

## East End

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The person who comes in from an afternoon at the Drop-in Centre has to cope with a large pile of dishes and old coffee grounds left over from the self-help lunches the others have made before starting on his/her turn to make dinner. One way to cope with the preparation of a "well-balanced" meal is to cook up a big pan of scrambled eggs and let everyone help themselves.

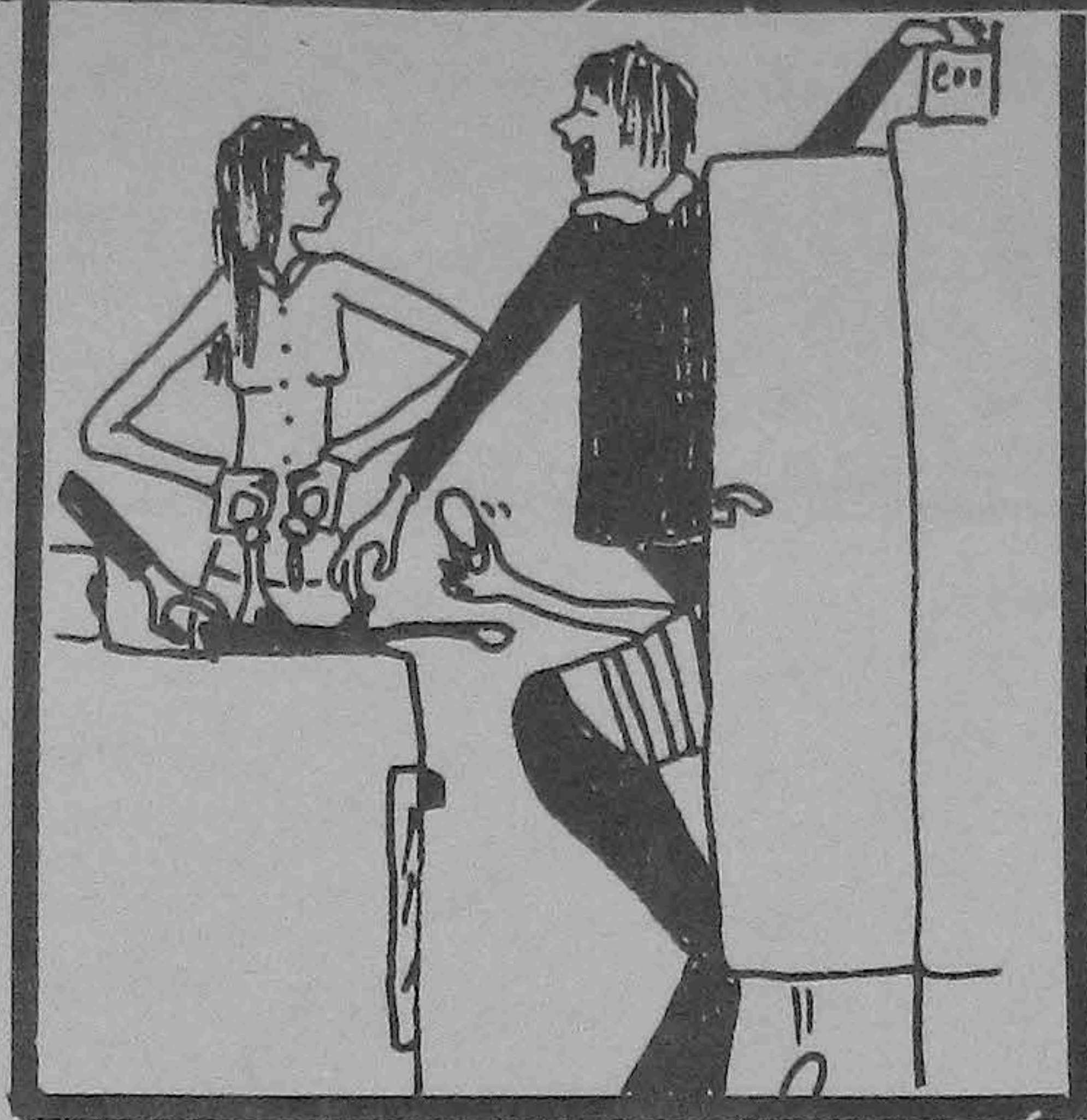
You wouldn't believe the number of therapy appointments, visits to sick friends and sudden ailments that occur on Thursdays--the day we help the Tillicum Food Co-op to get experience in coping with food buying.

