



Happy Father's Day

June, 2008

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our next meeting will be Sunday, June 8th. 12p.m. at Coe Hill. The cottage of Vern and Kathy Kemp. Map and Details Inside!

Our next meeting

Sunday June 8th

An Ostomates Prayer

O, Lord as we have been reborn
Let us share Your blessings
With those Ostomates who do not know
How good the life is You have given us

Let us vow in the years ahead
To renew the work of our group
As You have renewed our lives
We thank You for those lives
To mutual support of each other
And the charge You have given us
to support each other.

Those seeking assistance, a ride, information or those offering suggestions are requested to phone a member listed on the right. Ostomates or their caregivers requiring hospital or home visits should not hesitate to call any member of our Chapter Executive listed on the right.

Before following any information, suggestions and other matters pertaining to your health in general, in the Journal, it is important to consult with your doctor, ET, pharmacist or other qualified to pass medical advice.

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Available at Belleville General Hospital, 613-969-7400 Ext. 2991

Note: E.T. stands for "Enterostomal Therapist" To qualify for this designation, each candidate must attend a specifically designed programme, and successfully complete it through very specialized exams.

Regular monthly meetings are held on the second Thursday of each month, 7:30 p.m. Rm P21 at the Loyalist College Business and Development Centre, Belleville. **July & August excepted. Please come and gain from the experience of others.

Open and full discussions with other Ostomates are great sources and resources for information

Every opportunity is a learning experience for yourself and for those with whom you share.

PRESIDENT'S MESSAGE

Has anyone put all of their winter coats away yet? I thought not! April sure fooled us with the balmy stretch.

We are glad we built our cabin in the highest spot in the woods near Tweed. The water level was up seven feet when we went to check at the time of the flood in Tweed and Foxboro. Where we usually gather our fiddleheads was under 4' of water so we thought we would be safe last week but the river was down 6' and the ferns had taken right off as soon as they were not swamped. The levels changed unbelievably quickly.

It seems but a few weeks since we said "have a good summer" in June '07 but here it is again. It should be a fun time at Vern and Cathy's cottage but do take your map with you and cell phone just in case you get lost whereupon you can call the cottage phone and the worst that can happen is that you will be a bit late and miss the first course of our pot luck feast.

I have received yet another letter of thanks from FOW for our initiative along with Linda of Kelly's for the generous contributions of surplus supplies. I am also currently soliciting the Picton Rotary to hopefully receive some funds to offset next year's shipping costs from the Chapter.

Their grant last year was very close to offsetting shipping costs and the financial help allowed us to send far larger shipments than usual.

Many thanks to one of our newer members who paid a high price for the apple pie then requested that it be won by another member in a draw. Thank you for the kind and generous gesture.

There are a few faces that we have been missing at the meetings and we can only hope that if it is because of illness they are faring well as we have not heard otherwise.

Thanks to Laura for coming to our meetings recently as there are always questions for the ETs, our guardian angels. Your enthusiasm is appreciated!

I sure hope to see you at our last meeting/get together before the summer break and do not forget to consider car pooling.

Regards
Gerry Putman

How to pay your Taxes???

One smart and enterprising soul !!!

Too late for this year but maybe next year?

Dear Revenue Canada or whatever your current name may be:

Enclosed and/or attached, you will find my 2007 tax return showing that I owe \$3,407.00 in taxes. Please note the attached article from the Toronto Globe and Mail; dated 12 November, wherein you will see the Canadian Department of National Defense is paying \$171.50 per hammer and Fisheries and Oceans Canada has paid \$600.00 per toilet seat for it's icebreakers.

As payment, I am enclosing four (4) toilet seats (valued @ \$2,400) and six (6) hammers valued @ \$1,029), which I secured at Canadian Tire, bringing my total remittance to \$3,429.00.

Please apply the overpayment of \$22.00 to the "Help Stephan Dion Election Fund," as noted on my return. You can do this inexpensively by sending them one (1) 1.5" Phillips Head screw (see aforementioned article from The Globe and Mail detailing how the Department of Public Works pays \$22.00 each for 1.5" Phillips Head Screws).

