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CUE

*Also send
history
p. 7.*

Published by and for the
patients by-monthly

VOLUME IV

OCTOBER 31, 1969

ISSUE 18



It's once again All Hallows Eve
A time for laughter, not to grieve
So may we wish you one and all
The contentment and the peace of fall.

EDITORIAL

WE ASKED: THEY SPOKE: WE LEARNED

It was a busy week for the members of the CUE staff. The pleasure was ours, an experience that gave us all an insight to the real feelings of the people who are the heart of our hospital.

Each of the people interviewed were asked two questions. The first one was, "What is one of your more enjoyable experiences at the hospital?" The second question was, "What is more unpleasant side of your work?"

The days of work brought many thoughts and ideas to the staff reporters. People were thoughtful and honest in their replies. If you think these questions are easy to answer; ask them of yourself.

We urge you to read these comments and learn of the dedication and sincerity that prevails throughout the staff. The tenure of years seemed to strengthen not to mellow this desire to help people. The newer members of the staff have caught this same devotion. It is not an eight to five job. We patients are much more demanding than that. Remember the long nights; the early morning hours. We asked for, We pleaded for their help.

Each one of these wonderful people have our best interest at heart. They must adhere to the rules of the institution they serve. They must conform....

We too, must conform. Must obey not only hospital rules but laws of society.

The discharge day comes closer. Each of us will grow stronger with confidence and the reassurance that we once again can step into the society that was temporarily vacated. We all pray that the devotion and prayer of the staff will not go to waste.

You will soon discover as you read these interviews, that one of the most satisfying experiences of the staff is to see the final product standing strong in his or her community. A finished product, whole of mind and body, within the limitations of God's mercy.

We patients will never forget...How can we? Some of us will try; for some it is best. All of us, however, should never forget our homecoming; nor the labor that went ahead of us to pave the rocky path. Hopefully we will all walk this path. Detours and obstacles will slow us; but some day we will meet one of them, one of those who have helped us. Stop... say hello... and shake the hand that led you part of the way. To all of you from all of us...Thank you.

Chuck

CUE

EDITORIAL DEPARTMENT

Bob ; Ethel , Don , Devin Chuck
Don , Mary , ilde..., Ardis

Chuck Lemieux: Advisor

In response to the Editorial of October 17th, we realize that a breakdown in communication affects our patients, but it also affects our personnel as well.

If orders have been granted and not relayed to the proper source it can be just as bewildering to the personnel as to the patients.

We feel that most of our personnel are conscientious and are willing to assist the patients with any need within their power. We sympathize with patients when orders have been issued and have not been carried through. We feel that our patients, must realize that orders must be written by the doctor and that it is out of the nursing personnel's hands to grant requests such as medications, telephone calls, visiting on grounds, car rides, liberty, home visits without a written order.

A hospital is a busy place as we all know, and slip ups do occur. At times when some or all of us become disgusted perhaps we can stop and remember the times when we needed four hands and feet instead of the two the Good Lord gave us and we would probably come up with the idea that our hospital and all the people in it isn't such a bad place after all.

* * * * *

I've seen many patients, some quite ill, and my most pleasant or rewarding experience is watching this person improve. I enjoy relationship with all types of patients and am genuinely happier when I hear them say "I feel better today." I like to forget about the unpleasant. Most often it's only temporary. The pleasant far outweighs the unpleasant.

* * * * *

(Canteen)

I enjoy helping patients and would enjoy seeing more come, even if they just come to sit. The wards should encourage more to come. Most patients are orderly.

* * * * *

Most of my experiences with patients have been pleasant. I like to see patients enjoy themselves. Through courteous service, I try to make their stay a little nicer.

* * * * *

I, of course, enjoy helping patients and urge them not to hesitate in bringing their company here. They become quite attached to the juvenile patients, as I've seen some of them grow up before my very eyes. Behavior in the Canteen is no problem, though I do call some on their conduct.

* * * * *

I think that we should push for several reforms. There should be a T.V. installed and music piped in. They should also see what they can do about keeping prices lower, especially for cigarettes. I hated to have to raise the prices recently, as not all the patients have a lot of money to spend.

* * * * *

One unpleasant moment is when patients ask why their requests haven't been taken care of. Occasionally the nurses and aids hear about seven or eight requests at the same time and end up taking care of only half.

* * * * *

A female aid believes the solution to this communication breakdown is for the patients themselves to make a written request. The paper should then be handed to the aid, the odds of obtaining action would be much better than verbal requests.

* * * * *

The best time for stimulative conversation between patients and staff seems to be about 9:00 in the evening. Both patients and staff are relaxed at this time and verbal communication seems to flow easily.

* * * * *

No particular unpleasant moments are experienced by a few staff members. They feel it is their job to work with all kinds of patients. The staff basically knew what kind of people they would have to work with before delving into this type of work.