Then there's the real heavy of coping with all that money left over from the welfare cheque after room and board has been paid. One way is to go on a one-shot spending spree. Spree might be overdoing it a bit. There's not that much money left over but it does help a person cope with the problem of spinning it out for the next thirty days. This leads to another form of self-help - bumming cigarettes and bus fare for the rest of the month which can be a full-time activity.

## ELECTION!

Laura is leaving us. Too bad for us. We tried to talk her out of it, but she needs a rest. Sooo...there will be an ELECTION on February 14th for a new Office Co-ordinator. Any-

one who feels up to working in a chaotic office, should talk to Laura or Karen at the Drop-In Centre by February 13th. Either of them can tell you what the job involves and make sure that your name is on the ballot for the election.



When some of our residents decide to leave our self-help group one way to do it is in a fit of snit. That way the bed can be left with dirty sheets and stuff. Even belongings are left for the others to pack and send on.

Why is it so difficult to live by the principles of cooperation and consideration for others?

Is what we do at MPA where the problem lies? We do make people's decisions for them at times. We do fall into the trap of designing activities and programs for people rather than with them. It's easy to become committed more to our projects than the people they serve. In spite of our shortcomings, there is a chance for our members to participate in decision-making, to criticize mistakes or attitudes to get involved and to expect help and consideration during that involvement.

Of course, both we who work at MPA and those who live in our residences have a legacy of negative learning from our hospitals. In the hospital people are housed, fed, told what is good and/or bad for them. Most have no idea what their medication or treatment is doing for them. Often they don't know its name or even the name of the guy who ordered it. Any cooperation learned is done in the spirit of outwitting the system. When a person decides to try for a discharge he quickly learns consideration for others. He considers being productive in O.T. He considers taking his medication and treatment without protest. He considers joining all the activities and therapy groups designed to indicate when he is "getting better".

What has anyone learned from this hospital experience that will help him in a democratic, self-help community? Sweet bugger all!

People coming into our houses find themselves with a choice -- to pitch in and be responsible or play the hospital game. For those who continue to play the hospital game, criticism brings retaliation.

It's better not to say anything.

Taking on a job leaves one open to failing.

It's better not to do anything.

Being concerned about what's happening with someone else leaves one open to fears that it might happen to oneself.

It's better not to feel anything.

This, unfortunately, is the route back to the hospital.

Any group living on a sharing basis has problems getting together on dishes, shopping, cleaning and whatever. Games people play to survive in a paternalistic, autocratic hospital can be relied on to foul up a community situation. This goes for people who have either worked in or lived in such institutions.

What can we do to help people to unlearn the legacy of hospital teaching?

We can challenge the playing of games. We can give others the right to express dislike for us with out angering themselves. We can question those who through self-deception or out-and-out fraud attempt to trick us into co-opting decision-making. We can refuse to get our jollies from taking over people's lives and get our satisfaction from working together.

Fran Phillips

## Hospital Visiting

Went out to Riverview on January 11th. Gary to see his brother; Lloyd, Sue, Patty, Howard, Earl and I to see Bob, Gerald, Ed and anyone else we could.

"We could" are the operative words. We got to see Bob after half an hour or so getting accredited at the information desk, signing in, getting information, etc. Gerald was in I.C.U. (Intensive Care Unit), no visitors allowed, doctor's orders, no further explanation.

Ed was in Riverside. We are informed that visiting hours there are non-existent Monday, Wednesday and Friday; 7:00 to 8:30 p.m. Tuesday and Thursday, and on Saturdays, Sundays and holidays - 2:00 to 4:00 p.m. Unfortunately, it was about 3:00 p.m. Thursday. Amazing how easy it is for some people to get into hospital, how difficult for others. Be really fine if patients could decide for themselves if and when they can have visitors.

Bob was in good spirits and gaining some weight. I visited some staff from my own sojourn in Crease. They wanted to know was I there for a haircut, how'd I gain so much weight and what's with all the four letter words in the last Nutshell. Didn't comment on any of Lanny's statistics re: involuntary commitments or readmissions to hospital though.

This has turned out to be sort of a half-assed report rather than what I had intended originally, personal recollections and impressions. Maybe next time. Oh, yeah, for those old staff members of mine - \*X\$!#&!!!@#%&!\*!

Love,  
Dave Beamish

P.S. If you want to visit Riverview and avoid the expense and tedium of the bus, we leave the drop-in centre every Thursday at 1:00 p.m.



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