One Philips screw is enclosed for your convenience. It has been a pleasure to pay my tax bill this year, and I look forward to paying it again next year. God Bless Canada ! Sincerely,



Our Purpose

The purpose of this group, is a volunteer-based organization dedicated to assisting all persons facing a life with gastrointestinal or urinary diversions by providing emotional support, instructional and information services through the membership, the family associated care givers and the general public.

Our trained volunteer ostomates collectively possess a wealth of knowledge and experience in coping with their ostomies and are always willing upon request, to visit new ostomy patients as well as and including their family members by

Health Care & Ostomies

By Peggy Christ, RNET and Ed Gambrell

What do health care personnel need to know about ostomy surgery? Communication is the key.

Now that you have an ostomy or an internal diversion, some changes have occurred in the normal routines of life. This is especially true of medical treatment and hospitalization.

Some medical and hospital assumptions and routines applicable to non-ostomates may no longer apply to you. For your comfort, well-being and in some instances, your health and personal safety, it is important that you know how you need to be treated differently. You need to communicate this information appropriately to doctors and medical attendants who need to know.

Your doctor, ostomy nurse and others who normally attend your ostomy are no doubt well-informed of the differences in treatment you require and will help you communicate with medical personnel uninformed about ostomy matters.

The fact that some health care personnel may be uninformed is quite understandable. The staffs of the thousands of hospitals in North America see relatively few ostomy patients. Few nurses and other hospital attendants have ever cared for an ostomy patient. And many of those who have are not aware of the different types of ostomies and the special considerations each requires.

Doctors have become highly specialized to bring more expert care to patients. Therefore, many rarely have the occasion or the time to develop expertise in ostomy, which is very much a specialty in itself.

So don't be shy about communicating your condition and its special requirements to all who attend you for non-ostomy ailments. This is for their benefit as well as your own. If strong insistence should fail to bring about understanding, you have the right to refuse any procedure you consider harmful to yourself.

Dr. Marshall Sparberg, author of the excellent book *Ileostomy Care* and a frequent writer on ileostomy matters, has this to say:

It is within the individual patient's right to refuse any hospital procedure, and no amount of insistence from an uninformed individual should change this decision.

Ostomies are different. One of the most serious misunderstandings is that all stomas represent colostomies, and that all colostomies are the same. This can be disastrous for the patient who has an ileostomy or urostomy. It can cause trouble for the person with a transverse colostomy when treated as a sigmoid colostomy. In addition, even those with the same type of ostomy require variations in care and treatment. Ostomies vary greatly in nature just as individuals vary.

Irrigations and enemas: Those with urostomies should never be given an irrigation or enema through the stoma. An irrigation could cause serious kidney infection and damage.

Those with ileostomies should never be given an irrigation unless a doctor, ET or other expert gives one to break up a blockage, or for other compelling reasons. An irrigation or enema of the small intestine may cause the ileostomate ill effects. However, a colostomate may require irrigations; this poses no danger if it is done properly.

A stoma is not an anus. Some medical attendants do not realize the difference between a stoma and an anus. They may treat a stoma as roughly as they treat an anus. If an enema or irrigation with a catheter is involved, care must be taken to avoid bowel injury. Some catheters, though streamlined on the end, are stiff and should not be inserted into a stoma unless performed by a physician or ostomy nurse. A cone is much safer, easier to use and does a better job than a catheter.

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Drug Therapy For The Ostomate

by John J. Wroblewski, RPh; via *Ostomy Management* and Evansville (IN) *Ostomy News*

The most well-adjusted ostomate can run into trouble when he or she starts taking medication. The potential of side effects or adverse reaction increases as the number of medications the patient is taking goes up. Compounding the risk is that consumers today are turning to over-the-counter medication and are prescribing for themselves to offset rocketing health-care costs. A few basic principles of drug use are, therefore, important to keep in mind.

A drug can't do any good unless it gets to its target organ. This simple idea is all that's behind the concept of bio-availability. In almost every case, a drug must be absorbed into the systemic circulation before it can exert a therapeutic effect. Since drugs are absorbed primarily through the intestines, ostomates can be at a particular disadvantage.

