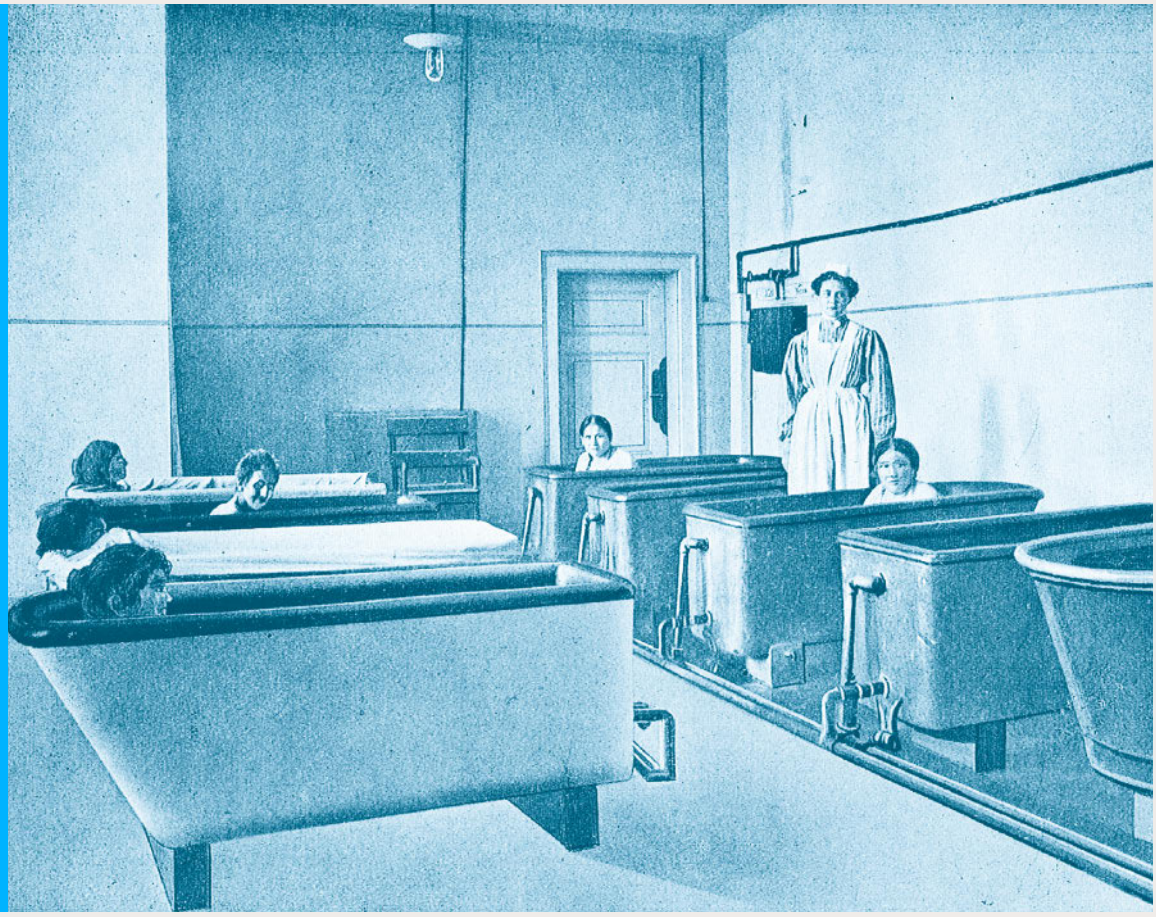

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Reform and Training of Psychiatric Nurses

Introduction: Patients and Social Practice of Psychiatric Nursing in the 19th and 20th Century