* * * * *

One nurse said she has her most pleasant moments when she is around the male patients. She feels they give her respect and good smiles.

* * * * *

One of our Occupational therapists commented on her pleasant and unpleasant feelings in dealing with patients. Feels that she has learned much from her patients through interchanging knowledge, along with many pleasant memories and friendships. As far as unpleasant feelings she concedes only two basic ones. Seeing previous patients returning, and when some of the male patients get too friendly.

* * * * *

Attitude of one of the members of the nursing staff at Sherman hall, asked to comment on his attitude towards her job and patients in general.

She replied that her job was both interesting and educational in understanding people, a sometimes hard task with which she does with compassion, but not to the extent of thinking of us as helpless invalids rather people with greater problems than others, whom in her own small ways seeks to help us resolve.

On similar issues one male aid at Sherman hall replied that his relationship with patients as far as communications went was of no concern, but when it came to getting things across as far as the rest of the staff was concerned, his comments were anything but printable.

* * * * *

Most staff members feel that they don't have any particular gripe. They feel well adapted to working with patient or impatient individuals in the hospital.

* * * * *

A gripe from a young nursing student concerned the ward meetings. Ward meetings are held so that a patient may bring out his requests and gripes. What sometimes happens is that the patients will not speak out and complain. This keeps their problems inhibited instead of aired in the open for possible solutions.

* * * * *

Patients sometimes feel unrest and on edge. They claim the staff doesn't understand their situation.

She indicates that the very opposite of this is often true. The patients don't put themselves in the staff's particular situation.

* * * * *

Pleasant moments occur when the wards are quiet and fighting and bickering are absent. During these moments the patients and staff interact sedated and tranquil.

The business of the institution can move about slowly and accurately during such pleasant moments.

* * * * *

(Housekeeping)

Good things are easy to say about the patients. Only two items bother us and they are the putting of cigarette butts in the urinals and on the floors, particularly when there are plenty of ash trays around and properly spaced.

Sometimes patients don't realize how quickly they can make heel marks on our nice shiny floors and how hard these marks are to get off. Please ask the CUE to stress positive conscious effort in this area.

We are here for the good of the patient and take the good and bad in stride. It is also a wonderful and many times very rewarding challenge to work with the patients.

* * * * *

(Cafeterias)

Frequently the patients do not realize that of us who serve the food are not the same ones who plan and prepare the food. There is much grumbling about the food and only an occasional 'Thank you' for the service rendered along the Cafeteria line. A 'Thank you' goes a long way and is not soon forgotten.

Whenever a patients help or assistance is needed or asked for the response is always good, spontaneous agreeable.

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(Chaplains)

The patients do not understand that time is so precious and limited, that there is never enough of it for all of the patients all of the time.

* * * * *

(Misc.)

It takes a special kind of person just to work here. No rewards are expected. Our only hope is for the patient to recover fully and that we look at as a special bonus.

* * * * *

Our only complaint is the times when patients arrive to look things over "unaided".

* * * * *

(Therapy Groups)

So very many patients are without motivation and we try our very best to achieve positive group response.

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"After almost 15 years, the whole picture is still very rewarding. Only dirty names still bother me."

* * * * *

The personal satisfaction of seeing men and women come back to visit sober and content.

* * * * *

Not having enough responsibility at times is frustrating.

* * * * *

Devote more time to patient - most time for busy help.

* * * * *

The remarkable recovery of patient in which much or new hope was given

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A disappointing thing is to see the lack of appreciation of patient and family for what staff is attempting to accomplish.

* * * * *

Most pleasant is the patient response to treatment.

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Disappointed is the unfavorable comparison of alcoholic unit among other employees.

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Knowing that you have helped someone regain a normal and useful life. Trying to work with people who refuse help.

* * * * *

Being able to help people. A sincere effort in helping people - satisfaction comes "curing an inebriate patient" - working for and with an individual.

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Patient misunderstanding of staff personnel who are trying to help.

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Realization that staff efforts are making the patient's stay at the hospital more comfortable.

* * * * *

Disappointment would be the failure of a patient - the return to the hospital.

* * * * *

A happy day was when the use of tranquilizers were adopted by the hospital.

* * * * *

To see progress in a patient - to see them getting stronger.

* * * * *

Most unpleasant is to run out of food in the middle of the dinner.

* * * * *

To have seen results of a patient trying once he is released.

* * * * *

IRH YAMIE 'I' AME

Peace and love is my girl
Contain in a golden casket for they are
dead
But some day renaissance will come
And my souls feet will contain stimulus
Like that of walking on hot coals
And I will walk naked in the streets
of knowledge
And laught gently at the past.