Many factors influence the absorption of drugs. These factors include the chemical nature of the drug, the dosage form in which it is introduced into the system, and the condition of the patient who is taking the drug. Iron, for instance, is absorbed in the duodenum, and vitamin B12 in the terminal ileum. While the chemical nature of most drugs allows absorption along a significant length of the intestinal tract, the shorter the functional intestine, the less will be absorbed. Only a very few drugs, such as alcohol, can be absorbed to any great extent through the stomach.

Another chemical factor involved in bio-availability is the intrinsic solubility of the drug. Some drugs are rather insoluble in the digestive juices and absorption into the bloodstream will vary greatly, even in patients with an intact bowel. Clearly, a patient with a shortened ileum is at risk for mal-absorption of any poorly absorbed drug.

The dosage form, too, is a major factor in bio-availability. As a general rule, the smaller the particle size provided to the GI tract, the easier it is absorbed. True solutions have the best bio-availability by the oral route and suspensions are almost as good. Chewable tablets have a pretty good record if they are chewed well; in most cases they are better than capsules or compressed tablets.

Ostomates who have had a significant portion of their intestine removed may achieve better absorption by emptying the contents of a capsule into applesauce, or crushing a compressed tablet and adding the powder to food.

A word of caution though—not all tablets can be safely crushed, and not all capsules should be emptied. Generally speaking, time release tablets should not be crushed, nor should time release capsules be emptied. The result could be 12 to 24 hours worth of medication

being released all at once.

Certain drugs can react chemically with foods. Tetracycline is notorious for combining with heavy metals and with ions such as calcium which is present in milk, yogurt, ice cream and other dairy products.

Enteric-coated tablets should never be crushed. The reason those tablets are coated is to prevent acid degradation in the stomach or to protect the mucosa from irritation. Enteric-coated tablets are a poor choice for ostomates. Entire tablets have been recovered intact in an ostomy pouch.

A patient's diet can affect the drug absorption too, either by absorption of the medication into the food, chemical interaction, or by delaying gastric emptying. Since many drugs are affected by acid, prolonged exposure to stomach acid may decompose the medication.

Physicians, pharmacists and especially enterostomal therapists have an important role in educating ostomy patients so they'll know what to expect and avoid in drug therapy. Ostomates owe it to themselves to be informed and alert, to minimize risks and to ask when there remains the slightest doubt.

If you know of a new ostomate or one of our members who are ill, hospitalized or would just like to hear from us, please let us know. Contact Bawn Putman at 613-476-6557 or e-mail: bgputman@sympatico.ca



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Depression and the New Ostomate

by Mark Shaffer, from Northern Virginia *The Pouch*; via Chippewa Valley (WI) *Rosebud Review*

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears to be, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.

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“WITH APOLOGIES TO EDGAR ALLEN POE”

A poem by Marjorie Kaufman, Hemet-San Jacinto, CA
Once upon a midnight dreary,
While I fretted tired and weary,
Feeling just a little leery, yet reluctant to explore;
While I lay there barely napping,
I was conscious of a gapping Twixt the hooklet
and the strapping of the face-plate
That I wore.

“Tis but loose”, I mused in silence,
Only this and nothing more.”
Yet into the darkness peering,
While I lay there wondering, fearing, doubting,
with that certain feeling I was scorning,
but I'd wait until the morning;

“So, I pushed aside the warning, and the omen that it bore.

“It will last until the morrow, getting up is such a chore.
This it is and nothing more.”

Then into the pillow sinking;

With my sleepy eyes a-blinking.

I'll forget it, I was thinking,

And to dreamland I would soar;

But I knew I was pretending

That no danger was impending,

And although it needed tending,

Not before the night was o'er.

“It will last”, I kept repeating,

“It will last, it has before”.

So to sleep and nothing more.