Karen Nolte / Sylvelyn Hähner-Rombach

In the last twenty years, the history of psychiatry has developed into an area of research characterised by multidisciplinary perspectives and questions. At first, historians tackled questions of psychiatry as a profession, as a science and as an institution. In the 1980s and 90s, the psychiatric hospital was principally regarded as a social disciplinary institution, thus emphasising the link between the interests of medicine and state order. The early phase of sociohistorical research into psychiatry was dominated by the perspective of authority and the psychiatrist towards psychiatry and thus also the patients.[1] This was overlapped by scientific history questions, such as the social construction of illness, which seemed particularly appropriate in the field of psychiatry. Further scientific access was created by questions of knowledge production through psychiatric and medical case histories[2] as well as through techniques and methods of "psychiatric record taking"[3]. It is only in the last twenty years that everyday life in the hospitals and psychiatric therapies has increasingly come into the spotlight of psychiatric historians. Linked to this was the question of subjective perceptions of patients. Thus, researchers into psychiatric history followed the demand of the British medical historian Roy Porter to take a "patient's view"[4] of the history of medicine.[5]

In this research of everyday history, the history of psychiatric caregivers remained almost untouched.[6] This is particularly surprising as caregivers played a key role in psychiatric hospitals until well into the 20th century: Thus, around 1900, a doctor, depending on the hospital, was responsible for one to two hundred patients[7], i. e. patients rarely saw a doctor and doctors had to base much of their judgement on observations and the appropriate descriptions from caregivers.

The long silence in historical research on the history of psychiatric nursing is primarily due to the difficult situation with sources: Even into the 20th century, the activity of caregivers was an unskilled profession, practised by people of the lower social classes. Although the "service" provided by these

1 Cf. particularly the works of Dirk Blasius and Klaus Dörner, Blasius (1980) and (1994) as well as Dörner (1984), cf. also Goldberg (1999).
2 Cf. Brändli/Lüthi/Spuhler (2009).
3 Borck/Schäfer (2015).
4 Porter (1985).
5 Cf. Nolte (2013), Fuchs/Rotzoll et al. (2007), Ankele (2009), Gründler (2013).
6 An exception to this is the work of Peter Nolan, which describes the development of psychiatric nursing from the end of 19th to the end of the 20th century in England. Here, the training and working conditions and particularly reforms in psychiatry and their impacts on nursing are investigated in detail. Cf. Nolan (1993).
7 Urbach (2016).

people was an important basis for the success of psychiatric hospital therapies, the actions of caregivers were barely documented in the patient files. In addition, the approach to the everyday lives of psychiatric caregivers and their subjective perceptions in the 19th and early 20th century presents a difficult challenge, as there are very few sources handed down by the caregivers themselves.

The first German-language work in the history of psychiatric caregivers – such as the studies by Höll/Schmidt-Michel[8] and Dorothee Falkenstein[9] – initially concentrated on the virulent question of the mid-19th century, namely regarding the characteristics of a good caregiver, based on clinic and hospital rules and printed sources, which were primarily documented from the perspective of psychiatrists. Thus, normative expectations of psychiatric caregivers were reconstructed as everyday care. In her study of the history of psychiatric care in the Netherlands, Geertje Boschma showed that the establishment of psychiatry as a scientific subdiscipline of medicine was coupled with a professionalisation of psychiatric care.[10] Also, in her recently published study on the Am Steinhof sanatoria and mental hospitals in Vienna, the historian Sophie Ledebur emphasised the significance of well-trained nursing personnel for the implementation of reformist concepts in hospital psychiatry and reconstructed the processes of the professionalisation of psychiatric care in Austria using the example of this Viennese hospital.[11] Anja Faber, in her study of everyday in-patient nursing life between 1880 and 1930, published in 2015, also investigated various nursing groups in detail, including the minders of the Illenau sanatorium and mental hospital in Baden.[12] Amongst the things she investigated were the social profile of the minders, the living and working conditions, training and activities, as well as the areas of tension and conflict, including complaints about the minders.

Before this, Sabine Braunschweig, in her study of the history of psychiatric nursing in Switzerland, used the example of the Friedmatt Hospital in Basel to show how the reports written by doctors in the psychiatric patient files could be read "against the grain", thus offering a chance to find out the perspectives of nurses and nursing practices.[13] She pointed out that the reports on the social behaviour and psychiatric states of the patients in everyday ward life were primarily based on the observations of caregivers, which were forwarded to the doctors on a daily basis in reports.[14] These caregiver reports, passed on by the doctors, can thus be analysed in a careful and methodical way as a source for nursing history and, as a result, can be used to reconstruct nursing practices in psychiatry. In this way, Braunschweig has opened up the