Dave

TRUE FRIENDSHIP

Friendship from a mailbox,
can soothe a lonely heart,
when life seems not worth living,
The postman does his part.

He fills your box with happiness
From those who truly care.
"A friend in need, a friend indeed,"
Whose cheer makes you aware

That others do have problems,
On paper they confide.
True friendships grow from letters,
New hope is tucked inside.

Yours Truly,
"Howie"

GHETTO LIFE

Broken glass
No flowers
Stumped down grass
Children playing in the street
Night comes
Drunks stagger
Prostitutes seek customers
Gayboys in a dark park
Conmen make their mark
Gamblers bet
Illicit lovers fight
Night drifts away
Misty dawn

Louis

THEY DO LAUGH HERE

A little boy had gotten into the
habit of saying "Damn." "His mother
did not approve. "Dear," she said,
Here is a dime.

It's yours if you will promise
not to say "damn" again,"

"All Right, mom," he said as he
took the money, "I promise." as he fin-
gered the dime a hopeful look came into
his eyes. "Say, mom, I know a word that's
worth a dollar," he suggested.

One way to fight the Population
explosion is to drive recklessly.

Modern girls go in for spinning
wheels—four of them and a spare.

A three-year-old boy and his
father were being pushed toward the
rear of a rapidly filling elevator.
A kindly lady turned to the father
and said, "Aren't you afraid that your
little boy will be squashed?"

"Not at all," answered the fond
parent. "He bites."

Some people refuse to set foot
in a plane bound for Miami. It's a
psychological thing—castrophobia.

Seen on a wall at Stanford Univ-
ersity was this sign: "The end of the
world has been postponed 40 days for
lack of trumpet players."

When new clerk at Indiana Meth-
odist Hospital took a test on decipher-
ing handwritten instructions from
physicians, one girl translated a doc-
tor's order as "Amputate between ears."

Actually, the instructor later
informed her, the scribbled messenger
read: "amputate between bars,"

Prices are way up - and now hem-
lines may be on the way down. Have we
completely lost our sense of direction?

On the Sober Side

Excuses!

And any alcoholic can think of a thousand, perhaps more. Anyone, whether or not considered an alcoholic, tends to excuse his mistakes (errors) but the alcoholic goes to bed at night inventing the excuses for what may happen tomorrow or even the next day.

Why has this happened to me? What caused me to seek oblivion? Why do I have this problem?

Well, it was my job. My boss drove me too hard, expected too much from me (more from me than my fellow workers), and it just got to me. So, I needed that drink.

With me, it was my wife. If I'd had a hard day and just one drink, she'd be on my back. She expected more from me all the time, more for the kids, more for her and more for the house.

Or, was it my mother, father, in-laws that beat me into the ground and made me need a drink?

We could record many more - nervous, tired, generally depressed, angry at a given situation, or just with life in general. Or were we worried about the car payments, income tax and utility bills coming due all at the same time.

But friends - these are things that confront everyone in life. Most people have a husband or wife, a boss, in-laws, parents, car payments, taxes, and a million and one other problems.

While the non-alcoholic also has these problems, he knows that he cannot hide from them but that they must be dealt with as logically and systematically as possible. Everyone you meet, everyone you pass on the street has his own private doubts and fears, yet they do not turn into the nearest bar to solve them.

If we make these excuses and by drinking abdicate our responsibilities. It means we have turned the problems we had over to someone else for solution. It's usually our spouse or someone in our family, and we've added one more - ourselves.

Our first problem then is problems.

Our second problem is to stop making lame excuses for avoiding them, and turning to the bottle for solace which in the end only creates more problems, and more excuses.

Let's remember the man who got drunk because he asked his wife for one fried egg and one boiled egg - she fried the wrong one.

Let's get with the world and have them both fried or boiled!

MATURE FOUR YEAR OLD

There was a birthday celebrated at the alcoholic unit. It was a quiet one as the original staff went about the work that they have done for four years. Some have served the hospital in different capacities but for the last four years they have worked and helped nurture the growth and expansion of a dream. This alcoholic unit was not only a dream but a realistic necessity, recognized; by the State and demanded by the people.

On October 4, 1965 the alcoholic unit began its operation in Gordon Hall. There were three aids and one full-time registered nurse.

Dr. Szymanski was the originator of the program with the understanding and complete support of Dr. Treffert - Superintendent of the hospital.

The unit started with four patients taken from other wards. Patients were admitted to the hospital, then accepted into the alcoholic unit. The capacity at that time was 24 beds.

In 1967 the unit moved to Hughes Hall with the capacity of 52 beds. Now the staff increased to twelve nurses and five part-time. 1968 brought the count to 86 patients. July of 1969 a move was made to Gordon Hall with an increased staff of sixteen full-time and two part-time.