With a start, I woke up knowing,

Twas a puddle neath me growing,

As I felt the moisture flowing, from the
face-plate that I wore;

Bolt upright, I cursed my daring,

out of bed I leaped declaring, vowing, arduously

swearing, ner'er again would I

ignore,

Not those certain signs of warning would I ne'er again

ignore- - Quote me, raving, “Nevermor



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How Fiber Influences an Ileostomy

By Kay L. Peck, Registered Dietitian, Napa Valley, CA

Whether or not to include fiber, and to what extent, should be based on the any person's tolerance of foods. The small intestine has a remarkable capacity to adapt.

Matter (digested food) in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fiber is indigestible material from plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents—making matter move through the system more quickly.

In a person with a colon, fiber is essential to preventing constipation and keeping a person "regular." This is the main function of fiber. Another theory about fiber is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually, a person without a colon; i.e., with an ileostomy, does not have a problem with constipation—in fact it is virtually impossible, and may have soft stools, watery stools or even diarrhea.

Again, over time, a person may adapt, especially if the last section of the small bowel—the ileum—is still intact. Consuming too much fiber, or too much insoluble, fiber may aggravate a person's diarrhea or watery stools. If this is the case for you, limiting insoluble fiber, such as, bran, popcorn hulls, seeds, nuts, skin, seeds, stringy membrane parts of the fruits and vegetables may be helpful. However, another type of fiber—soluble—may be beneficial to someone with an ileostomy.

The function of soluble fiber is to make intestinal contents thicker and can actually prevent diarrhea. This fiber is found in bananas, oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences.

Just as a side note, I worked with a woman years ago who had short bowel syndrome. All of her colon and a significant part of the small bowel had been removed. She found that adding pectin—Certo, which is used to make jam and jelly—to her daily diet helped to minimize diarrhea. She added a little too some applesauce every day.

Tips for Urostomates

By Ben Hoover, Metro Maryland Ostomy Assn.

- Your equipment is not a handicap, it is a small nuisance. You can still do just about everything you ever did, although you might want to use an ostomy belt to hold your system is you are very active.
- Two or more pouch covers are one of the best comfort investments you can ever make. After all, that fluid is entering your pouch at 98.6°.
- People with a urostomy do not need to use stoma paste.
- The vinegar you use during the day in your night bag can ruin the plumbing in your home if it is not flushed or rinsed down with water.
- You are going to have some leaks. Do not worry about it. It happens to all of us. Just change your equipment and continue to march.
- Putting your night bag in a small plastic wash basin while in use will save on cleaning your rugs and floors.
- Some one-suit luggage will fit underneath an airline seat. A small plastic wash basin will fit in half of one side of the suitcase which will hold your supplies while traveling and is then available when you are using your night bag.
- Apply a little toilet paper to the drain on your pouch when you have drained the equipment to absorb the remainder of liquid residue out of the drain.
- Do not worry about your urostomy when traveling. You can go anywhere you want. You just have to take a few things you did not take previously.
- Take three times as many supplies as you think you will need when you travel ... just in case.
- If you have a leak in a pouch, put on a new pouch. If you have a leak in a barrier, put on a new barrier. Trying to use tape or fixing the leak will not work.
- There are many people out there that would love to trade their problems for what you and I will know only as an inconvenience.

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The Canadian Government is going to give us a tax rebate to boost our economy.

The problem is:

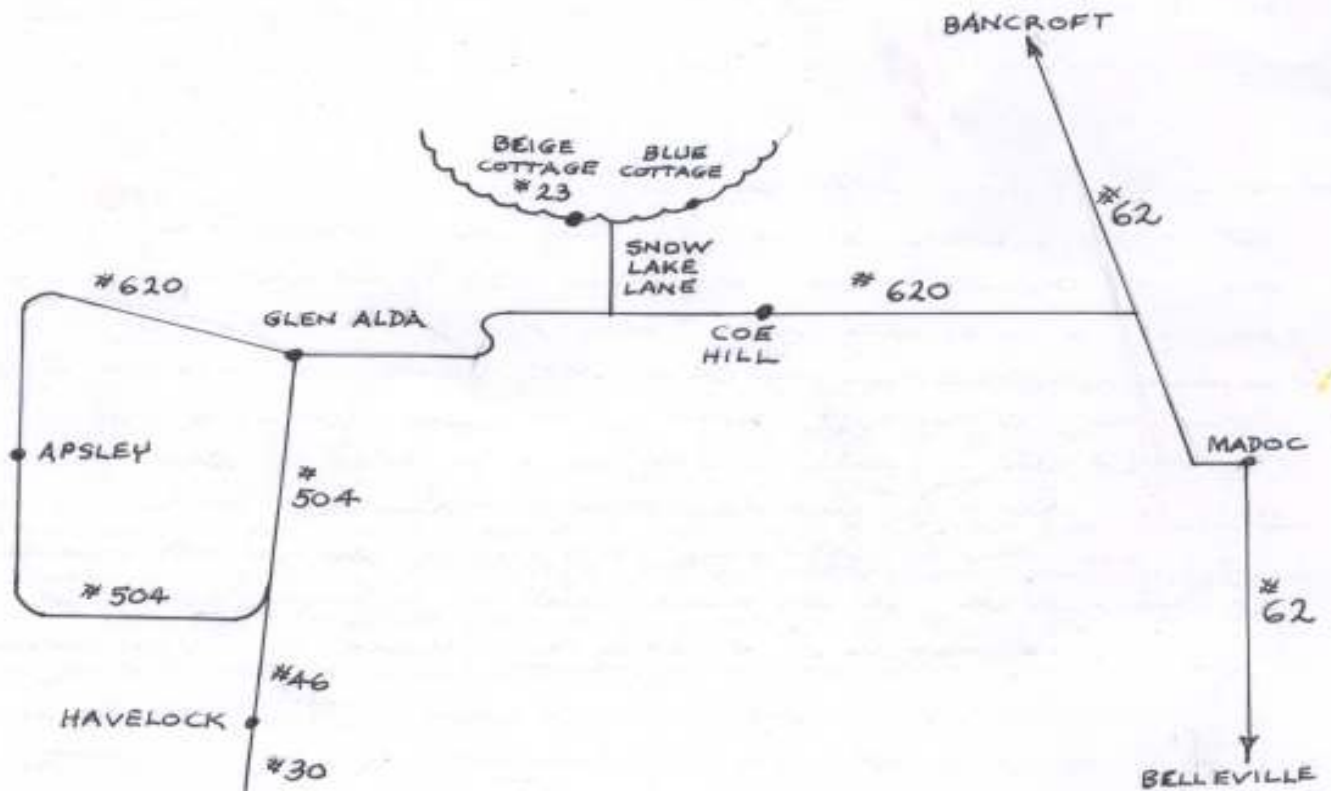
If we spend it at Wal Mart, it will go to China, If we spend it on a good car, it will go to Japan

If we buy a computer, it will go to India, If we spend it on fruits and vegetables, it will go to Mexico or Honduras

If we spend it on junk, it will go to Taiwan, If we spend it on gas and oil, it will go to the Mid East....

The only thing we can spend it on and keep it in Canada is bacon and beer...

Go figure....



Sunday June 8th, 2008

Last Meeting - Pot Luck

Vern & Cathy's Cottage Coe Hill

Meeting at 12 p.m.

Lunch at 1 p.m.

Bring lawn chairs and your favourite dish

Map above!

Car Pools Available

Phone # of the Cottage—1-613-337-5302

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Gerry Putman, Picton	613-476-6557

The Canadian Cancer Society is pleased to present *diaglogues*, a Reader's Theatre Performance written by Dr. Ross Gray and Dr. Karen Fergus, based on their social science research about the challenges that male partners of women with cancer face as they attempt to be helpful. This presentation will take place at **Eastminster Church on June 5, 2008 at 7 p.m.** and will last approximately 40 minutes with time for questions and socializing following the performance.

1. The quotes in the script are drawn directly from interviews with men and the performance is thought-provoking and brings to the surface significant relationship issues. It speaks directly to men, providing pointers for being supportive and it helps women better understand the men in their lives.