8 Höll/Schmidt-Höll (1989).
9 Falkenstein (2000).
10 Cf. Boschma (2003).
11 Ledebur (2015), p. 97–104.
12 Faber (2015).
13 Braunschweig (2013).
14 Braunschweig (2013), p. 179–187.

path to historical research into everyday life in psychiatric nursing, particularly for the period for which no more contemporary witnesses are available. However, her appeal for further investigation of patient files of the 19th and early 20th century for patient history analyses seen from a nursing history point of view has only been pursued by very few researchers. Through her research into the Uchtspringe sanatorium and mental hospital, Anna Urbach has been able to prove an early form of specialisation in psychiatric nursing: There, caregivers were already trained in the last years of the 19th century in observing and documenting the fits of the patients diagnosed as being epileptic as accurately as possible.[15] She has also determined a decisive role of caregivers in the implementation of the concept of work therapy.[16] Sabine Braunschweig also emphasised the important role of caregivers in the introduction and evaluation of new methods of therapy in psychiatric clinics and hospitals, as the observations of the everyday life of the patients by the nursing staff were decisive in the evaluation of the effectiveness of the therapy form. In particular, during the establishment of somatic therapies, especially in electroshock therapies, the nursing personnel was essential due to their close observation of the behaviour of the patients and the controlling of vital signs – this was also shown by Gerda Engelbracht's study of the history of the nerve clinic in Bremen-Ost.[17] She has dedicated a whole chapter to the history of the nursing personnel and supplemented the archive sources from the clinic's history with interviews with former caregivers. In her second study, on the history of the Alsterdorfer Anstalten in Hamburg, which was also carried out with Andrea Hauser, the author also dedicates an extensive chapter to nursing and describes – again with reference to contemporary witness interviews – the special situation of caregivers in the setup of the deaconry between the Christian understanding of caregiving and the demands for the professionalisation of the nursing profession in the post-war years in Germany.[18]

That so-called oral history in the reconstruction of the history of psychiatric nursing is so decisive can also be seen in current research. An early example are interviews carried out with the employees of the Psychiatric Nerve Clinic of the Charité hospital in Berlin.[19] Currently, due to the difficult situation with sources, it is primarily the second half of the 20th century which is the focus of nursing history research, as there is not only a more comprehensive set of sources from the psychiatric caregivers themselves, but also the possibility of holding narrative, autobiographical interviews with contemporary witnesses, thus allowing the reconstruction of subjective perceptions and the everyday practices of psychiatric caregivers. The method of oral history was considered a major problem by historians during its rise in the early 1980s, as recollections become more unreliable over time, as the subjects,

15 Urbach (2016).
16 Urbach (2015).
17 Engelbracht (2004), pp. 175–202.
18 Engelbracht/Hauser (2013), pp. 90–144.
19 Cf. Atzl/Hess/Schnalke (2005).

consciously or unconsciously, would construct their own biographies in their descriptions.[20] However, processes of self-formation are current of particular interest in the analysis of personal testimonials, of which narrative and biographical interviews are a part.[21] Expert interviews are also essential in the research of nursing history, as only then can nursing routines, which are normally not available in written form, be reconstructed.

This edited volume provides an insight into current research projects in the history of psychiatric nursing in various national contexts and was begun at an international conference, which was held in Stuttgart in October 2015.

The first section "Hospitalisation and Dehospitalisation" is opened with the contribution of Ashild Fause, who researched into the long process of the hospitalisation of the mentally ill in the north of Norway. The specific geographical and demographic conditions meant that home treatment in care foster families was the dominating concept for the therapy of the mentally ill until well into the 20th century. Even in the 1960s and 1970s, only 70% of the mentally ill were treated in hospitals. Fause analyses the challenges of the family care of psychiatric patients in the 1940s, by investigating care practices and the interactions between caregivers and patients.

By contrast, Sandra Harrisson uses the example of the General Hospital in Ontario, Canada, to investigate how the process of the dehospitalisation of psychiatric care took place in the 1960s. She shows how the activity profile of psychiatric caregivers changed: Their task was now primarily to prepare their patients for an independent life outside the clinic. In so doing, their observations formed the principle basis for treatment plans, which aimed for the fastest possible discharge.