At the very beginning the need for therapy was recognized and adopted. Alcoholic Anonymous (AA) meetings

(cont. on page 8)

IT'S WHAT'S HAPPENING

I had a very serious question put forth to me while having a discussion. It was "What would you do if you were a parent?" So I imagined in a solar age 25 years hence, my home is entirely electronic, housekeeping computerized disease is non-existent, hunger has been controlled by synthetic foods. A trip to the moon is a weekend vacation. But the generation gap widens and I'm the parent of a rebellious youth!

How would I bridge this gap? At first I laughed and said "Play it cool". But then realized there is more to being a parent--and I couldn't really answer it--so I 'snooped' around and got several answers from people my own age or thereabouts!

One 15 year old said, "I couldn't criticize anything they do just because it's different." If this person's child was rebellious this person would "show concern and try to talk with them and treat them like any other responsible human being. Most important I'd trust them." "To a certain extent I would let them rebel, since learning from mistakes is the best teacher," this was said by a 16 yr. old--but then added quickly "I would be firm but understanding. If I tried hard enough to guide and direct my youth in the right way without being too critical all the time, I might win him as a friend, as a parent needs to be a very good friend to their children."

Another youth said "I'd try not to act or be like the young person, because right there he would be turned off and embarrassed in front of his friends" this person would also be "firm with my decisions, not strict, But just firm enough so they would respect me."

An 18 yearold said "I would not force him into doing the right thing for he must realize for himself what is right and wrong."

Well these are a few of the answers I got--now it's your decision. What would you do if you were a parent?

Frank

THANK YOU

I wish to thank all the merchants in Wisconsin Rapids for their donation of Recreation equipment and specifically Kent A Dasby, Assistant mgr. of Montgomery Ward.

Marion

NOTICES

The Patients Activity Planning Committee usually held in the Kemster East Rec. Room has been discontinued.

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All patients who have all day or full liberty will have canteen privileges from 6:00 to 8:00 P.M. This will be understood as part of the patient's privilege when he is granted liberty. If any patient should not have canteen privileges it should be so indicated in the chart by the doctor. Patients who go to the canteen or stay in the canteen after regular liberty hours are over, must sign out on their ward. The extended liberty time is to be used for the canteen only.

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MATURE FOUR YEAR OLD

(cont. from page 7)

started from the beginning. The importance of AA became more involved as time went on for patient contact and referral when leaving the hospital.

Important in the final weeks of hospitalization, is the job opportunities that might await the willing patient upon his release. The Vocational Rehabilitation department can point with pride to a 90% acceptance by the local industries.

A team effort of dedicated people with one thought in mind. Professional help for people in need.

Congratulations and best wishes from all of us who know the fruits of your labor.

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THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF NOV. 3 - NOV. 9, 1969

November 3			
Monday	10:00 am	Sherman Wards	Book Cart
	2:30 - 4:00 pm	HH Music Room	Record Listening
	4:30 pm	GH Classroom	Canteen Social Chairmen
			Dinner Meeting
	6:30 pm	Scout Barracks	Woodworking
	7:00 pm	2W	Circle K Club
	7:00 pm	SH 7-8	Outagamie Red Cross
	7:30 pm	HH Gym	Square Dance

November 4			
Tuesday	10:30 am	GHS	Lutheran Ward Service
			Rev. Winter
	2:30 - 4:00 pm	HH Music Room	Record Listening
	6:30 pm	SH Basement	Fashion Korner
	7:00 pm	2W	Gray Men

November 5			
Wednesday	1:15 pm	1W	Appleton Red Cross
	2:00 pm	NC	Oshkosh Catholic
			Women's Club
	2:30 - 4:00 pm	HH Music Room	Record Listening
	3:45 pm	Chapel	Catholic Mass
			Father Nelson
	6:30 pm	Kempster Wards	Book Cart
	7:00 pm	Chapel	Lutheran Service
			Rev. Winter

November 6			
Thursday	10:00 am	GHS	Protestant Ward Service
			Rev. Windle
	2:30 - 4:00 pm	HH Music Room	Record Listening
	7:00 pm	Canteen	Sing-A-Long
	7:30 pm	SH 7-8	Oshkosh Vocational School
			Homemakers

November 7			
Friday	2:30 - 4:00 pm	HH Music Room	Record Listening
	6:45 pm	Chapel	Protestant Communion

November 8			
Saturday	10:00 am	GHS	Favorite Hymn Recital
			Mr. Kern
	2:30 pm	HHA-3	Women of First English
			Lutheran Church
	6:00 pm	Chapel	Catholic Confession
	6:30 pm	Chapel	Catholic Mass

November 9			
Sunday	8:45 am	Chapel	Protestant Service
			Mr. Van Deusen

Mrs. Julaine Tarrow, R. N. Nursing