Dr. Gray and Dr. Fergus are psychologists and researchers at the Odette Cancer Centre in Toronto, Ontario and their work is known for its innovative and artistic strategies used to communicate cancer-related issues. Paul Soren, actor and social worker has performed in previous theatre about cancer issues and is well know for his dedication and commitment to training Canadian Cancer Society group support facilitators.

The entrance fee will be by donation only and is optional. We hope you will join us for this enlightening presentation.

Eastminster Church is on the corner of Bridge and Herchimer Streets in Belleville. From Dundas Street in Belleville turn onto Herchimer Street at Dewe's Independent Grocers, Bridge Street is the next intersection.

If you have any questions, please call. I look forward to seeing you and your members on June 5.

Judy Worley

Co-facilitator

Emmaus Support Group

613-962-9628

**** Watch for this poster**

Re: the above presentation

The poster features a blue background with a white fish silhouette. The text 'Like Fish Out of Water' is written in a white, hand-drawn font. Below the title, it says 'Men Being Helpful to Women with Cancer'. At the bottom, there is a dark blue section with white text providing details about the presentation, including the date, time, location, and admission information. The Canadian Cancer Society logo is also present.

Like Fish Out of Water

Men Being Helpful to Women with Cancer

A Reader's Theatre Presentation
Written by Dr. Ross Gray & Dr. Karen Fergus

Hosted by: The Canadian Cancer Society

Date/Time: June 5, 2008 7 p.m.

Location: Eastminster Church, Belleville

Admission by donation

Canadian Cancer Society / Société canadienne du cancer



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In addition Kelly's pay the mailing costs to send out the Chapter's monthly Journals
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Membership Application (for new members only)

Belleville, Quinte West & Area Chapter

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Membership in the UOA of Canada is open to all persons interested in Ostomy rehabilitation and welfare.

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ARE YOU A CARROT, AN EGG, OR A COFFEE BEAN?

Via: Regina Ostomy News

A young woman went to her mother and told her about her life and how things were so hard for her. She did not know how she was going to make it and wanted to give up. She was tired of fighting and struggling. It seemed as one problem was solved, a new one arose. Her mother took her to the kitchen. She filled three pots with water. In the first, she placed carrots, in the second she placed eggs and in the last she placed ground coffee beans. She let them sit and boil without saying a word. In about twenty minutes she turned off the burners. She fished the carrots and eggs out and placed them in two bowls. Then she ladled the coffee out and placed it in a bowl. Turning to her daughter, she asked, "Tell me, what do you see?" "Carrots, eggs and coffee," she replied. She brought her closer and asked her to feel the carrots. She did and noted that they had gotten soft. She then asked her to take an egg and break it. After pulling off the shell, she observed the hard-boiled egg. Finally, she asked her to sip the coffee. The daughter smiled as she tasted its rich aroma, and then asked, "What's the point, Mother?" Her mother explained that each of these objects had faced the same adversity — boiling water, but each reacted differently. The carrot went in strong, hard and unrelenting. However, after being subjected to the boiling water, it softened and became weak. The egg had been fragile. Its thin outer shell had protected its liquid interior. But, after sitting through the boiling water, its inside became hardened. The ground coffee beans were unique, however. After they were in the boiling water, they had changed the water. "Which are you?" she asked her daughter. When adversity knocks on your door, how do you respond? Are you a carrot, an egg or a coffee bean? Think of this: Which am I? Am I the carrot that seems strong, but with pain and adversity, do I wilt and become soft and lose my strength? Am I the egg that starts with a malleable heart, but changes with the heat? Did I have a fluid spirit, but after a death, a breakup, a financial hardship or some other trial, have I become hardened and stiff? Does my shell look the same, but on the inside, am I bitter and tough with a stiff spirit and hardened heart? Or, am I like the coffee bean? The bean actually changes the hot water, the very circumstance that brings the pain. When the water gets hot, it releases the fragrance and flavor. If you are like the bean, when things are at their worst, you get better and change the situation around you. When the hours are the darkest and trials are their greatest, do you elevate to another level? How do you handle adversity? ARE YOU A CARROT, AN EGG, OR A COFFEE BEAN?