The contribution by Geertje Boschma on the relationship between caregivers, patients and volunteers in the municipal psychiatric institutions in western Canada deals with the process of the dehospitalisation of psychiatric care since the 1970s and the resulting change in the professional self-image of psychiatric caregivers. The anti-authoritarian ideas of the 1960s and 1970s questioned the paternalist and hierarchically-structured relationship between caregivers and patients, gave the patients a voice and required caregivers to reconsider fully their understanding of their profession.

The second section of the book moves the focus to the situation of the patients in the hospital or the clinic and their social surroundings. Jens Gründler has worked on the basis of administration files and patient files of the Scottish asylum Woodilee from the period around 1900 to discover the social conditions under which caregivers worked and what the files have to say about their relationship with the patients. In so doing, Gründler posits the theory that the co-habitation of caregivers and patients in the hospital was usually peaceful, as only few special occurrences are documented in the files. They describe that patients were violent towards caregivers and vice-versa.

20 For information on the oral history method in nursing history, cf. Kreutzer (2014), pp. 26–29; Boschma (2008).

21 Cf. Alkemeyer/Budde/Freist (2013).

The circumstance that violent events and complaints by patients were written down causes Gründler to assume that they were regarded as special.

Sylvelyn Hähner-Rombach investigates the "Child Observation Unit" in Innsbruck, Austria, and questions how, from the 1950s, children and young people became patients of this remedial education institution, which was attached to the psychiatric clinic, how they were treated and which consequences their stay had for them and their further life. In addition, she indicates the research potential offered by the comprehensively kept patient files for an interdisciplinary cooperation.

Another perspective on the everyday life of nurses is offered by Sabine Braunschweig in the third section on "Diversity and Deviance" through her contribution on the handling of deviant behaviour by caregivers: She investigates the files on the cancellation of nursing diplomas due to homosexuality, theft and addiction. She is of the opinion that these "deviations" from the "normal" behaviour of the nursing staff allow important insights into the everyday life of nurses. She determines that no intersubjective, comprehensible criteria for the instigation of a procedure to cancel a diploma can be found and suggests that the personal impression that the hospital directors gained of the nurses over time had a decisive role to play.

The fourth section of the book deals with the role of nurses in the introduction and execution of so-called "heroic therapies". In her contribution, Karen Nolte shows the central significance of nursing actions in the execution and evaluation of new forms of electroshock therapies, which were introduced in the 1930s and 1940s in psychiatric treatment at the University Nerve Clinic in Würzburg, Germany. Interestingly, the daily nursing routine only becomes visible in the files with these technically complicated forms of treatment, as nurses were required to document their actions in a detailed and standardised manner.

Foth/Watters/Lange/Connell use their contribution to show the significant role of nurses in "fever treatment" in the Ontario Hospital in Canada. They are of the opinion that the *pyrotherapy* performed by nurses, which consciously took the patients to the brink of death, was primarily used for the social disciplining of uncooperative patients.

The fifth and last section of the book deals with the question of which reforms in the training of nursing personnel in Germany were necessary to be able to reform psychiatry in the sense of the "psychiatric enquête" in 1975. Maike Rotzoll investigates the establishment of the further training of psychiatric caregivers for psychiatry in Heidelberg which had turned into social psychiatry, making it a model for West Germany. From this point onwards, nurses were increasingly expected to have the competences of a social worker. Hierarchies and authoritarian structures were to be dissolved and patients met at eye level.

Christof Beyer analyses the second West German model project on the "further training of psychiatric caregivers" into "sociogogues" at the "Hanover Medical School" in Hanover. He emphasises that the perspective of caregivers

on the reform of psychiatry in the 1970s and 1980s has been scarcely investigated. The training programme in Hanover was initially considered to be for nursers in positions of leadership – how this new self-image of psychiatric nurses was received by the grass roots has not yet been investigated.

The aim of this book was not only to sketch the state of international research, but also to point out gaps in research, work upon which would offer new insights into psychiatric nursing. Huge thanks are due to the authors for their substantial contributions.

Bibliography

Alkemeyer, Thomas; Budde, Gunilla; Freist, Dagmar (ed.): Selbst-Bildungen. Soziale und kulturelle Praktiken der Subjektivierung. Bielefeld 2013.

Ankele, Monika: Alltag und Aneignung in Psychiatrie um 1900. Selbstzeugnisse von Frauen aus der Sammlung Prinzhorn. Vienna, Weimar, Cologne 2009.

Atzl, Isabel; Hess, Volker; Schnalke, Thomas (ed.): Zeitzeugen Charité – Arbeitswelten der Psychiatrischen und Nervenklinik 1940–1999. Accompanying book to the exhibition of the Berlin Medical Historical Museum in the Charité, 3rd March to 12th June 2005. Münster 2005.

Blasius, Dirk: Der verwaltete Wahnsinn. Eine Sozialgeschichte des Irrenhauses. Frankfurt/Main 1980.

Blasius, Dirk: Umgang mit Unheilbaren. Studien zur Sozialgeschichte der Psychiatrie. Bonn 1986.

Borck, Cornelius; Schäfer, Armin (ed.): Das psychiatrische Aufschreibesystem. Paderborn 2015.

Boschma, Geertje: The Rise of Mental Health Nursing. A History of Psychiatric Care in Dutch Asylums, 1890–1920. Amsterdam 2003.

Boschma, Geertje: Oral History Research. In: Lewenson, Sandra B.; Krohn Herrmann, Eleanor (ed.): Capturing Nursing History. A Guide to Historical Methods of Research. New York 2008, pp. 79–98.

Brändli, Sibylle; Lüthi, Barbara; Spuhler, Georg (ed.): Zum Fall machen, zum Fall werden. Wissensproduktion und Patientenerfahrung in Medizin und Psychiatrie des 19. und 20. Jahrhunderts. Frankfurt/Main; New York 2009.

Braunschweig, Sabine: Zwischen Aufsicht und Betreuung. Berufsbildung und Arbeitsalltag der Psychiatriepflege am Beispiel der Basler Heil- und Pflegeanstalt Friedmatt, 1886–1960. Zürich 2013.

Dörner, Klaus: Bürger und Irre: zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie. Frankfurt/Main 1984.

Engelbracht, Gerda: Von der Nervenklinik zum Zentralkrankenhaus Bremen-Ost. Bremer Psychiatriegeschichte 1945–1977. Bremen 2004.

Engelbracht, Gerda; Hauser, Andrea: Mitten in Hamburg: die Alsterdorfer Anstalten 1945–1979. Stuttgart 2013.

Faber, Anja: Pflegealltag im stationären Bereich zwischen 1880 und 1930. Stuttgart 2015.

Falkenstein, Dorothee: "Ein guter Wärter ist das vorzüglichste Heilmittel …". Zur Entwicklung der Irrenpflege vom Durchgangs- zum Ausbildungsberuf. Frankfurt/Main 2000.

Fuchs, Petra; Rotzoll, Maike et al. (ed.): "Das Vergessen der Vernichtung ist Teil der Vernichtung selbst". Lebensgeschichten von Opfern der nationalsozialistischen "Euthanasie", Göttingen 2007.

Gründler, Jens: Armut und Wahnsinn. "Arme Irre" und ihre Familien im Spannungsfeld von Psychiatrie und Armenfürsorge in Glasgow, 1875–1921. München 2013.

Höll, Thomas; Schmidt-Michel, Paul-Otto: Irrenpflege im 19. Jahrhundert. Die Wärterfrage in der Diskussion der deutschen Psychiater. Bonn 1989.

Kreutzer, Susanne: Arbeits- und Lebensalltag evangelischer Krankenpflege. Organisation, soziale Praxis und biographische Erfahrungen, 1945–1980. Göttingen 2014.

Ledebur, Sophie: Das Wissen der Anstaltspsychiatrie in der Moderne. Zur Geschichte der Heil- und Pflegeanstalten Am Steinhof in Wien. Vienna; Cologne; Weimar 2015.

Nolte, Karen: Gelebte Hysterie. Erfahrung, Eigensinn und psychiatrische Diskurse im Anstaltsalltag um 1900. Frankfurt/Main, New York 2003.

Nolan, Peter (ed.): A History of Mental Health Nursing. London 1993.

Porter, Roy: The Patient's View: Doing Medical History from below. In: Theory and Society 14 (1985), 2, pp. 175–198.

Urbach, Anna: Das Fallen fixieren. "Epileptikeranstalten" als Wegbereiter einer spezifischen Qualifizierung von psychiatrischen Pflegekräften um 1900. In: Historia Hospitalium 30 (2017).

Urbach, Anna: "Heilsam, förderlich, wirtschaftlich" – Zur Rechtfertigung, Durchführung und Aneignung der Arbeirstherapie in der Landes-Heil- und Pflegeanstalt Uchtspringe 1894–1914. In: Ankele, Monika; Brinkschulte, Eva (ed.): Arbeitsrhythmus und Anstaltsalltag. Arbeit in der Psychiatrie vom frühen 19. Jahrhundert bis in die NS-Zeit, Stuttgart 2015, pp. 71–102.

Hospitalisation and Dehospitalisation

Household Care, Asylums and Nursing Homes. Facilities and Knowledge in Norwegian Psychiatric Nursing

Åshild Fause

Summary

Legislation on psychiatric care was enacted in Norway in 1848, and since the beginning of the twentieth century three different psychiatric facilities have been used in care and treatment of mentally ill; the publicly supported household care arrangement, psychiatric hospitals named asylums until the 1940'ies in Norway and nursing homes. Despite the fact that the family care system was the most common form of mental health care in Norway until 1940, almost all research has been done on the development in psychiatric institutions. No research has put focus upon the connection between the three levels of care. In Norway, the roots of psychiatric nursing is said to be closely connected to psychiatric institutions. In this article, the intension is, however, to highlight a broader perspective by describing aspects of everyday life and the interaction between the mentally ill and the persons taking care of them in three psychiatric facilities.

The household care facility meant to be taken care of by private people, preferably farming families who received public compensation for having the mentally ill living in their home. The facility was administered by the medical practitioners and by the municipal poor relief, under close inspection and monitoring. The care was, however, a small-scale decentralized system, depended on the presence or proximity of institutions that could be called upon when crisis occurred.

The scene of the investigation is the two northernmost counties in Norway, Troms and Finnmark. Records from the household care facility, written by Medical Practitioners, containing letters from the caretakers, family members and sometimes the mentally ill themselves, telling about everyday life, are analysed together with public statistics in the mental health care arrangements.

At first sight, the daily life activities, interaction and treatment seems to differ a lot between the three facilities. By describing aspects of everyday life and the interaction between mentally ill and those who cared for them, the article investigate which changes occurred and if a line can be drawn from the household care performed by unskilled caretakers to well-educated nurses.

The story of Anna

Anna was born in a small municipality in the county of Troms in 1905. She was a housemaid by profession like many young women in Norway in the first half of the twentieth century. At the age of 25 she attended a religious meeting in her home village and shortly after her behavior and attitude dramatically changed. She could not sleep and continuously cried and bursting out in to tears claiming she was a sinner. Finally a Medical Practitioners (MP) in the area was contacted and asked to come and examine her. According to the MP's record after the home visit, he described Anna as "been strucked by of

a seizure of insanity caused by religious brooding".[1] Anna was sent to Rønvik Asylum in Bodø in Nordland County where she stayed for 9 months. Her record tells she was given insulin shock therapy and participated in the daily activities in the asylum, mainly sewing and knitting.[2] Anna slept in wards with 30 other patients. At the time of discharge, she was described as "In progress" and was sent home to her parents. Two years later, "she was hit by another seizure", but this time she was sent to The Nursing Home for mentally ill in Hammerfest in Finnmark County. A few months after, she was placed in household care in the vicinity of Hammerfest. She stayed with her caretakers for nine years, until the deportation of the population in Finnmark and Northern Troms in 1944.[3]

Introduction

The roots of psychiatric nursing in Norway is said to be closely connected to the asylums or the psychiatric hospitals despite the fact that the publicly supported household care was the most common care arrangement in Norway until 1940. The time spent by the mentally ill in hospitals is short in Norway, compared to other countries in Europa.[4] In the period between 1960 and 1975 almost 70 per cent of the mentally ill were taken care of in psychiatric hospitals and public nursing homes. None of the psychiatric hospitals hosted more than 500 patients. But until 1960 the publicly funded household care arrangement was the dominant mode in the Northern part of Norway. Nevertheless, almost all research has had its focus upon the psychiatric institutions.[5] Further, the everyday life experiences of the mentally ill and their household-based caregivers have neither been a main theme in the research field of history of psychiatry, nor in the history of psychiatric nursing. The connection and cooperation between the three levels of care, asylums, nursing homes and household-based care, has almost been of none interest in research.

In this article, my intention is to present a broad perspective on psychiatric nursing and care by describing aspects of everyday life and the interaction between the mentally ill and the persons taking care of them in three types of psychiatric facilities, as the story of Anna tells. Firstly, I will focus on the pub-

1 Regional State Archive in Tromsø (RSAT): Fylkesmannen i Troms, Sinnssyke i forpleining (FFT) (County Governor in Troms, Records of mentally ill), box 2839.
2 RSAT, FFT, box 2839.
3 Norway was occupied by Germany in 1940–1945 and from February 1942 the Government was led by Nazi German dictatorship. As a part of the withdrawal from the Litza front on the Kola Peninsula, the Germans effectuated the scorched earth strategy in October 1944, and more than 50,000 inhabitants from the county of Finnmark and from the northern part of the county of Troms were deported southwards. Among them were 150 mentally ill. For further reading see Fause (2015).
4 Pedersen (2002), p. 188.
5 Fause (2007), pp. 15–16.

licly supported and supervised household care arrangement, conducted by unskilled caretakers; secondly I will deal with nurses and attendants in an asylum or psychiatric hospital and a nursing home.

The scene of the investigation is the two northernmost counties in Norway, Troms and Finnmark. Finnmark is by area the largest county in Norway, as big as Denmark. The population numbered approximately 56.000 inhabitants in 1940 while there was a total of approximately 350.000 in the Northern region.[6] The natural environment is generous in the sense that the sea provides food and employment, but the climate is harsh, and it is hard to succeed with extensive farming. Troms is a county located south of Finnmark, with a population twice as large. Troms was in the 1940s mainly populated by farmer-fishermen living on small farms along the coastline and in the fjords. An underlying hypothesis in this article is that everyday life of the rural type, with its multitude of tasks, seasons, cooperation and interaction has been and still is an important factor on the way to recover and gain strength for people with mental problems.

At first sight, everyday activities, interaction, care and treatment seems to differ a lot between the three different psychiatric facilities. In this article I ask if there are any connections and similarities between nursing and care as it developed in the three arrangements? Where there any differences in the way the patients were looked upon by the staff and caretakers in the three psychiatric facilities? Did the everyday activities and the interaction between patients and the persons taking care of them differ within the three facilities?

Sources used

This is an empirical study based upon different sources. *Case records* written by Medical Practitioners' (MP) in Northern Norway have been the most important sources. To become registered as mentally ill in Norway, the person involved were examined by a MP, who kept records. In pre-war Norway the mentally ill often went in and out of the mentally health care system, just as they do today, and every time new remarks were made in the records. In some cases one can follow a person on his or hers way through the mentally health care system for 30 to 40 years. In these records you also find letters from the caretakers, neighbors, and family members and in some few cases, also letters written by the mentally ill themselves. It is obvious that these are mostly letters of complaints, but by contextualizing these letters, it is also possible to interpret how the patients thought about the treatment and care they were offered. In addition to records the MP's also made *annual reports on the health condition* of the population in their region. These reports give an overview not only of the health conditions, but also living conditions in general. Together with *Annual Statistics from the Psychiatric Hospitals* and *Statistics of the Publicly*

6 Folkemengdens Bevegelser (Cencus) (1946).

financed Family Care Arrangement in Norway, archives from a nursing home and a psychiatric hospital in Northern Norway have been used to provide additional insight to the field studied. In order to illustrate, illuminate or concretize the sources used, and bring forth detailed and thorough knowledge, interviews with 5 persons raised with mentally in their households, are conducted.[7] The purpose was to provide a more detailed picture of how the mentally ill were perceived and taken care of by others in the household care arrangement.

The publicly supported household care[8]

Being offered household care meant to be taken care of by private people, preferably in farming – fishery households. The family received public compensation for having the mentally ill living in their home. Based on a contract signed by representatives of the county, the caregiver and the municipal authority, the responsibilities of the caregiver, the economic compensation granted and the care period, which was normally one year, were defined. The contract could be prolonged, but also terminated if conditions were not met to satisfaction.

Historians describe the Norwegian household as *an arena where you actually live your everyday life*.[9] The concept of "household" is not synonymous with that of family; as it was a production unit, often including also non-family members and (unmarried) relatives. Even if the household structure changed gradually during the period, by becoming more like a modern family, its main features were yet the same. Having lodgers who also participated in meals and spent time with the other family members was not unusual. Elderly people without relatives in the communities were taken care of in the households on behalf of the local poverty board.

In Northern Norway, the combination of production for subsistence and for the market lasted longer than in other parts of Norway.[10] Throughout the 20th century there was a gradual change in the way of living but this change took place later than in other parts of the country. Even if there were technological changes within farming and fisheries, and there was a growth in manufacturing industries, the farming-fisheries household survived this first modernizing process.[11] The housewife ran the farm and managed the household, in periods while the male family members participated in seasonal fisheries away from home. Meanwhile not all households managed to produce and sell enough goods to take care of their members. These households were given

7 Slettan (1994) p. 124; Kjelstadli (1999) p. 193.
8 This chapter is based upon Fause (2007), chapter 6.
9 Balsvik (1991) p. 639.
10 Elstad (1991), p. 593.
11 Bjørklund et al. (1984).

poverty support.[12] Money was in short supply for the greater part of the population, and as more fabricated commodities became available, income from wage labour outside the household was needed to be able to buy them.

According to the contract, the caregiver was responsible for the support of the mentally ill and for the agreed upon sum, he or she was obliged to provide the mentally ill person with proper clothes and food, a good and heated bedroom, a bed with bed linen, outdoor activities and suitable work. The contract obliged the caregiver to monitor the activities of the mentally ill to try to prevent him or her from wandering around the neighbourhood and act in such a way as to put themselves or others in danger. If a person placed in the household care tried to escape, the caregiver was obliged to cover the costs incurred by bringing the mentally ill person back to the household.

The MP's reported annually, on the basis of home visits, how the household care functioned for the mentally ill, and the reports were compiled and transmitted to the medical authorities at the regional and national level. Together with reports from the hospitals and nursing homes, these reports formed the basis for statistics on mental health care. The majority of the individuals registered as mentally ill were kept in household care in the patient's own municipality or county. This care system was extremely small-scale and decentralized. As the care arrangement developed in Northern Norway, there was as a general rule no more than one, and only in a few cases two, mentally ill in each caretaking household. This arrangement was quite different from the care model developing in other regions of Norway; often mentioned as "colonies" of 10 up to 20 mentally ill in each colony.[13]

From the records we learn that the household based system did not operate on its own, with the district MP as the sole provider of monitoring and expert knowledge. The system depended on the presence of, or the proximity of institutions that could be called upon when the need for full-time care or critical situations occurred. To meet this demand, institutions like ordinary hospitals, but also police custody and jails provided arrangements to take care of the mentally ill in situations of emergency, i. e. when the private care was unable to cope with problematic incidents. Without these institutions as a "back-up" the household based care system hardly would have become consolidated as the dominant form of care in the counties in Northern Norway. The household based care system was exposed to criticism, especially by the psychiatrists and physicians in the psychiatric hospitals, but since the arrangements seemed to function and due to the lack of public funding for an additional psychiatric hospital in Northern Norway, the system was maintained, and was in fact as the dominant form of care over a century until Åsgård Psychiatric Hospital opened in Troms County, in 1961.

The Norwegian household cannot be seen as "a private place"; in the sense of a closed sphere, as families or family based households are thought of nowadays. The household was not an arena for protected privacy, but rather a

12 Andresen (1994), p. 360.
13 Bøe (1993); Bauer (1995) and Lia (2003).